Michigan Department of Health and Human Services
Bureau of HIV and STI Programs
HIV Care Section, in collaboration with
Quality, Evaluation, and Epidemiology Section
Integrated Ryan White Parts B and D Clinical Quality Management Plan 2023-2024

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 2022-2025 National HIV/AIDS Strategy (NHAS), the Michigan Department of Health and Human Services (MDHHS), Bureau of HIV and STI Programs (BHSP), Client and Partner Services Division (CPSD), HIV Care Section (HCS), RW Clinical Quality Management (CQM) Program, in collaboration with Data and Operations Division (DOD), Quality, Evaluation, and Epidemiology Section (QEES), are committed to establishing and maintaining coordinated and comprehensive service delivery across the HIV Care Continuum by reducing gaps and disparities, specifically aiming to increase medical retention, viral load (VL) suppression, and health engagement for people with HIV (PWH) in Michigan. HRSA's RW CQM Policy Clarification Notice 15-02 further guides the MDHHS BHSP RW CQM Program to ensure that services are consistent with the latest Health and Human Services (HHS) HIV treatment guidelines (https://hivinfo.nih.gov/hiv-source).

QUALITY INFRASTRUCTURE

The **MDHHS BHSP RW Clinical Quality Management (CQM) Coordinator,** the **MDHHS BHSP Core RW Quality Staff**, the **MDHHS BHSP RW CQM Committee**, the **MDHHS RW Parts B & D Subrecipients**, and **External Stakeholders** contribute and collaborate to achieve all Quality Improvement (QI) goals and CQM Work Plan activities and are integral to the continuation and success of the MDHHS BHSP Integrated RW Parts B and D CQM Program. Due to consistent changes in the organizations staff placement, core personnel are subject to change.

The **MDHHS BHSP RW CQM Coordinator** is responsible for:

- Leading the MDHHS BHSP 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 CQM technical assistance (TA), as needed;
- Communicating quality issues to the HIV Care Section (HCS), BHSP leadership, and MDHHS BHSP Core RW Quality Staff, and collaborating with each to address challenges;
- Reviewing and updating the Integrated RW Parts B and D CQM Plan annually;
- Providing CQM content for federal RW grant applications, reports, and monthly monitoring calls;
- Developing, planning, and facilitating the MDHHS BHSP RW CQM Committee and its quarterly meetings;
- Keeping abreast of quality improvement techniques/ideas and determining their feasibility and potential effectiveness across subrecipient agency networks;
- Researching, sharing, and promoting strategies and interventions to improve health outcomes along the HIV Care Continuum that are inclusive of direct services provided

internally by Michigan Drug Assistance Program (MIDAP) and Michigan Dental Program (MDP), as well as those provided externally by MDHHS subrecipients; and
- Reviewing quarterly performance measure data to identify possible gaps and disparities in health outcomes and/or training opportunities.

The **MDHHS BHSP Core RW Quality Staff** include:
- CAREWare Data Analyst and Technician
- Continuum of Care Unit
    - Manager, Part B Coordinator, Part D Coordinator, EIS Coordinator, and HIV Clinical Nurse Consultant
- MIDAP Unit
    - Manager, MIDAP Coordinator, and MIDAP Representatives
- Operations Monitoring Unit
    - Manager, Departmental Analysts (2), and the Grants and Contracts Technician
- Michigan Dental Program (MDP)
    - Oral Health Director and Insurance and Claims Analyst
- Leadership
    - BHSP, HCS, and QEES Managers
- HIV Surveillance
    - HIV Epidemiologists

Responsibilities of the **MDHHS BHSP Core RW Quality Staff** include:
- Determining HRSA HAB performance measures 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 BHSP processes based on subrecipient and consumer feedback;
- Assisting with provision of internal and external CQM training; and
- Providing support to the MDHHS BHSP RW CQM Coordinator in implementing and/or completing all RW CQM Work Plan activities.

The **MDHHS BHSP RW CQM Committee** is comprised of the following:
- Nine RW Parts B and D subrecipient agency staff
    - inclusive of medical clinics, health departments, and community-based organizations (CBO)
- Five Ryan White Program consumers
- Six MDHHS BHSP staff
    - RW CQM Coordinator, RW HIV Nurse Consultant, MIDAP Coordinator, Return to Care Project Coordinator, Quality Management & Accreditation Consultant, and MDP Insurance and Claims Analyst

Responsibilities of the **MDHHS BHSP RW CQM Committee** include:
- Developing and updating an integrated CQM 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; and

- Evaluating the MDHHS BHSP RW CQM Program performance according to HRSA requirements, RW CQM Plan, and annual goals.

The **MDHHS BHSP 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 after each quarter and reporting subsequent QI activities/updates via Quarterly Progress Reports (QPRs);
- Conducting at least one quality improvement (QI) project aimed at improving consumer care, satisfaction, and/or health outcomes each year, using the "Plan Do Study Act" (PDSA) method to document progress;
- Developing and/or annually updating local CQM Plans, especially annual quality goals and work plan activities, that are kept on file on-site; and
- Incorporating consumer input into service delivery and QI activities each quarter.

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

Resources

Resources for the MDHHS BHSP RW CQM Program can be separated into two categories: Funding and Educational Materials. Funding resources for the MDHHS BHSP RW CQM Program involve grant funding from HRSA, rebate funding, and supplemental funding from the Michigan Public Health Institute (MPHI). Educational resources for the MDHHS BHSP RW CQM Program come from a variety of locations, primarily being TargetHIV, AIDS United, CDC, and HRSA trainings.

ANNUAL QUALITY GOALS

With the understanding that COVID-19 caused disruption with the achievement of several goals, the current annual goals have been reassessed to best support quality efforts.

1. Continue engagement of staff and consumers in quality improvement (QI), quality assurance (QA), and quality management (QM) activities and provide learning opportunities to enhance knowledge, skills, and methodology needed to fully implement quality work on an ongoing basis.
    a. By December 31, 2024, the total number of hours that BHSP staff engaged in QI training will be at least 40 hours.
    b. By September 30, 2024, each federally funded subrecipient participating in the statewide QI project addressing staff QI capacity will have at least four staff members participate in QI trainings, at minimum one per quarter of the fiscal year.
2. Maintain engagement of the MDHHS BHSP RW CQM Committee throughout the year via quarterly meetings to advise MDHHS BHSP RW CQM Program.
3. By September 30, 2024, the VL suppression percentage at each federally funded subrecipient agency participating in the statewide QI project that addresses VL maintenance and chronic carrying of VL will increase between 1% to 5% from the baseline established on October 1, 2023.
4. By October 2024, the MIDAP Unit will host at least three Office Hours sessions for Case Managers (CMs) regarding MIDAP and related topics to increase CMs comfortability

with and knowledge of MIDAP & associated programs to improve consumer health outcomes, and to review QM and QA processes to ensure future sustainability.

ENGAGEMENT OF STAKEHOLDERS

To keep stakeholders updated and engaged, BHSP provides information on statewide performance measure data, quality projects and activities, and subrecipients' best practices. In return, BHSP solicits input from stakeholders regarding annual CQM Plans and subsequent goals, performance measurement, QI project selection, new program planning, and QA through evaluation of existing programs to prevent/reduce future risk. This transfer of information occurs at in-person/virtual meetings, via surveys, or by review of relevant materials, and all data is incorporated into the CQM Program decision-making.

MDHHS BHSP RW CQM Committee

Beginning in August 2018, a state led RW CQM Committee was developed by the MDHHS RW CQM Coordinators and Core RW Quality Staff. On October 24, 2018, the first RW CQM Committee meeting was held, during which the RW CQM Coordinators provided an optional CQM Primer Training and an overview of RW Programs in Michigan. Since then, the CQM Committee has met once per quarter of the fiscal year, and it continues to actively assist in planning, selecting, and reviewing state-led QI projects. As of FY 2023-2024, the MDHHS BHSP RW CQM Committee is comprised of the following: nine RW Parts B and D subrecipient agency staff, five RW Program Consumers, and six MDHHS BHSP staff. The MDHHS BHSP RW CQM Committee is on its sixth cycle. The next RW CQM Committee Meeting will be held in late May 2024, and the MDHHS BHSP RW CQM Coordinator will continue to engage this vital group of stakeholders.

HIV Planning Bodies

The MDHHS BHSP RW CQM Program will maintain a collaborative relationship with the HIV planning bodies, including consumers who are most impacted by RW Programs in Michigan. On an annual basis, the MDHHS BHSP RW CQM Coordinator will send CQM Program updates and aggregate performance measure data to MHAC for transparency and feedback.

MDHHS BHSP RW CQM Symposium

Beginning in April 2017, the MDHHS BHSP Annual RW CQM Symposium is a collaboration among participating consumers and staff from federally funded Ryan White Parts A, B, and D Programs, as well as Ryan White-related agencies in Michigan aimed at improving quality and patient care practices through integral relationships with consumers, staff, and community partners. While COVID forced the symposium to a virtual platform in 2020, it has still occurred annually. The latest RW CQM Symposium can be viewed, on-demand, by agency staff, consumers, stakeholders, and community members via the MDHHS BHSP RW CQM Program website. The next anticipated RW CQM Symposium will be in June 2025.

MDHHS BHSP RW Parts B and D Subrecipients

The MDHHS BHSP Core RW Quality Staff are committed to incorporating subrecipient stakeholder input in their efforts to improve the quality of RW services throughout Michigan. As a result, the RW CQM Coordinator established a CQM Subrecipient Subcommittee composed of staff from federally funded subrecipient agencies who regularly engage in CQM activities at their organization. The objective of this subcommittee is to strengthen collaboration with subrecipient agencies and provide subrecipients with the opportunity to discuss best practices across the state to improve services within the HIV Care Continuum. In August 2020, the

MDHHS BHSP RW CQM Coordinator developed a procedure to provide two CQM Check-In Calls to each Part B and Part D agency, offered in quarters that do not hold the CQM Subrecipient Subcommittee Meetings. The schedule is as follows: Group Meetings in Quarters 1 and 3, and Check-In Calls in Quarters 2 and 4. Ongoing dialogue occurs between the MDHHS BHSP RW CQM Coordinator and subrecipient agencies to ensure the external network of providers has continual involvement in program decisions and projects. Due to COVID, all meetings after March 2020 transitioned to a virtual platform. In FY 2022-2023, two subrecipient meetings were offered in December 2022 and in May 2023. In accordance with the 1:1 call procedure, agency CQM Check-In Calls occurred in February and August of 2023. The next CQM Subrecipient Subcommittee Meeting will be held in early May 2024, and the next 1:1 Check-In Calls will be conducted in August 2024.

All federally funded subrecipients are contractually required to conduct at least one QI project throughout the year using the PDSA method to document progress, as well as to gather input from consumers to improve service delivery and consumer satisfaction. This may be done through a variety of activities, including an agency-level consumer advisory board (CAB), implementation of annual consumer satisfaction surveys, and use of consumer suggestion boxes. Feedback from subrecipient consumers is reported to the MDHHS BHSP RW CQM Coordinator through the Consumer Engagement objective narrative documented in each subrecipient's QPR.

In addition, consumer feedback opportunities are made available to all Ryan White Service Providers throughout the state to discuss issues related to MIDAP and MDP.

Quality Management Trainings Provided

Parts B & D Consumer Advisory Board Training

In FY 2018-2019, at the bi-annual Subrecipient Subcommittee Meetings, RW Parts B & D Program agencies expressed an interest in CABs and their need to incorporate consumers' perspectives and opinions into their quality work. Consumer engagement is a contractual requirement of MDHHS BHSP RW funded agencies, and the implementation of a CAB offers a platform for both agency staff and consumers to have buy-in on decision making. As such, the CAB Training was offered in July 2020, and it covered the basics of forming a CAB, utilizing the information gathered from the group, and addressing barriers that may arise during facilitation. All CAB Trainings can be accessed, on-demand, via the MDHHS BHSP RW CQM Program website.

Parts B & D Choosing a QI Project Training

In FY 2019-2020, RW CQM leads at Parts B and D agencies, participated in a satisfaction survey discussing current opinions and desires for the upcoming fiscal year. Many agencies requested a training around how to choose and develop a QI project. During FY 2020-2021, the MDHHS BHSP RW CQM Coordinator collaborated with the BHSP Training Unit to create a training directed to fit these needs. As a result, the first Choosing a QI Project Training was held virtually in July 2021, aiming to assist CQM leads and support staff in the development, assessment, and selection of QI projects to help further engage and improve the lives of their consumers. Due to the overwhelmingly positive response to this training, it was placed on the MDHHS BHSP RW CQM Program website for on-demand agency access as of February 2022.

Parts B, D, & RW-Related Case Conference Practices Training
In FY 2021-2022, RW Parts B and D agencies began participation in the new state-led QI project addressing QI competency in staff. The CQM Committee voiced concerns about subrecipient agencies that may not be utilizing Case Conferences and may not know how to integrate the conferences into their practices. To assist agencies with developing or refining their Case Conference practices, the MDHHS BHSP QM Analyst and the RW Part B Coordinator collaborated on a Case Conference Training that occurred in August 2022. Due to popularity, this project was placed on the MDHHS BHSP RW CQM Program website for on-demand access as of December 2022.

Parts B, D, & RW-Related Sustaining QI Outcomes Training
After reviewing subrecipient agencies' post-training feedback, there seemed to be a universal issue with 'backslide' occurring once a QI project is complete. To assist the agencies with the question of "PDSA; then what?", and to maintain the desired level of excellence, the MDHHS BHSP RW Clinical Quality Management Coordinator facilitated a training on how to effectively sustain positive QI outcomes. This training was held virtually in August 2023, and it can now be accessed, on-demand, via the MDHHS BHSP RW CQM Program website.

MDHHS BHSP RW Program Parts B and D Consumers

Annual Satisfaction Surveys
In FY 2023-2024, MDHHS BHSP will continue to conduct MIDAP and Michigan Dental Program annual satisfaction surveys to gain consumer input on service delivery and other program components.

Consumer Quality Training
In 2018, the MDHHS BHSP RW CQM Coordinators collaborated with co-facilitators (trainers, a manager, and a consumer) to design and hold Consumer Quality Management Trainings 101 and 102 tailored specifically for consumers. These trainings are for any interested consumer wanting to learn basic, fundamental quality management information and to gain knowledge and enhance quality management activities and meetings at their agency, community, or state level. The National Quality Center (NQC) Training on Quality for Consumers Manual was used as a guide in the curriculum development process. In fiscal year 2020-2021, CQM 101 and 102 were held in virtual pre-recorded sessions in September 2020 and in October 2021. These Consumer Quality Trainings have seen a substantial decrease in participation since the trainings had to be moved to a virtual platform due to COVID; however, pre-recordings of both Consumer Quality Trainings are stored on the MDHHS BHSP RW CQM Program website for agencies to utilize on-demand for their consumers who are interested in learning more about CQM.

Consumer Focus Groups
In FY 2022, the MDHHS BHSP RW CQM Committee had a lengthy deliberation over selection of the annual Consumer Engagement activity. Ultimately, the committee decided to conduct Consumer Focus Groups to collect information on which activities would be most beneficial and of interest to Michigan's RW consumers. As a result, the MDHHS BHSP RW CQM Coordinator held two Consumer Focus Groups in 2023: the first in March, and the second in June. Each focus group had five to seven incentivized RW consumers and concentrated on Consumer Engagement and HIV Care Services. Upon completion of both focus groups, results were analyzed by the MDHHS BHSP RW CQM Coordinator and the MDHHS BHSP RW CQM Committee. Topics of significance include: the desire for more consumer involvement opportunities at subrecipient agencies (support groups, CABs, etc.); implementation of a Peer

Support/Navigator to assist with linkage to care of newly diagnosed individuals, facilitation of agency groups, and encouragement of consumer engagement; and the creation of agency-specific newsletters to maintain effective communication between each agency and their respective consumers. Moving forward, this data will be utilized to select future state Consumer Engagement activities, and another round of Consumer Focus Groups is anticipated to occur in FY 2024-2025.

Part D Consumer Advisory Group

The MDHHS BHSP 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 Programs in SE Michigan; however, the information provided by this group may be applied and utilized across all RW Program Parts. While in its early stages, the MDHHS BHSP 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 all consumers of RW Part D Programs. As of FY 2023-2024, this group meets monthly and is actively participating in quality projects.

SUBRECIPIENT QUALITY MANAGEMENT

The MDHHS BHSP RW CQM Coordinator monitors subrecipient performance through annual site visits and associated follow-up, quarterly performance measure reviews and monthly data entry trends, and analysis and subsequent feedback on subrecipient RW CQM Plans. The MDHHS BHSP RW CQM Coordinator works closely with subrecipients whose performance measure results do not meet the established goal or threshold as specified in their current CQM Work Plan. The MDHHS BHSP RW CQM Coordinator utilizes a CQM tool to evaluate subrecipients' CQM Plans based on quality infrastructure, including an agency-specific CQM Plan; documentation of performance measure outcomes and adherence to CAREWare data entry deadlines; QI activities and progress updates from appropriate agency staff members; completion of QPRs; consumer engagement and involvement in CQM, achievement of consumer health outcomes; and results from a randomized inspection of consumer performance measure outcomes. Technical assistance (TA) is provided to subrecipients as needed and/or by request.

Beginning in October 2018, in addition to the service-specific performance measures, all Part B and D subrecipients began reporting – per their individual CQM Work Plans – the extent to which consumers are involved in subrecipient CQM activities.

Previously, the MDHHS RW CQM Program's goal was to have each agency conduct individual QI projects that generally addressed gaps in their local HIV Care Continuums to target individuals lost to 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 MDHHS BHSP RW CQM Coordinator reevaluated the RW CQM Program's infrastructure and examination of VL Suppression disparities. In FY 2019-2020 and 2020-2021, the MDHHS BHSP RW CQM Coordinator conducted a statewide QI project with all funded subrecipients aimed at raising VL Suppression among subpopulations experiencing disparity, particularly among youth aged 13-24 years, those with temporary and/or unstable housing, African Americans and other minority populations, and those with income at or below the Federal Poverty Level (FPL). Upon evaluation, it was found that 90% of all participating

agencies saw a reduction in absolute and possible disparities, with 5% of agencies completely eradicating their previously measurable disparities.

In FY 2021-2022, 2022-2023, and 2023-2024, the MDHHS BHSP RW CQM Program is conducting a state-led QI project addressing VL maintenance, chronic carrying of VLs, and QI competency in staff. The project deliverables will be a completed PDSA and a staff training document.

The VL Suppression Maintenance Project

Subrecipient agencies designed a QI project to address VL maintenance among consumers having either a history of fluctuating VL suppression patterns or a chronic carrying of VLs, via data analysis and implementation of Case Conference regimen. As in previous QI activities, the PDSA method is utilized for this project. See Quality Improvement section for project results.

The Staff QI Capacity Project

The Staff QI Capacity Project aims to build QI capacity, knowledge, and buy-in among subrecipient agency staff with the goal of improving consumer health outcomes through annual QI training requirements. A Staff Training Tracker document is used to monitor this project. See Quality Improvement section for project results.

The MDHHS BHSP RW CQM Coordinator will monitor agencies' progress on the state-led QI projects through their QPRs, 1:1 check-ins, and TA calls. In addition to quarterly updates, each agency submits a completed PDSA document annually to demonstrate successes, as well as illuminate any challenges or barriers.

PERFORMANCE MEASUREMENT

Selection of Performance Measures

Current performance measures were selected by MDHHS BHSP RW CQM Committee members and direct service program staff (MIDAP and MDP). The MDHHS BHSP RW CQM Coordinator researched HRSA HAB performance measures and presented specific measures for consideration based on which services subrecipients currently provide and the core measures emphasized in Parts B and D grants. Threshold revisions occurred in 2024 and were based on input from the MDHHS BHSP RW CQM Committee, subrecipient agency staff, actual performance, and current HIV National Strategic Plan goals. In accordance with HRSA's additional RW CQM 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.

The MDHHS BHSP RW CQM Coordinator obtains input from subrecipient agencies and other stakeholders in the selection of additional performance measures. In 2016, MDP began tracking and reporting on Client Utilization of Oral Health Services, in addition to MDP VL Suppression. In FY 2021-2022, the MIDAP Formulary performance measure will continue to be monitored, and the MIDAP Determination performance measure is being revised to monitor recertification and verification applications instead of only new applications. Recently, draft performance measures were created to find the percentage of newly diagnosed (within last 12 months) RW consumers that are linked to HIV medical care within 30 days and within 90 days. As these performance measures are in the initial stages of development, they require examination by MDHHS BHSP Staff, discussion with and feedback from subrecipient agencies' staff, and testing by various internal and external entities prior to use.

Data Collection and Reporting

Federal performance measure data is entered into CAREWare by subrecipients across the state by the 10th of each month. The MIDAP team is responsible for documenting and reporting data for the reportable MIDAP performance measures. Similarly, the MDP team is responsible for documenting and reporting data for the Oral Health Service performance measures. In addition, MDHHS BHSP HIV Surveillance Staff ensures that consumers' VL and CD4 count lab results are kept up to date by managing bi-weekly data imports into CAREWare, which eliminates the burden of manual data entry. These results are essential for all VL Suppression performance measure numerators and serve as medical visit proxies for all performance measure denominators, with the exception of MIDAP and MDP measures. As with most activities, a limitation does exist with use of this proxy as consumers may complete lab visits but may not attend their subsequent medical visit with their provider, and vice versa.

The MDHHS BHSP RW CQM Coordinator monitors subrecipient performance measures on a quarterly basis. Results are analyzed, areas of underperformance are identified, recommendations for QI are made, and subsequent progress is monitored. The MDHHS BHSP RW CQM Coordinator ensures that federally funded subrecipient agencies and all HIV Continuum of Care reviewers receive individual agency performance measure reports on a quarterly basis, including a comparison of overall Part-specific aggregate progress. As of FY 2019-2020, each subrecipient agency receives a data visualization of their VL Suppression disparities from information pulled from quarterly CAREWare reports to aid in the progression of their QI projects. This data visualization continued for FY 2020-2021. From FY 2021-2022 through FY 2023-2024, subrecipient agencies will receive a visual analysis of their Gap in HIV Medical Visits and VL Suppression performance. Likewise, Part-specific, aggregate results are presented and/or disseminated on a quarterly basis to MDHHS BHSP Division and Section Leadership, as well as to other relevant Divisions' stakeholders, and amongst 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, as it impacts service-specific performance measure outcomes.

In FY 2023-2024, the MDHHS BHSP RW CQM Program included an additional HRSA core performance measure to be tracked: Annual Retention in Care. This measure was voted on by subrecipients in the annual MDHHS BHSP RW CQM Satisfaction Survey in FY 2021-2022 and was further assessed by the HIV Continuum of Care Unit in FY 2022-2023. To increase understanding around the percentage of our consumers receiving HIV medical care, the Annual Retention in Care performance measure will be tracked on the state database. Currently, the MDHHS BHSP RW Subrecipient agencies are not required to track this measure.

List of Performance Measures

Tables 1–4 below depict performance measurement progress for MDHHS BHSP RW Parts B and D Subrecipients, MIDAP, and MDP. Goals were initially developed from baseline data and revised in 2019 based on input from subrecipient agency staff, actual performance, and NHAS 2020 goals. FY 2022-2023 goal revisions include: VL Suppression increasing from 88% to 89%, Prescription of ART increasing from 94% to 95%, and Gap in HIV Medical Visits remained the same at <12% due to ongoing national barriers. Additionally, MIDAP increased their Determination goal from 80% to 85%, and MDP decreased their Utilization goal from 75% to 53% after tracking actual performance.

In 2024, MDHHS BHSP RW CQM Coordinator modified performance measures listed in Tables 1-2 to reflect Part-specific and RW service-specific outcomes to better align with the outcome measures outlined by HRSA on the RW Part B Implementation Plan. Additional modifications

were employed to expand the HIV Medical Visit definition to recognize eHARS-imported VL and CD4 Count lab values as proxies for medical visits and 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, 2020-2024

Performance Measure	Revised Goal (2024)	Part B							
		As of 3/31/20	As of 12/31/20	As of 3/31/21	As of 12/31/21	As of 3/31/22	As of 12/31/22	As of 3/31/23	As of 12/31/23
HIV Viral Load Suppression: Percentage of patients, regardless of age, with a diagnosis of HIV and a viral load < 200 copies/mL at last HIV viral load test during the measurement year	**89.0%**	89.93% (2358/ 2622)	89.30% (2228/ 2495)	91.14% (2304/ 2528)	90.97% (2338/ 2570)	90.63% (2330/ 2571)	89.58% (2571/ 2303)	90.57% (2228/ 2460)	**90.73%** (2359/ 2600)
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	**95.0%**	94.39% (2475/ 2622)	96.23% (2401/ 2495)	95.63% (2406/ 2516)	95.18% (2446/ 2570)	95.18% (2447/ 2571)	98.17% (2524/ 2571)	98.01% (2411/ 2460)	**97.88%** (2545/ 2600)
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%**	12.72% (286/ 2249)	14.58% (330/ 2264)	16.51% (374/ 2265)	19.14% (411/ 2147)	19.62% (418/ 2131)	21.67% (468/ 2160)	18.99% (390/ 2054)	**23.20%** (503/ 2168)
Annual Retention in Care: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two medical encounters within the measurement year	N/A*	-	-	-	-	-	-	-	**49.77%** (1294/ 2600)

Table 2. Part D Performance Measure Progress, 2020-2024

Performance Measure	Revised Goal (2024)	Part D							
		As of 3/31/20	As of 12/31/20	As of 3/31/21	As of 12/31/21	As of 3/31/22	As of 12/31/22	As of 3/31/23	As of 12/31/23
HIV Viral Load Suppression: Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load < 200 copies/mL at last HIV viral load test during the measurement year	**89.0%**	84.40% (790/936)	82.94% (695/838)	81.86% (695/849)	82.98% (707/852)	84.33% (716/849)	85.89% (718/836)	87.51% (736/841)	**89.98%** (727/808)
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	**95.0%**	97.76% (915/936)	97.85% (820/838)	98.23% (834/849)	98.00% (835/852)	98.12% (833/849)	99.16% (829/836)	99.17% (834/841)	**99.38%** (803/808)
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%**	23.30% (188/807)	17.96% (123/685)	22.63% (162/716)	17.25% (119/690)	21.58% (153/709)	17.58% (128/728)	18.23% (130/713)	**15.97%** (110/689)
Annual Retention in Care: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two medical encounters within the measurement year	**N/A***	-	-	-	-	-	-	**-**	**74.26%** (600/808)

Table 3. MIDAP Performance Measure Progress, 2020-2024

Performance Measure	Initial Goal	As of 3/31/20	As of 12/31/20	As of 3/31/21	As of 12/31/21	As of 3/31/22	As of 12/31/22	As of 3/31/23	As of 12/31/23
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	**100%**	99.95%	94.34%	96.82%	100%*	92.19%	*	89.75% (1901/ 2118)	**99.82%** (1686/ 1689)
MIDAP Formulary: Percentage of new HIV anti-retroviral drugs that will be added (included) to the ADAP formulary within 90 days of the date of FDA approval during the measurement year	**100%**	N/A	N/A	100% (1/1)	N/A	N/A	100% (3/3)	100% (1/1)	**0%** (0/1)
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	**89.0%**	88.37% (2864/ 3241)	86.52% (3003/ 3471)	87.65% (3003/ 3426)	90.34% (2732/ 3024)	89.14% (2905/ 3259)	88.67% (2739/ 3089)	87.34% (2649/ 3033)	**87.84%** (2840/ 3233)

Table 4. MDP Performance Measure Progress, 2020-2024

Performance Measure	Revised Goal (2021)	As of 3/31/20	As of 12/31/20	As of 3/31/21	As of 12/31/21	As of 3/31/22	As of 12/31/22	As of 3/31/23	As of 12/31/23
MDP Viral Load Suppression: Percentage of active MDP clients, regardless of age, with a diagnosis of HIV with a viral load < 200 copies/mL at last HIV viral load test during the measurement year	**89%**	89.73% (1974/ 2200)	85.79% (1781/ 2076)	86.83% (1707/ 1966)	90.77% (1455/ 1603)	91.13% (1356/ 1488)	90.78% (1122/ 1236)	90.57% (1095/ 1209)	**91.57%** (1043/ 1139)
MDP Utilization: Percentage of active MDP clients, regardless of age, that utilized at least one MDP service during the measurement year	**75%**	35% (655/ 1899)	55% (1469/ 2688)	55% (1351/ 2456)	35% (685/ 1904)	34% (721/ 2132)	31% (658/ 2132)	20.30% (762/ 3753)	**49.56%** (1119/ 2258)

N/A* The Annual Retention in Care performance measure goal has not been set, as it is in its first year of baseline data.
***** The MIDAP online Determination Report is being assessed for data pull accuracy.

CAPACITY BUILDING

In order to increase CQM knowledge and network with other RW CQM Staff across the nation, the MDHHS BHSP RW CQM Coordinator pursues and attends relevant professional development opportunities, such as The National Ryan White Conference and its corresponding CQM sessions; the HRSA HAB Center for Quality Improvement and Innovation (CQII) monthly webinars and annual in-person trainings; learning sessions and resources offered by the Institute for Healthcare Improvement (IHI); and other applicable educational opportunities, including trainings for data visualization, survey development, and ArcMap. Likewise, the MDHHS BHSP RW CQM Coordinator ensured that Michigan's RW Programs for Parts B and D participated as Community Partners in the CQII ECHO Collaborative from September 2018 to December 2019, focusing on reducing disparities by increasing VL Suppression rates in disproportionately affected subpopulations of PLWH. In addition, the MDHHS BHSP RW CQM Coordinator stays abreast of the latest QI information and strategies by monitoring updates released by HRSA HAB, CQII, National Alliance of State and Territorial AIDS Directors (NASTAD), IHI, and Agency for Healthcare Research and Quality (AHRQ) listservs. For 2023-2024, the RW CQM Coordinator will be attending the CQII Training of Quality Leaders Program and the National RW Conference.

Further, the MDHHS BHSP RW CQM Coordinator builds CQM capacity among internal MDHHS BHSP Staff, subrecipient agencies, CQM Committee members, CQM Subrecipient Subcommittee members, and RW consumers by facilitating CQM Trainings. These trainings are provided to CQM Committee members and CQM Subrecipient Subcommittee members as the sessions cycle. In addition, all new HCS hires are required to complete two CQII Quality Academy Tutorials and two IHI Open School online videos as part of an updated orientation process.

Next, the MDHHS BHSP RW CQM Coordinator is required to provide CQM technical assistance (TA), as needed, to all subrecipient agencies. Historically, TA has included local CQM Program development and revision; CAREWare performance measure collection and subsequent data utilization; cohort tracking; and sharing guides for the PDSA method, CAB development, and consumer engagement. In addition to these, the RW CQM Coordinator provides additional training on other QI tools, as needed and/or requested. For example, the "Five Why" tool was introduced to subrecipient agencies in December 2022.

Lastly, a statewide Annual RW CQM Symposium began in FY 2016-2017 that was planned and co-facilitated by the MDHHS BHSP RW CQM Coordinators, MDHHS BHSP HIV Trainer, two Part A recipient staff members, and the Clinical Pharmacist of a Part B/C/D funded site. Notably, this symposium was created to serve as a venue for RW colleagues across the state to collaborate, discuss, and learn more about Michigan's progress on the current NHAS indicators; best CQM practices; strategies to enhance consumer involvement in quality initiatives and encourage continuous consumer engagement; local subrecipient QI projects; and various QI tools. The RW CQM Symposium was held in-person in April 2017, April 2018, and June 2019. Unfortunately, the June 2020 Symposium was cancelled due to COVID restrictions. As a result, the first virtual symposium was held in June 2021 and had an impressive attendance rate: 95% of attendees remained online and engaged for at least 90% of the event. Virtual CQM Symposiums were held in June 2022 and June 2023, and the next anticipated CQM Symposium will be held virtually in June 2025.

EVALUATION

Evaluation activities are led by the MDHHS BHSP RW CQM Coordinator and involve OS and HCS leadership. In adherence to HRSA Policy Clarification Notice 15-02, the RW CQM

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. Each fiscal year, the RW CQM Coordinator completes a comprehensive examination of all RW CQM Plan components, makes any appropriate updates, and then shares with stakeholders for review. If the RW CQM Plan goals or aggregate performance measure thresholds are not met, they will be assessed to identify challenges and barriers. As a result, goals may be revised or realigned, and further efforts toward meeting each goal will continue over the next year. For the goals that are met, the focus will shift from achievement to sustainability. As outlined in the performance measure section of this CQM Plan, goals will be adjusted based on each year's actual performance, input from subrecipient agencies and program staff, and consideration of NHAS goals. The CQM Organizational Assessment (OA) is a comprehensive tool used to evaluate the recipient CQM Program, and the RW CQM Coordinator will ensure that a complete organization assessment is performed every three years, except for years during which HRSA site visits occur.

The MDHHS BHSP RW CQM Committee evaluates the MDHHS BHSP RW CQM Plan annually during the Q4 meeting. Each member is responsible for reviewing a section of the plan and providing feedback. Following the results, the RW CQM Coordinator will make revisions, as suggested.

Ongoing evaluation includes quarterly progress reporting of the CQM Plan performance measure results and work plan activities. Upon completion of each quarterly CQM Plan Progress Report, it is distributed via email to all BHSP QEES and HCS staff, as well as to other Divisions when requested.

QUALITY IMPROVEMENT

MIDAP Quality Projects

In September 2018, the MIDAP Quality Assurance Coordinator and the MIDAP Coordinator hosted two MIDAP stakeholder feedback sessions in different regions of the state to obtain feedback from Ryan White (Parts A-D) Providers throughout Michigan. In total, approximately 35 participants were in attendance, comprising of CMs, 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 consumer health outcomes. In response, MIDAP has created a detailed work plan to address all three identified areas.

In FY 2019-2020 and FY 2020-2021, the MIDAP team conducted a QI project focused on developing a protocol to minimize gaps in coverage for consumers who do not recertify their MIDAP coverage in the appropriate time frame. To do this, MIDAP sent reminder letters via USPS mail to all consumers approaching their recertification/verification date to remind them to recertify before their coverage is disrupted and medication adherence is jeopardized. Despite these efforts, many consumers still recertified late, leading to typical gaps in coverage. The QI team assigned to this project explored various methods to reduce the number of gaps in coverage using PDSA cycles, and eventually developed a Recertification/Verification spreadsheet as a mode of measurement for tracking progress. This new project ran from June 2019 through January 2021, and showed that participating subrecipient agencies ranged between 73%-99% in overall recertification/verification rates during one quarter. With most of the agencies already preventing gaps by adherence to their own internal protocols, the project for next fiscal year is to focus on internal MIDAP procedures. Although there was an increase in

untimely recertification/verification rates causing gaps in coverage, the Quality Coordinators and MIDAP team discovered there are still issues with timely submission of proper documentation for Premium Assistance each year during Open Enrollment, adding to insurance coverage gaps among consumers. To address this, RW Quality Staff began collaborating with the MIDAP team on a QI project during FY 2020-2021, focusing on increasing the percentage of consumers whose CMs obtain and submit their invoices and Open Enrollment Response Forms within the appropriate timeframe to make the binder payment by 25% per participating agency. Cycle 1 of the project worked specifically with Henry Ford Hospital System. Following thorough reviews of the agency's processes and the number of consumers not having invoices and Open Enrollment Response Forms submitted during the appropriate timeframes, it was revealed that both consumers and CMs have trouble understanding the Premium Assistance invoicing process and often refer to the MIDAP team – via phone or email – to help answer questions so they can successfully complete the process. As a result, it was determined that development of a MIDAP FAQ document would be the most impactful way to address this issue.

For Cycle 1, the MIDAP Unit and RW Quality Staff developed and distributed two FAQ documents to all CMs registered in MIDAP Online to educate CMs and consumers on Premium Assistance. The FAQ documents were well received but did not significantly impact Premium Assistance invoicing. In FY 2022-2023, the MIDAP Premium Assistance Project was revised to reflect the following goal: collaborate with CMs at Trinity Health to discuss barriers and solutions to increase the number of Premium Assistance consumers who submit invoices within the appropriate time frame. Within this cycle, the MIDAP Unit decided to collaborate with Trinity Health for a Cycle 2 PDSA to explore similarities and differences among their respective Premium Assistance invoice issues. This second cycle revealed a separate set of difficulties with the Premium Assistance Program, all relating to the MIDAP Online System. The MIDAP Unit, with assistance from RW Quality Staff, developed a list of MIDAP Online solutions with Trinity Health staff and worked on that list over several months. After both PDSA cycles, it was concluded that more work is necessary to positively impact the Premium Assistance invoicing challenge. After two cycles, the MIDAP Unit decided to end the Premium Assistance QI Project with no further actions and to shift their focus to a new QI project.

As a result, for FY 2023-2024, the MIDAP Unit decided to develop a QI project aimed at increasing CMs' comfortability of using the MIDAP Online System by holding periodic Office Hours sessions, each with a different topic of focus. The MIDAP Unit will notify CMs by inviting those who are currently utilizing MIDAP Online. Prior to each Office Hours session, a pre-survey – created by the Quality & Evaluation (Q&E) Unit – will be distributed by the MIDAP Unit to all CMs to elicit feedback regarding areas of interest and to gauge CM's existing knowledge of various MIDAP topics. Similarly, a post-survey – also created by the Q&E Unit – will be distributed by the MIDAP Unit to CMs after each Office Hours session to measure success and gain valuable feedback. Currently, the MIDAP Unit is in the process of drafting the email that will be sent to CMs introducing Office Hours sessions; developing the format, content, and agenda for the first Office Hours session; and collaborating with the Q&E Unit to determine what questions/topics will go on the pre and post surveys. Lastly, the MIDAP Unit will share one MIDAP Meeting with the Q&E Unit each month to touch base on the project and review progress. Due to the infancy of this project, cumulative results will not be available until October 2024.

Ryan White Care Program Quality Projects

The VL Disparity Project

In December 2019, the MDHHS BHSP RW CQM Coordinator prepared all subrecipients to contribute to a statewide QI project aimed at increasing VL Suppression rates among subpopulations experiencing disparity: youth aged 13-24 years, those with temporary or unstable housing, African Americans(AA)/other minority groups, and those with income at or below the FPL. After the April 2018 RW Part B site visit; however, the RW CQM Coordinator re-evaluated the CQM Program's infrastructure and examination of VL Suppression disparities. Part of the subsequent follow-up to this visit was setting up CAREWare performance measures to examine for disparities based on gender, age, risk factor(s), race, housing status, and FPL. These newly developed measures were used to analyze for disparities in aggregate (Part B, Part D, MIDAP, and All Parts). Using SurveyMonkey, the RW CQM Committee members reviewed 3 years of data and voted for priority subpopulations to focus on. The top three subpopulations chosen were youth aged 13-24 years, those with temporary/unstable housing, and those with income at or below the FPL. In November 2019, the RW CQM Committee assessed the overall data from FY 2018-2019 and voted to add African Americans and other minority groups to the list of focus. The RW CQM Coordinator shared the disparity data and RW CQM Committee voting results with all subrecipient CQM leads and ensured that all agencies received access to the CAREWare Disparity performance measures, as well as to trainings on the measures' functionality and the Disparity Calculator Tool, developed by CQII in consultation with HRSA HAB and partners in the field.

The VL Disparity Project ran during FY 2019-2020 and 2020-2021. As a result, over 80% of the funded Part B subrecipient agencies experienced an increase in VL Suppression in the disparity groups identified at each agency. Further, five of the participating agencies were able to completely eliminate the data identifiable deficiencies experienced by their absolute and possible disparities. In addition to these remarkable results, MDHHS' goal to have 90% of funded subrecipients participate in the first state-led QI project was achieved. The efforts put forth for this quality project have greatly improved patient care via clinical implementation and process, as well as increased positive health outcomes for RW consumers in Michigan.

Upon review of VL Suppression data at the state and agency level obtained from CAREWare, a fluctuation in VL Suppression was noticed among consumers who have recently become virally suppressed. The RW CQM Coordinator, in collaboration with the RW CQM Committee, developed a project to act as the next step for consumers who recently achieved VL Suppression as a result of the disparity project or through other efforts. Starting in FY 2021-2022, this second state-led project aims to increase VL Suppression Maintenance, in conjunction with Case Conference meetings, for consumers experiencing patterns of fluctuations in VL Suppression. Through this project, MDHHS strives to continually utilize quality management efforts to positively impact patient care and health outcomes. See below for subsequent project resulting from these QI efforts.

The VL Suppression Maintenance Project

In FY 2021-2022, subrecipient agencies designed a QI project to address VL maintenance among consumers having either a history of fluctuating VL Suppression patterns or a chronic carrying of VLs. To do this, agencies conducted an initial assessment of data to determine which consumers were chronically carrying a VL or experiencing a fluctuation in their VL Suppression. The RW CQM Coordinator collected performance measure data from CW, and it was sent out to each agency for the following dates: 12/31/2021, 03/31/2022, 06/30/2022, and 09/30/2022. Once individual consumers were identified, agencies held Case Conferences to

discuss and document their plans to address the specific barriers each consumer faced and to assist the identified consumers with medication adherence and viral suppression. To support the agencies in this effort, the RW CQM Coordinator held two 1:1 TA calls with each agency regarding best practices for effective Case Conferences. These TA calls occurred in February and August of 2022. In addition, a Case Conference Training was offered in August 2022, and it has been added to the MDHHS BHSP website for on-demand access. At the end of cycle 1, results were analyzed. It was found that each agency's performance measures have improved. TA was said to be very helpful, and many agencies reported having a more streamlined Case Conference process due to the project**.** Of the 18 participating subrecipient agencies,12 agencies had a VLS increase of less than 1%, two agencies had a VLS increase of 1%, three agencies had an increase of 2%, and two agencies had an increase of over 6%. Overall, RW subrecipient agencies had a VL Suppression increase of 3.29%.
For the next cycle of this project, agencies with lower numbers of unsuppressed consumers will be able to expand their Case Conferences to discuss other consumers and to address additional barriers. In contrast, agencies that have 10 or more unsuppressed consumers will continue to address those with fluctuations in suppression or chronic carrying of a VL via Case Conferences. An additional change will be to suggest agencies use dual measures for stratifying data, such as disparity charts and custom reports.

The Staff Capacity Project
The Staff Capacity Project aims to build QI capacity, knowledge, and buy-in among subrecipient agency staff with the goal of improving consumer health outcomes. Through QPRs, 1:1 check-ins, and TA calls, subrecipients reported finding it difficult to continue and maintain quality efforts due to staff turnover. As a result, they decided to implement a QI project requiring all staff having direct consumer contact to participate in at least one QI training each fiscal year. To support subrecipients' QI efforts, the MDHHS BHSP RW CQM Coordinator provides four QM learning opportunities during each quarter of the fiscal year: one agency training, two CQM Subrecipient Subcommittee Meetings, and the Annual CQM Symposium. In addition, subrecipients can utilize other trainings from MDHHS BHSP, TargetHIV, and HRSA HAB to fulfill the training requirement. After the first cycle, results illustrated that each subrecipient agency adequately offered staff training opportunities during each quarter of the fiscal year, and all agencies participated in three out of four MDHHS BHSP QI events. Additionally, a majority of the agencies received a positive response to QI training requirements and reported an increase in QI interest among staff. In fact, some agencies used this QI project as an opportunity to assess staff satisfaction and QI capacity, and they submitted their annual PDSAs surrounding this topic. Overall, the project was a success, and it will continue for two more cycles.

The MDHHS BHSP RW CQM Coordinator will continue to monitor subrecipient agencies' progress on the state-led QI projects through their QPRs, 1:1 check-ins, and TA calls. In addition to quarterly updates, each agency will provide a completed PDSA annually to demonstrate their successes, as well as any challenges faced.

PROCEDURES FOR UPDATING MDHHS BHSP RW CQM PLAN

The MDHHS BHSP RW CQM Coordinator, in collaboration with the RW CQM Committee members, will perform a thorough annual review of the RW CQM Plan to determine if items such as goal suitability, work plan activities' progress, and feasibility remain relevant. Initial revisions will be made by the Quality Coordinators, including the overhaul of specific activities outlined in the work plan, as well as annual quality goals. The updated RW CQM Plan will undergo RW CQM Committee review and approval, and then the RW CQM Coordinator will ensure submission to respective HRSA Ryan White Parts B and D Project Officers via email or

EHB, as part of the Part B Terms Report and Part D Noncompeting Continuation Progress Report.

COMMUNICATION

The MDHHS BHSP RW CQM Coordinator annually shares the updated MDHHS BHSP RW CQM Plan and aggregate performance measure data with stakeholders, including the planning bodies, RW CQM Committee, and RW CQM Subrecipient Subcommittee. Additionally, the final RW CQM Plan is made publicly available on the MDHHS BHSP website (www.mi.gov/hivSTI). The RW CQM Coordinator and respective Program Coordinators communicate with each other in-person, via email, and in-person and/or virtual meetings regarding identified subrecipient data/quality issues. When each quarterly RW CQM Plan progress report is finished, it is distributed via email to all QEES and HCS staff, as well as to other BHSP Divisions, as requested. Similarly, the RW CQM Coordinator reports on performance measure progress and QI activities at Section and Division meetings, as necessary. The RW CQM Coordinator contacts federally funded subrecipients via email, telephone, and in-person or virtual meetings to discuss individual performance measure data and QI activities and to schedule and provide TA, as needed.

CLINICAL 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	QEES & HCS leadership, RW CQM Coordinator, and/or an objective individual qualified to assess CQM Programs, e.g. CQII Consultant	Every three years (2023, 2026, etc.)
2. Share CQM Organizational Assessment evaluation results with key stakeholders	- # of MHAC participants receiving MDHHS CQM Organizational Assessment results	RW CQM Coordinator, Program Coordinators, QEES & HCS Leadership, MHAC Community Planner	Every three years (2023, 2026, etc.)
3. Participate in Part D CAG in SE Michigan	- # of CAG meetings attended and actively participated in	Part D 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	RW CQM Coordinator	Annually (May & December meetings | February & August calls)
5. Share MDHHS CQM Plan and aggregate Part-specific Performance Measure data reports with stakeholders	- # of informational shares (MDHHS QM Plan & aggregate Performance Measure reports) with planning bodies	RW CQM Coordinator	Annually (August)
	- Ensure revised MDHHS CQM Plan is publicly accessible via BHSP website	RW CQM Coordinator, BHSP Website Administrative Staff	Annually, or with each CQM 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 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 HCS staff orientation	- Successful completion by newly hired staff of the following three tutorials: • QI 101 Institute–Clinical Quality Management: • https://www.youtube.com/watch?v=-VdIu-NGrz4 • Model for Improvement: https://www.youtube.com/watch?v=SCYghxtioIY • Plan Do Study Act (PDSA): http://www.ihi.org/education/IHIOpenSchool/resources/Pages/CourseraVideo9.aspx	HCS managers, Newly hired staff	Ongoing
8. Provide CQM training internally and externally	- # of *Internal* CQM trainings provided - # of *External* training provided for subrecipient agencies and/or consumers	RW CQM Coordinator	-Internal: As Requested -External: 1
9. Provide quality technical assistance to subrecipients	- # of CQM TA sessions provided via in-person visit, conference call, or online meeting	RW CQM Coordinator	As requested
10. Review QM Program at federally funded subrecipient agencies	- # of federally funded subrecipient agency visits	RW CQM Coordinator	Annually
B. PCN 15-02 Component: Performance Measurement/Data Collection			
1. Review respective RW program's aggregate and individual subrecipient (by service category) performance measure data and consumer involvement objective	- # of federally funded agencies' progress reports reviewed (including performance measure data review and consumer involvement objective review)	RW CQM Coordinator, MDHHS Data Analysts	Quarterly (January, April, July, October)
2. Track core performance measures	- Aggregate VL Suppression, Prescription ART, and Gap in Medical Visits	RW CQM Coordinator	Quarterly (January, April, July, October)
3. Review federally funded subrecipient data entry of subservices in CAREWare after the 10th 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	RW CQM Coordinator, Program Coordinators	Quarterly or as needed

Activities	Measure/Method	Person(s) Responsible	Frequency
	- # 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' PDSA cycles	RW CQM Coordinator	Annually (by October 31st)
2. Assess satisfaction of federally funded subrecipients	- # of satisfaction feedback opportunities provided for subrecipients	RW CQM Coordinator	Annually (September)
3. Conduct Annual Client Satisfaction Surveys	- # of Client Satisfaction surveys (MIDAP, MDP) conducted	RW CQM Coordinator, MIDAP Staff, MDP Staff, Intern	Annually

MDHHS Summary of Performance Measures – Part B REVIEWED: 03/26/2024

Service Category	CW Label	Measure	Numerator	Denominator	Relevant Data Elements
EIS Med CM Non-Med CM Outpt/Ambulatory	1BEIS 1BMCM 1BNMCM 1BO/A	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	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	PRESCRIPTION OF HIV 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	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 Substance Abuse	4BEFA 4BFB 4BHERR 4BHPCA 4BL 4BMCM 4BMNT 4BMT 4BMH 4BO/A 4BPS 4BSA:O	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	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 REVIEWED: 03/26/2024					
Service Category	**CW Label**	**Measure**	**Numerator**	**Denominator**	**Relevant Data Elements**
Med CM Non-Med CM Outpt/Ambulatory	1DMCM 1DNMCM 1DO/A	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	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	PRESCRIPTION OF HIV 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	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 Non MCM Med Nutr. Therapy Med Transport Mental Health Outpt/Ambulatory Psychosocial Supp	4DHERR 4DL 4DMCM 4DNMCM 4DMNT 4DMT 4DMH 4DO/A 4DPS	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	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