Clinical Quality Management Plan

FY 2024-2025

Michigan Department of Health and Human Services
Bureau of HIV and STI Programs
Integrated Ryan White Program Parts B and D

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I. QUALITY STATEMENT

Purpose: 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) Ryan White (RW) Clinical Quality Management (CQM) Program is 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. The Health Resources and Services Administration (HRSA) RW CQM Policy Clarification Notice (PCN) 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).

II. ANNUAL QUALITY GOALS & ESTABLISHED PRIORITIES

Established priorities include engaging internal and external staff and consumers in quality improvement (QI), quality assurance (QA), and quality management (QM) activities to identify needs and provide on-going learning opportunities to enhance the knowledge, skills, and methodology needed to fully implement a culture of quality within BHSP and among its subrecipient agencies. In addition, the MDHHS BHSP RW CQM Program Annual Quality Goals for fiscal year (FY) 2025 are as follows:

1. By September 30, 2025, maintain at least 75% participation of the MDHHS BHSP RW CQM Committee throughout the year via quarterly meetings to advise and inform the MDHHS BHSP RW CQM Program and associated quality activities.
2. By September 30th, 2025, each federally funded subrecipient agency will conduct at least one consumer engagement activity per quarter to ensure the active involvement of PWH in the planning, implementation, and evaluation of RW Program services in Michigan.
3. By September 30, 2025, the VL suppression rate at each federally funded subrecipient agency participating in the statewide QI project addressing VL Suppression maintenance will increase between 1% to 5% from the baseline established on October 1st, 2024.
4. By September 30th, 2025, each federally funded subrecipient agency participating in the statewide QI project aimed to increase staff capacity for QI work will have at least one staff member participate in an applicable training during each quarter of the fiscal year. Furthermore, at least one of the trainings attended by staff will be CQM-specific.
5. By September 30th, 2025, the Michigan Drug Assistance Program (MIDAP) Unit will host at least four MIDAP Learning Series sessions for Case Managers (CMs) to increase their knowledge of and comfortability with MIDAP Online and its associated programs to improve consumer care, health outcomes, and satisfaction related to MIDAP services.

III. QUALITY INFRASTRUCTURE

A. Leadership

As indicated by HRSA'S PCN 15-02, the MDHHS BHSP has established appropriate leadership to champion the MDHHS BHSP RW CQM Program and ensure its sustenance. The BHSP Directors, HIV Care Section (HCS) Manager, and Epidemiology, Quality, and Data Management (EQuaD) Section Manager provide guidance, endorsement, and support to the MDHHS BHSP RW CQM Program to foster a culture of quality within the bureau and guarantee the program's success.

In addition, the MDHHS BHSP Core RW Quality Staff contribute their respective expertise and skills to lead the program and accomplish all work plan activities and goals. MDHHS BHSP Core RW Quality Staff include:

- Quality and Evaluation (Q&E) Unit
    - Manager and RW CQM Coordinator
- Continuum of Care (CoC) Unit
    - Manager, Part B Coordinator, Part D Coordinator, Early Intervention Services (EIS) Coordinator, and HIV Clinical Nurse Consultant
- MIDAP Unit
    - Manager, MIDAP Coordinator, and MIDAP Representatives
- Michigan Dental Program (MDP)
    - MDP Oral Health Director and MDP Insurance and Claims Analyst
- HIV Data Manager (CAREWare)
- HIV Epidemiologists
- Grants and Contracts Manager and Analysts

B. CQM Committee

The **MDHHS BHSP RW CQM Committee** is comprised of the following:

- Seven RW Parts B and D subrecipient agency staff
    - Inclusive of medical clinics, health departments, and community-based organizations (CBOs)
- Five RW Program consumers
- Two dual-role RW Program consumers and RW Parts B and D subrecipient agency staff
- Seven MDHHS BHSP staff
    - RW CQM Coordinator, HIV Clinical Nurse Consultant, HIPCA Eligibility/Premium Assistance Insurance Representative (MIDAP), HIV Data Manager, Return to Care Project Coordinator, Quality Management & Accreditation Consultant, and MDP Eligibility Specialist

Responsibilities of the **MDHHS BHSP RW CQM Committee** include:

- Developing and annually updating an integrated CQM Plan that includes annual quality goals;
- Selecting HRSA HIV/AIDS Bureau (HAB) performance measures that align with annual quality goals to be reported at both recipient and subrecipient levels, and adjusting performance measure thresholds, as appropriate;

- Examining performance measure data to identify gaps or disparities in RW service delivery;
- Providing expert/consumer feedback, as well as sharing best practices, improvement strategies, and interventions, to improve consumer care, satisfaction, and health outcomes along the HIV Care Continuum; and
- Evaluating MDHHS BHSP RW CQM Program performance annually, according to HRSA requirements and the National Quality Center Checklist for the Review of an HIV-Specific Quality Management Plan.

C. Dedicated Staffing

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 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:

- Monitoring and evaluating subrecipient performance through respective annual site visits and associated follow-up, review of quarterly performance measures and monthly CAREWare data entry trends, QI projects and subsequent progress, completion of Quarterly Progress Reports (QPRs), consumer engagement and involvement in agency CQM activities, and achievement of consumer health outcomes;
- Providing CQM technical assistance (TA) to subrecipients via RW CQM Subrecipient Subcommittee Meetings (Quarters 1 and 3) and individual agency RW CQM 1:1 Check-Ins (Quarters 2 and 4), as well as upon request;
- Developing, planning, and facilitating the MDHHS BHSP RW CQM Committee and its quarterly meetings;
- 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;
- Coordinating the development, testing, and implementation of recipient and subrecipient performance measures;
- Reviewing quarterly performance measure data to identify possible gaps and disparities in health outcomes and/or training opportunities;
- Working closely with subrecipients whose performance measure results do not meet the established threshold, as specified in their current CQM Work Plan, to help remedy any issues;
- Reviewing and updating the Integrated RW Program Parts B and D CQM Plan annually;
- Providing CQM content for federal RW grant applications, reports, and monthly monitoring calls;
- 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, as well as those provided externally by MDHHS subrecipients.

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, evaluating, and/or completing all RW CQM Work Plan activities.

D. Dedicated Resources

Resources of 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, but primarily from TargetHIV, AIDS United, Centers for Disease Control and Prevention (CDC), and HRSA.

IV. STAKEHOLDERS PARTICIPATION & INVOLVEMENT

To keep stakeholders updated and engaged, BHSP provides information on statewide performance measure data, quality projects and activities, and subrecipient 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. This exchange of information occurs at in-person/virtual meetings, via surveys, or by review of relevant materials, and all feedback is incorporated into BHSP's RW CQM Program decision-making.

A. MDHHS BHSP RW CQM Committee

In accordance with HRSA's PCN-15-02, MDHHS Core RW Quality Staff developed a formal work group of RW consumers, RW Parts B and D subrecipient agency staff, and MDHHS BHSP staff with the goal of improving RW service delivery, consumer health outcomes, and consumer satisfaction for PWH in Michigan. Currently, the committee is on its seventh cycle, inception since 2018, with its next meeting scheduled for March 2025. The MDHHS BHSP RW CQM Coordinator will continue to engage this vital group of stakeholders.

B. 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 RW CQM Subrecipient Subcommittee composed of 14 Part B and five Part D federally funded RW Program agency staff who regularly engage in CQM activities at their respective organizations. The objective of this subcommittee is to strengthen collaboration with subrecipient agencies and provide subrecipients throughout Michigan the opportunity to share and discuss best practices to improve services along the HIV Care Continuum. The monitoring schedule is as follows: RW CQM Subrecipient Subcommittee

Meetings held in Quarters 1 and 3, and individual agency RW CQM Check-Ins held in Quarters 2 and 4. During FY 2025, Subrecipient Subcommittee Meetings will occur in November and May, while individual agency RW CQM Check-ins will be conducted in February/March and August/September.

In addition, all federally funded RW subrecipient agencies are contractually required to conduct at least one QI project throughout the year, as well as complete an annual PDSA worksheet to document progress, that must be submitted to the MDHHS BHSP RW CQM Coordinator at the end of each fiscal year.

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 performance measure data after each quarter, at minimum, and reporting subsequent QI activities and updates via QPRs;
- Conducting at least one quality improvement (QI) project aimed at improving consumer care, health outcomes, and/or satisfaction each fiscal year using the "Plan Do Study Act" (PDSA) method to document progress;
- Developing and/or annually updating agency-specific CQM Plans, especially annual quality goals and work plan activities, that are kept on file on-site; and
- Incorporating consumer feedback into service delivery and QI activities each quarter.

C. External Stakeholders

The stakeholders include RW consumers, the Michigan HIV/AIDS Council (MHAC), the Southeast Michigan HIV Advisory Council (SEMHAC), Michigan RW Programs Parts A, B, C, D, and F Staff, HRSA's HAB, and the CDC.

D. People with HIV Involvement

i. RW Program Parts B and D Consumers

The MDHHS BHSP RW CQM Program is dedicated to fostering and maintaining a strong, transparent, and collaborative relationship with all RW Program Parts B and D consumers in Michigan to improve their overall care, health outcomes, and satisfaction. Further, it is recognized that RW Program services could not reach the highest level of excellence without the invaluable feedback of those utilizing the services. As such, the MDHHS BHSP RW CQM Coordinator works diligently each year to recruit and retain RW Program consumers as members of the MDHHS BHSP RW CQM Committee. In FY 2025, there are currently seven RW Program consumers serving on the committee.

Additionally, all federally funded subrecipients are contractually required to gather input from their respective consumers to improve service delivery and assess satisfaction. This requirement can be satisfied through a variety of activities, including agency-level consumer advisory boards (CABs) and the like, implementation of consumer satisfaction surveys, and/or 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 subrecipients' QPRs.

ii. Part D Consumer Advisory Group

The MDHHS BHSP RW Part D Coordinator worked with Wayne State University's (WSU) Sinai Grace Infectious Disease Clinic to re-invigorate a women's consumer advisory group (CAG) in Metro Detroit. This group is comprised of women who access RW Part D funded services, as well as agency staff from RW Part D service providers. The objective of this group is to serve as a consumer feedback mechanism for the RW Part D Programs in Metro Detroit; 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 Coordinator is 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 2025, the CAG meets monthly and is actively participating in quality projects.

E. HIV Planning Bodies

The MDHHS BHSP RW CQM Program maintains 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.

V. PERFORMANCE MEASUREMENT

A. Selection of Performance Measures

Current performance measures were selected by MDHHS BHSP RW CQM Committee members and direct service program staff from 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 RW 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, performance outcomes, and current HIV National Strategic Plan goals. In accordance with HRSA's 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.

Further, 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 2024, the MDHHS BHSP RW CQM Program started tracking an additional HRSA core performance measure: Annual Retention in Care. Voted on by subrecipients in the previous year's Annual RW CQM Satisfaction Survey and further assessed by the HIV Continuum of Care Unit, Annual Retention in Care was added to increase understanding around the percentage of RW consumers engaged in HIV medical care. As of FY 2025, Annual Retention in Care is in its second year of baseline data collection to determine the best use of this measure. As such, the MDHHS BHSP RW subrecipient agencies are not currently required to track this performance measure.

In FY 2025, the MIDAP Determination performance measure was amended to match the revised definition of the HRSA HAB AIDS Drug Assistance Program (ADAP) Application Determination performance measure, changing the application approval/denial timeframe from within 14 days to within 5 days. In addition, the MIDAP Formulary performance measure will be removed in FY 2026 to further align with the HRSA HAB ADAP performance measures. Notably, the MDHHS BHSP RW CQM Committee and HIV Care staff have already approved a one percentage point increase to both the VL Suppression and Prescription of Antiretroviral Therapy (ART) goals for FY 2026 to equal 90% and 96%, respectively.

B. Data Collection & Reporting

Federal performance measure data is entered into CAREWare by subrecipients by the 10th of each month. The MIDAP Unit is responsible for documenting and reporting data for the reportable MIDAP performance measures. Likewise, the MDP staff is responsible for documenting and reporting data for the Oral Health Service performance measures. In addition, MDHHS BHSP HIV Surveillance staff ensures 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, apart from MIDAP and MDP measures. As with most activities, a limitation does exist with use of this proxy, as consumers may complete lab visits but not attend their subsequent medical visits 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 staff receive individual agency performance measure reports on a quarterly basis, including a comparison of overall part-specific aggregate progress. As of FY 2025, subrecipient agencies will receive a visual analysis of their VL Suppression and Gap in HIV Medical Visits performance. Additionally, Part B and D aggregate results are presented and/or disseminated to MDHHS BHSP leadership on a quarterly basis, as well as the MHAC planning body at least once per year. Continuous QA checks are performed via review of monthly service reports and during agency visits to ensure consistent CAREWare service reporting, as it directly impacts service-specific performance measure outcomes.

C. List of Performance Measures

Tables 1 – 4 in the Appendix depict performance measurement progress for MDHHS BHSP RW Parts B and D subrecipients, MIDAP, and MDP. Goals were initially developed from baseline data and are periodically revised based on input from subrecipient agency staff, performance outcomes, and current NHAS goals. In FY 2023, performance measure goal revisions included VL Suppression increasing from 88% to 89% and Prescription of ART increasing from 94% to 95%. Similarly, MIDAP increased their Determination goal from 80% to 85%, and MDP decreased their Utilization goal from 75% to 53% in FY 2023. Due to ongoing national barriers, the Gap in Medical Visits goal remained the same at <12%.

In FY 2023, the MDHHS BHSP RW CQM Coordinator modified performance measures listed in Tables 1-2 in the Appendix to reflect part-specific and service-specific outcomes to better align with HRSA's RW Part B Implementation Plan. Additional modifications were made 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.

VI. QUALITY IMPROVEMENT ACTIVITIES

A. Subrecipient Quality Improvement

Due to the number of federally funded RW Parts B and D subrecipients, it was determined that state-wide QI projects would best suit the program. Beginning in FY 2022, subrecipients initiated two universal QI projects: the VL Suppression Maintenance Project and the Staff Capacity Project, both of which are in their fourth cycle. In addition, subrecipients are encouraged to conduct agency-specific QI projects, as determined from quarterly performance measure data reviews and as they see fit.

i. VL Suppression Maintenance Project

Focusing on VL Suppression maintenance and chronic carrying of viral loads, this state-led QI project aims to increase the VL Suppression rate at each federally funded subrecipient agency by between 1% and 5% each fiscal year. Subrecipient agencies are encouraged to address gaps in care by pulling CAREWare data stratified by potential disparities using the National Quality Center (NQC) Disparity Calculator. To do so, each agency performs a periodic CAREWare data analysis to determine which consumers are not yet virally suppressed. Subsequently, regular individual agency case conferences are conducted to discuss each of the consumers in-depth, focusing on identifying barriers to care and developing a team-based approach to assist each consumer achieve viral suppression. Documented using the PDSA method, subrecipients' project summaries are required to be submitted to the MDHHS BHSP RW CQM Coordinator by September 30th each year.

ii. Staff Capacity Project

Next, the Staff Capacity Project aims to build CQM capacity, knowledge, and buy-in among subrecipient staff with the goal of improving consumer health outcomes through annual training requirements. Each subrecipient is required to have between 1 and 4 staff members attend an HIV or CQM training during each quarter of the fiscal year. As of FY 2025, at least one attended training must be CQM-specific, as determined by the MDHHS BHSP RW CQM Committee. Subrecipients are encouraged to access CQM-specific trainings via the TargetHIV website, and a list of suggested trainings/webinars was sent to each agency in December 2024 to assist them in meeting this new project requirement. In addition, the MDHHS BHSP RW CQM Coordinator created and distributed a Staff Capacity Project Tracker template in FY 2025 to allow agencies to easily document staff trainings throughout the year. Like the annual PDSA, each agencies' Staff Capacity Project Tracker must be submitted to MDHHS by September 30th each year.

B. MIDAP Quality Improvement

i. MIDAP Learning Series Project

In FY 2025, the MIDAP Unit decided to continue its QI project aimed at increasing CMs' comfortability with and knowledge of the MIDAP Online System by holding four Learning Series sessions: 1) MILogin, MIDAP Login, & Trouble Shooting; 2) MIDAP Online (Eligibility, Policies, & Formulary; 3) Health Insurance Premium Cost-Sharing Assistance (HIPCA) & Insurance Assistance Program (IAP); and 4) Premium Assistance & Open Enrollment. Prior to the start of the MIDAP Learning Series, the Q&E Unit will conduct at least one CM MIDAP discussion group to obtain feedback on the needs of CMs that will inform the sessions' curriculum. Discussion results will be analyzed and provided to the MIDAP Unit for review and subsequent modification of each learning session curriculum, as indicated. Once updates are complete, the MIDAP Unit will notify CMs of each training session via email by inviting those who are currently utilizing the MIDAP Online System. As part of each session's registration, CMs will be prompted to complete a pre-survey to assess their existing knowledge of various MIDAP topics. Similarly, a post-survey will be distributed via a link at the end of each session for participating CMs to complete to evaluate the impact of each session. After all sessions are conducted, pre and post survey results will be assessed to determine the effectiveness of the project.

VII. 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; learning sessions and resources offered by the Institute for Healthcare Improvement (IHI); and other applicable educational opportunities, including those regarding data visualization, survey development, etc. 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.

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 memberships cycle. Likewise, all new BHSP staff are required to attend Embracing Quality in Public Health training 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, CQM Plan creation and revision, CAREWare performance measure collection and subsequent data analysis/utilization, cohort tracking, and sharing templates for

the PDSA method, case conference practices, CAB development, and consumer engagement. Additional training on other QI tools is conducted as needed and/or as requested.

A. Case Conference Practices Training

Recorded Training: In FY 2022, RW Parts B and D agencies began participation in the new state-led QI project aimed to increase staff capacity for CQM activities. As a result, the RW CQM Committee voiced concerns that subrecipient agencies may not be utilizing Case Conferences and/or may not know how to integrate conferences into their current practices. To assist agencies with developing and refining their Case Conference practices, the MDHHS BHSP RW CQM Coordinator and the RW Part B Coordinator collaborated to conduct a Case Conference Training for RW Programs Parts B, D, and RW-Related subrecipient staff in August 2022. Due to popularity, this training was placed on the MDHHS BHSP RW CQM Program website for on-demand access as of December 2022.

B. Sustaining QI Outcomes Training

Recorded Training: The Sustaining QI Outcomes Training was developed for RW Programs Parts B, D, and RW-Related subrecipient staff after receiving feedback that many agencies were struggling to maintain program improvements once their associated QI project was complete. To assist subrecipients answer the question of "PDSA; then what?" and to help them maintain the desired level of excellence, the MDHHS BHSP RW CQM Coordinator facilitated a training on how to effectively sustain positive QI outcomes. This training was held virtually in August 2023 and can be accessed, on-demand, via the MDHHS BHSP RW CQM Program website.

C. Consumer Engagement Training

New Training: Based on verbal feedback from subrecipient staff during CQM check-ins and results from the FY 2024 Subrecipient Survey, the MDHHS BHSP RW CQM Coordinator plans to conduct a training for RW Programs Parts B, D, and RW-related subrecipient staff in July/August 2026 to provide guidance and best practices for increasing and retaining consumer engagement at their local agencies.

VIII. CQM EVALUATION

Evaluation activities are led by the MDHHS BHSP RW CQM Coordinator and the BHSP Q&E Unit. In adherence with HRSA's PCN 15-02, the MDHHS BHSP RW CQM Program is evaluated annually through assessment of three specific areas: 1) quality infrastructure effectiveness; 2) QI activities' success in meeting annual quality goals; and 3) performance measure appropriateness and achievement. To evaluate the quality infrastructure, the MDHHS BHSP Q&E Unit staff, in collaboration with the RW CQM Committee members, evaluate the MDHHS BHSP RW CQM Plan annually using the NQC's Checklist for the Review of an HIV-Specific Quality Management Plan, and feedback is discussed during the Q4 meeting. MDHHS BHSP RW CQM Coordinator will utilize the CQM Organizational Assessment (OA) to perform a comprehensive evaluation of the MDHHS BHSP RW CQM Program every three years, apart from years during which HRSA site visits occur.

To evaluate the achievement of annual quality goals and performance measures, the RW CQM Coordinator, MDHHS BHSP Core RW Quality Staff, and the Program Evaluator assess the extent to which the RW CQM Plan goals and aggregate performance measure thresholds are met and identify any challenges or barriers. As a result, goals may be revised or realigned, and further efforts toward achieving each goal will continue over the next fiscal year. For the goals that are met, the focus will shift from achievement to sustainability. As outlined in the Performance Measurement section of this CQM Plan, goals will be adjusted based on each year's performance outcomes, input from subrecipient agencies and program staff, and consideration of current NHAS goals.

IX. PROCESS FOR UPDATING CQM PLAN

As mentioned above, the MDHHS BHSP RW CQM Coordinator, in collaboration with the MDHHS BHSP RW CQM Committee members, will perform a thorough annual review of the MDHHS BHSP RW CQM Plan to determine if items such as goal suitability, work plan activities' progress, and feasibility remain relevant. Following the results and discussion during the Q4 MDHHS BHSP RW CQM Committee Meeting, the MDHHS BHSP RW CQM Coordinator will make necessary revisions to the CQM plan, taking all feedback into careful consideration. After the appropriate amendments are made, the updated MDHHS BHSP RW CQM Plan will be shared with stakeholders for review, including submission to respective HRSA Ryan White Parts B and D Project Officers via email or the HRSA Electronic Handbook (EHB).

X. COMMUNICATION

The MDHHS BHSP RW CQM Committee members are updated quarterly on performance measure data and QI activities progress. Likewise, the MDHHS BHSP RW CQM Coordinator annually shares the updated MDHHS BHSP RW CQM Plan and aggregate performance measure data with Michigan's HIV planning bodies. Additionally, the current MDHHS BHSP RW CQM Plan is made publicly available on the MDHHS BHSP website (www.mi.gov/hivSTI). The MDHHS BHSP RW CQM Coordinator and respective RW Program Coordinators communicate in-person, via email, and/or virtual meetings regarding identified subrecipient data or quality issues. After each quarterly RW CQM Plan Progress Report is finished, it is distributed via email to all BHSP RW Program staff, as well as to other BHSP staff, as requested. Similarly, the MDHHS BHSP RW CQM Coordinator provides updates on performance measure progress and QI projects at MDHHS BHSP section and division meetings, as appropriate. Lastly, the MDHHS BHSP RW CQM Coordinator contacts federally funded subrecipients at least quarterly via email, telephone, and in-person or virtual meetings to discuss agency-level performance measure data and QI projects and to schedule and provide TA, as needed.

XI. CQM ACTION PLAN

Activities	Measure/Method	Person(s) Responsible	Timeline/ Frequency
A. PCN 15-02 Component: Infrastructure			
1. Share MDHHS CQM Plan and aggregate Part-specific Performance Measure data reports with stakeholders	- # of informational shares (MDHHS BHSP RW CQM Plan & aggregate Performance Measure reports) with HIV planning bodies	RW CQM Coordinator	Annually (August)
	- Ensure revised MDHHS BHSP RW CQM Plan is publicly accessible via MDHHS BHSP website	RW CQM Coordinator, BHSP Website Administrative Staff	Annually, or with each CQM Plan update
2. Conduct and share CQM Organizational Assessment (either Part B or D) with key stakeholders	- Individual staff completion of CQII Organizational Assessment (Part B or Part C/D), and subsequent discussion to determine one set of integrated OA scores - # of MHAC participants receiving MDHHS RW CQM Program Organizational Assessment results	EQuaD & HCS leadership, RW CQM Coordinator, Program Evaluator, MHAC Community Planner	Every three years (2023, 2026, etc.)
3. Implement CQM Committee Meetings	- # of CQM Committee Meetings held - # of participants attended	RW CQM Coordinator	Quarterly
4. Convene Subrecipient Subcommittee Meetings	- # of Subrecipient Subcommittee meetings convened - # of federally funded agencies in attendance	RW CQM Coordinator	Bi-annual – Dec & May
5. Conduct 1:1 Check-Ins with subrecipients	- # CQM 1:1 Check-Ins completed	RW CQM Coordinator	Bi-annual – Feb/Mar & Aug/Sep
6. Review subrecipient agencies' CQM Programs via agency site visits	- # of federally funded subrecipient agency site visits	RW CQM Coordinator	Annually
7. Participate in Part D CAG in SE Michigan	- # of CAG meetings attended and actively participated in	RW Part D Coordinator	Quarterly
8. Provide CQM training to subrecipients and/or consumers	- # of trainings provided for subrecipient agencies and/or consumers	RW CQM Coordinator	- Internal: As Requested - External: 1 per year (June 2026)

Activities	Measure/Method	Person(s) Responsible	Timeline/ Frequency
9. Provide quality technical assistance to subrecipients	- # of CQM TA sessions provided via in-person visit, conference call, or online meeting	RW CQM Coordinator	Quarterly, or as requested
10. Engage in CQM Professional Development	- # of CQM trainings and webinars attended	RW CQM Coordinator	Monthly
B. PCN 15-02 Component: Performance Measurement/Data Collection			
1. Review respective RW Program's aggregate and individual performance measure data (by service category) and consumer involvement objective	- # of federally funded agencies' progress reports reviewed (including performance measure data review and consumer involvement objective review)	RW CQM Coordinator, HIV Data Analysts	Quarterly (January, April, July, October)
2. Track MDHHS BHSP RW CQM Program core performance measures	- Aggregate VL Suppression, Prescription ART, Gap in Medical Visits, and Annual Retention in Care	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	HIV Data Manager	Monthly
	- # of federally funded subrecipient agency financial report reviews - # of federally funded agencies contacted regarding identified data entry issues	RW CQM Coordinator, Program Coordinators	Quarterly, or as needed
C. PCN 15-02 Component: Quality Improvement and Evaluation			
1. Monitor federally funded subrecipient quality improvement progress	- Review of federally funded agencies' PDSA cycles on one of the agency's QI projects aimed to increase VLS	RW CQM Coordinator	Annually (By October 31st)
2. Improve MIDAP utility and troubleshoot issues	- # and types of issues identified - # of MIDAP learning series sessions implemented	RW CQM Coordinator, Program Evaluator	Annually (By September 30th
3. Implement Staff Capacity project	- # of staff participating in CQM training (additional CQII Quality Academy Tutorials or monthly webinars recommended by RW CQM Coordinator)	RW CQM Coordinator, Subrecipient Staff	Annually

Activities	Measure/Method	Person(s) Responsible	Timeline/ Frequency
4. Evaluate the MDHHS BHSP RW CQM Program and implement necessary quality improvement strategies	- Strength and areas of improvement of the CQM Plan using the NQC's Checklist for the Review of an HIV-Specific Quality Management Plan - Quality improvement areas identified as discussed during the Q4 meeting	Program Evaluator, RW CQM Committee, RW CQM Coordinator	Annually

XII. APPENDIX

Table 1. RW Part B Performance Measure Progress, 2022-2024

Performance Measure	FY 2025 Goal	Part B					
		As of 03/31/22	As of 12/31/22	As of 03/31/23	As of 12/31/23	As of 03/31/24	As of 12/31/24
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%**	90.63% (2330/ 2571)	89.58% (2571/ 2303)	90.57% (2228/ 2460)	90.73% (2359/ 2600)	90.11% (2288/ 2539)	91.65% (2438/ 2660)
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%**	95.18% (2447/ 2571)	98.17% (2524/ 2571)	98.01% (2411/ 2460)	97.88% (2545/ 2600)	97.44% (2474/ 2539)	96.80% (2575/ 2660)
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%**	19.62% (418/ 2131)	21.67% (468/ 2160)	18.99% (390/ 2054)	23.20% (503/ 2168)	23.07% (484/ 2098)	20.09% (451/ 2245)
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)	50.22% (1275/ 2539)	50.08% (1332/ 2660)

Table 2. RW Part D Performance Measure Progress, 2022-2024

Performance Measure	FY 2025 Goal	Part D					
		As of 03/31/22	As of 12/31/22	As of 03/31/23	As of 12/31/23	As of 03/31/24	As of 12/31/24
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%**	84.33% (716/849)	85.89% (718/836)	87.51% (736/841)	89.98% (727/808)	91.09% (736/808)	90.35% (721/798)
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%**	98.12% (833/849)	99.16% (829/836)	99.17% (834/841)	99.38% (803/808)	99.26% (802/808)	99.25% (792/798)
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%**	21.58% (153/709)	17.58% (128/728)	18.23% (130/713)	15.97% (110/689)	18.01% (123/683)	17.30% (119/688)
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)	74.13% (599/808)	73.93% (590/798)

N/A* The Annual Retention in Care performance measure goal has not been set due to being in its second year of baseline data collection.

Table 3. MIDAP Performance Measure Progress, 2022-2024

Performance Measure	FY 2025 Goal	As of 03/31/22	As of 12/31/22	As of 03/31/23	As of 12/31/23	As of 03/31/24	As of 12/31/24
MIDAP Determination: Percentage of MIDAP applications approved or denied for new MIDAP enrollment within 5 days of MIDAP receiving a complete application in the measurement year.	**100%**	99.77%* (2176/ 2181)	99.66%* (2611/ 2620)	99.70%* (2619/ 2627)	99.57%* (3040/ 3053)	97.05% (856/ 882)	97.77% (1314/ 1344)
MIDAP Formulary: Percentage of new HIV antiretroviral drugs that will be added (included) to the MIDAP formulary within 90 days of the date of FDA approval during the measurement year.	**100%**	N/A	100% (3/3)	100% (1/1)	0% (0/1)	N/A (0/0)	N/A (0/0)
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%**	89.14% (2905/ 3259)	88.67% (2739/ 3089)	87.34% (2649/ 3033)	87.84% (2840/ 3233)	87.41% (3034/ 3471)	90.07% (3503/ 3889)

*These performance measures were calculated using the previous HRSA HAB ADAP Application Determination definition: 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.

Table 4. MDP Performance Measure Progress, 2022-2024

Performance Measure	FY 2025 Goal	As of 03/31/22	As of 12/31/22	As of 03/31/23	As of 12/31/23	As of 03/31/24	As of 12/31/24
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%**	91.13% (1356/ 1488)	90.78% (1122/ 1236)	90.57% (1095/ 1209)	91.57% (1043/ 1139)	91.01% (1073/ 1179)	91.78% (1072/ 1168)
MDP Utilization: Percentage of active MDP clients, regardless of age, that utilized at least one MDP service during the measurement year.	**53%**	33.82% (721/ 2132)	30.86% (658/ 2132)	20.30% (762/ 3753)	49.56% (1119/ 2258)	25.68% (669/ 2605)	40.54% (1341/ 3308)

MDHHS Summary of Performance Measures – Part B

REVIEWED: 03/14/2025

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: 03/14/2025

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: https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio