INTEGRATED HIV/AIDS PLANNING IHAP TA CENTER

targetHIV.org/IHAP

Monitoring and Improvement Plan

Integrated HIV Prevention and Care Plan, including the Statewide Statement of Need CY 2017-2021

REGION	Midwest
PLAN TYPE	Integrated state-only prevention and care plan
JURISDICTIONS	State of Michigan
HIV PREVALENCE	High

Michigan's monitoring and improvement plan discusses structures to disseminate and update the plan and describes a utilization-based evaluation as a theoretical framework to use information. This section is strong, as it includes a nice table of process evaluation for the monitoring of goals and objectives by including information on indicators for each objective, data source, and how often the information is collected.

SELECTION CRITERIA: MONITORING AND IMPROVEMENT PLAN

Exemplary monitoring and improvement plan sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- ☑ Description of the process of updating planning bodies/stakeholders on plan implementation and integrating feedback for plan improvement
- ☑ Description of the plan to monitoring and evaluate the implementation of the goals and SMART Objectives of the Integrated HIV Prevention and Care Plan
- ☑ Description/strategy of the use of data (surveillance and program/care data) to assess and improve health outcomes along the HIV Care Continuum which will be used to impact the quality of the HIV service delivery system, including strategic long-range planning

Additional exemplary plan sections are available online: www.targetHIV.org/exemplary-integrated-plans

Section III: Monitoring and Improvement

Monitoring the Integrated HIV Prevention and Care Plan will assist grantees and planning bodies with identifying ways to measure progress toward goals and objectives, selecting strategies for collecting information; and analyzing information to inform decision-making and improve HIV prevention, care, and treatment efforts within the jurisdiction.

a. **Describe the process for regularly updating planning bodies and stakeholders on the progress of plan implementation, soliciting feedback, and using the feedback from stakeholders for plan improvements.**
    a. Stakeholder Engagement

In general, MDHHS continues to strengthen the involvement, collaboration and membership of the planning body- Michigan HIV/AIDS Counsel. MHAC's current structure consist of conducting quarterly in person full body meetings and monthly sub-committee conference calls. MDHHS will utilize this established schedule and venues to continuously update the planning body on the progress of plan implementation and solicit feedback. Due to the organizational structure of MDHHS the Division has both a Program Evaluator and quality improvement team to solicit feedback and utilize feedback to develop and implement plan improvements.

Specifically, by engaging MHAC throughout plan development, implementation and evaluation; ensures the utilization of findings, the development of informed and feasible recommendations, and actionable next steps for plan improvement.

Beyond MHAC MDHHS's pool of stakeholders is expansive and diverse not only in geographical location but also setting, roles, and clients thus a variety of methods and venues will be utilized to report on plan implementation and solicit feedback. Internally, the Division holds bi-annual Division meetings for all HIV and STD staff, where staff are able to give updates on various programs, voice questions and concerns and also develop action plans and work groups when necessary. Each section within the division has quarterly section meetings where the same types of activities occur. Lastly, each unit has monthly unit meetings with similar objectives.

Externally, both care and prevention programs facilitate regular meetings, calls and check in's quarterly in-person sub grantee regional meetings, annual in person sub grantee meetings, bi-annual grantee conference calls, and an annual HIV/STD conference. These venues provide an excellent opportunity for updating stakeholders and receiving feedback.

The proposed monitoring and evaluation plan of implementation and related outcomes will draw upon the expertise of all stakeholders to ensure that all data collected will be useful in informing program improvement activities. The established organizational structure of MDHHS

and MHAC also contribute to the feasibility of monitoring and evaluation activities. Specifically internal MDHHS staffing contains Data managers, Quality Management Teams, and Program Evaluator, all of whom are able to guide and facilitate the planning, implementing and overseeing of the various monitoring and evaluation activities. Moreover all monitoring and evaluation activities will be ethical by consulting target populations and MDHHS IRB when necessary.

As the plan is implemented MDHHS plans on facilitating follow up summits similar to the initial planning summit to disseminate implementation updates and related findings. This will occur between year 1 and 2 of implementation and again in year three. MDHHS anticipates that this plan will be a fluid living document with the ability to be adapted as warranted by community needs and changing landscapes. In addition to disseminating findings to Michigan Stakeholders all updates and adaptions will be submitted to HRSA and CDC project officers and other government entities when necessary.

b. Describe the plan to monitor and evaluate implementation of the goals and SMART objectives from Section II: Integrated HIV Prevention and Care Plan.

Due to the scope of the proposed activities and strategies within Michigan's integrated care and prevention plan and the diverse composition of stakeholders, engagement will be frequent and constant among all phases of program development, implementation, monitoring, evaluation and utilization of findings. MDHHS will monitor and evaluate implementation and outcomes of the goals and SMART objectives through a variety of strategies. Due to the emphasis on stakeholder engagement and utilization of findings the M&E plan will be based in multiple theoretical frameworks of Participatory Evaluation and Utilization Focused Evaluation. Stakeholder engagement and utilization of findings are essential in order to improve programming and subsequent health outcomes. Furthermore a mixed method approach will be utilized to collect robust and usable data. Monitoring will be ongoing with quarterly review to address progress as well as any concerns. Process evaluation will assess progress on implementation as well as assessment of contributing factors relating to implementation including; facilitators, barriers, lessons learned and best practices and conducted annually. Quantitative data from monitoring metrics and qualitative data of provider and client feedback through surveys and/or focus groups or other appropriate methods will inform program improvement activities. Division staff will oversee the primary data collectors with stakeholder collaboration when appropriate. A detail breakdown for each activity and objective is listed below with indicators, data sources and frequency of collection.

Goal 1:		
Objective 1: By 2021, increase uptake of PrEP and PEP services by 30% (From 930 individuals prescribed PrEP on Medicaid to 1209)		
Monitoring: To what extent did the uptake of PrEP services increase?		
Indicators	Data Sources	Frequency of collection
# of people prescribed PrEP # of people referred to PrEP/PEP	EvaluationWeb, Medicaid	Quarterly
Process Evaluation: What activities did MDHHS implement to increase the uptake of PrEP and PEP?		
Indicators	Data Sources	Frequency of collection
# of trained providers # of known prescribers % of referrals # of new clinics/providers prescribing # of trainings # of media campaigns Estimated # of people reached	Internal Data base, Training evaluations, Community feedback, Provider Feedback, Resource inventory, MOU's, Egrams	Annually
Objective 2: By 2021, reduce the number of new infections by 10%, through increased access to prevention services in 75% of funded sites		
Monitoring: To what extent did the number of new infections decrease?		
Indicators	Data Sources	Frequency of collection
# reactive testing events/ total events	EvaluationWeb, PSWeb, CareWare, eHARS, LMS	Quarterly
Process Evaluation: What activities were implemented to increase access to prevention services? What were the barriers and facilitators for accessing services?		
Indicators	Data Sources	Frequency of collection
# of testing sites # of SSP sites # of testing events Henry Ford Hotline Utilization website traffic, common questions and responses by clinician type, location, frequency Barriers Facilitators Lessons Learned	Egrams, Website analytics, EvaluationWeb, Client feedback Provider feedback	Quarterly

Goal 2:
Objective 1: By 2021, increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis from 64% to 85%

Monitoring: to what extent did MDHHS the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis		
Indicators	Data Sources	Frequency of collection
% of newly diagnosed % linked to care within 30 days	EvalWeb, PSWeb, CareWare, eHARS, and LMS.	Ongoing
Process Evaluation: What activities were implemented to increase linkage to care processes?		
Indicators	Data Sources	Frequency of collection
# of new access points stratified by type # of provider Trainings, # of Staff trained utilization of the Henry Ford care consult line, workgroup meetings, # insurance navigation programs, # strategies developed	MOU's MOA's Egrams	Division Staff Annually

Objective 2: By 2021, assure 95% of HIV + individuals diagnosed with a new STD are treated according to CDC guidelines within 30 days of specimen collection		
Monitoring: To what extent did MDHHS assure 95% of HIV + individuals diagnosed with a new STD are treated according to CDC guidelines within 30 days of specimen collection?		
Indicators	Data Sources	Frequency of collection
# HIV + individuals diagnosed with STD # HIV + individuals treated within 30 days	STD Epi, MDSS	Monthly
Process Evaluation: What were the barriers and facilitators to treating new STD cases according to CDC guidelines?		
Indicators	Data Sources	Frequency of collection
Providers "educated % of providers not complying with guidance of testing and treating Client barriers/facilitators Provider barriers	STD Epi, MDSS Client feedback Provider feedback	annually

Objective 3: By 2021, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care from 75% to 90%		
Monitoring: to what extent did MDHHS increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care from 75% to 90%?		
Indicators	Data Sources	Frequency of collection
% of individuals retained in medical care (percentage of HIV patients, regardless of age, who had at least one medical visit with a provider with prescribing privileges in each 6 month period of the 24 month measurement period with a minimum of 60 days between medical visits)	CareWare, eHARS, LMS	Ongoing

Process Evaluation: What were the contributing factors in retaining individuals into medical care?		
Indicators	Data Sources	Frequency of collection
# health literacy Materials dissemination of health literacy materials to whom and where, utilization of insurance navigation materials and staff # of people billing, # programs reporting income, funding allocation for health literacy for linguistic services of trainings, number of providers trained on MCM and standards of care, # of CEU delivered Monitor strategies developed include # of strategies identified through D2C and # of sites/areas implementing strategies	EGrams Internal databased for tracking dissemination. CEU's Training Evaluation	Quarterly Division Staff

Objective 4: By 2021, increase the percentage of persons with diagnosed HIV infection who are virally suppressed from 59% to 80%		
Monitoring: To what extent did the percentage of viral suppression occur?		
Indicators	**Data Sources**	**Frequency of collection**
# of diagnosed individuals # of individuals linked to care # of individuals retained in care % of individuals virally suppressed	CareWare eHARS LMS	Quarterly
Process evaluation: Were purposed activities implemented?		
Indicators	**Data Sources**	**Frequency of collection**
Quality Improvement implementation through documentation of QI plans, establishment of QM subcommittees and # of consumer engagement projects, and # changes implemented as a result of findings from projects, Collaboration and utilization of Pharmacists in clinical care will be monitored by # of pharma who are part of clinical care teams, client feedback regarding utilization and comfortability of have pharma in clinical care teams. Strategies to achieve viral load suppression # of programs, # of participants who are virally suppressed.	client feedback. Egrams QI plans Meeting evaluations Training evaluations Egrams/Contracts	Annually

Objective 5: By 2021, at least 90% of Primary and Secondary Syphilis contacts who are newly diagnosed with HIV will be linked to HIV care within 30 days of HIV diagnosis.

Monitoring: To what extent did MDHHS link primary and secondary syphilis contacts who are newly diagnosed with HIV will be linked to HIV care within 30 days of HIV diagnosis?		
Indicators	**Data Sources**	**Frequency of collection**
# of primary and secondary contacts newly diagnosed linked to Care within 30 days	MDSS CareWare eHARS	Quarterly Division Staff
Process Evaluation: What were the contributing factors to linking STD contacts to Care?		
Indicators	**Data Sources**	**Frequency of collection**
Points of Entry# contacts that did not accept testing, client feedback for refusal, # of DIS point of care for HIV testing. Monitoring of PS activities co infections # of trainings, professional development, % of effective interviews, # of contacts, non-compliance rate, # of improvement plans/activities.	PSWeb MDSS Client Feedback DIS interview audits	Division Staff Annually

Goal 3: Reduce disparities and health inequities

Goal 3:		
Objective 1: By 2021, reduce disparities in the rate of new diagnoses by at least 15% among gay/bisexual men, young gay/bisexual black men, and black women.		
Monitoring: To what extent did MDHHS reduce disparities in the new diagnosis decrease among gay/bisexual men, young gay/bisexual black men, and black women?		
Indicators	**Data Sources**	**Frequency of collection**
number of testing events, number of positive test events, stratified by risk category, race, gender, annual surveillance report	EvaluationWeb, CareWARE, eHARS, and LMS, HIV trends document	Monthly
Process Evaluation: What were the barriers and facilitators of implementation of activities?		
Indicators	**Data Sources**	**Frequency of collection**

Linkage to care rates in EIS agencies Number of agencies Type of Technical Assistance provided within 30 days Number of trainings Number of clinical and non-clinical providers trained Utilization of the provider consultation portal Number of PrEP and PEP providers Number of messages developed Reach and scope of media campaigns in affected communities	MOU's Egrams Training Evaluations PrEP Directory Resource Inventory Social media analytics	Annually

Objective 2: By 2021, increase the percentage of youth and persons who inject drugs (PWID) with diagnosed HIV infection who are virally suppressed to at least 80%.		
Monitoring: to what extent did increase the percentage of youth and persons who inject drugs (PWID) with diagnosed HIV infection who are virally suppressed?		
Indicators	**Data Sources**	**Frequency of collection**
Positivity % of PWID virally suppressed	CareWare LMS eHARS	Annually
Process Evaluation: what were the contributing factors to increasing access to services and health outcomes?		
Indicators	**Data Sources**	**Frequency of collection**
Number of SSP sites Number of EIS services per site community's acceptability of D2CUsefulness of D2C Protocol and need for revisions Collaboration with all involved stakeholders Identified barriers to viral suppression and engagement in care Number of new strategies to address barriers Number of barriers and facilitators to viral suppression expressed by clients Number of internal MDHHS stakeholders in work groups Number of meeting Barriers and facilitators to partnership and collaboration	Internal Discussion/Focus Group Client feedback MOU's EGrams	Annually

Objective 3: By 2021, decrease the proportion of persons with concurrent diagnosis from 21% - 17% to serve as an indicator for decreasing levels of stigma
Monitoring : to what extent did MDHHS-proposed activities contribute to decreasing HIV stigma?

Indicators	Data Sources	Frequency of collection
number of testing events, number of positive test events, % of individuals liked to care, % of individuals retained in care, and % of individuals who are virally suppressed in communities and population at risk for living with HIV.	EvaluationWeb, CareWARE, eHARS, and LMS-	quarterly
Process Evaluation: What were the contributing factors to decreasing levels for stigma?		
Indicators	**Data Sources**	**Frequency of collection**
# of stigma campaigns developed # of communities reached # stigma summits with clear goals and objectives established stigma survey # of responses # of counties surveyed stigma level # of complaints and resolutions, # evaluate progression of complains for each providers,	Stigma survey Client feedback Provider feedback Marketing analytics	Annually

Objective 4: By 2021 Increase the rate of rectal GC screening among HIV + MSM in high volume HIV care settings to 10%		
Monitoring: To what extent did the rate of rectal GC screening increase among HIV+ MSM?		
Indicators	**Data Sources**	**Frequency of collection**
#/% of rectal GC screenings among HIV+ MSM in specific settings stratified by race, ethnicity and communities.	MDSS CareWare	Quarterly
Process Evaluation: How did implementation of activities impact provider and organizational capacity to engage in GC screening?		
Indicators	**Data Sources**	**Frequency of collection**
# of updates disseminated to providers # of education provided # labs increasing testing stratified by setting and geography	Egrams Training evaluations MDSS	Annually

Objective 5: By 2021 Increase the rate of syphilis screening among HIV + MSM in MDHHS-funded HIV care settings to 75%		
Monitoring: to what extent did MDHHS increase the rate of syphilis screening among HIV + MSM in MDHHS-funded HIV care settings?		
Indicators	**Data Sources**	**Frequency of collection**
# HIV + MSM screened # of reactive syphilis # of contacts screened # of ppl treated	MDSS	quarterly

Process Evaluation: How did MDHHS build workforce and organizational capacity to increase syphilis screening?		
Indicators	**Data Sources**	**Frequency of collection**
# updates provided # providers trained # of client education materials disseminated # of clients reached % of clients advocating for care # of facilities equipped to do HIV and Syphilis screenings	Training evaluations Internal tracking systems Client feedback Provider feedback MOU's Egrams	Annually

Objective 6: By 2021 increase the proportion of MDHHS-funded GC tests allocated to African Americans by 5%		
Monitoring: To what extent did MDHHS increase MDHHS-funded GC tests?		
Indicators	**Data Sources**	**Frequency of collection**
# of individuals tested stratified by race # new infections	MDSS	Quarterly
Process Evaluation: What were the contributing factors to influencing the rate of infections among African Americans in MDHHS-funded settings?		
Indicators	**Data Sources**	**Frequency of collection**
# of STD clinics in at need communities # of providers offering STD screening # school based screening events Barriers and facilitators	MOUs EGrams STD program data MDSS Client feedback Provider feedback	Annually

Objective 7: By 2021, increase to 65% the proportion of females age 15-24 covered by Medicaid in Michigan that are screened for CT per HEDIS guidelines		
Monitoring: To what extent did MDHHS increase the proportion of females screened for CT?		
Indicators	**Data Sources**	**Frequency of collection**
# of females screened stratified by type of insurance, clinic type, gender # of eligible females	MDSS, FPAR Medicaid data	Quarterly STD Staff
Process Evaluation: What were the barriers and facilitators to implementing proposed activities?		
Indicators	**Data Sources**	**Frequency of collection**
Literature development	FPAR	Annually

Quality improvement teams Partnering with title X clinics Barriers and facilitators for provider to screen Barriers and facilitators for clients to screen	Provider Feedback Client feedback # updates	STD Staff

c. Describe the strategy to utilize surveillance and program data to assess and improve health outcomes along the HIV Care Continuum which will be used to impact the quality of the HIV service delivery system, including strategic long-range planning.

Enhancing integration between Surveillance and HIV/STD Care and Prevention programs enhances the ability for utilization of data to assess and improve health outcomes. MDHHS surveillance has access to a variety of data systems for proper monitoring and assessment of both HIV positive clients but also high risk negatives along the continuum of care. Program and surveillance data that monitors health outcomes along with qualitative programmatic data will provide the foundational evidence for improving health outcomes and service quality along all points of the continuum of care. This integration of programs and data will identify barriers and facilitators to service implementation and positive health outcomes. This input will be vital as it will identify breakdowns in the current HIV testing, linkage and care delivery system.

Drawing upon the theoretical frame work of participatory and utilization focused evaluation all data collected will be collected with the intention to use it by the stakeholders. Beyond data collection by engaging all stakeholders to develop recommendations, create actionable next steps, utilization of findings is enhanced.

Specifically lessons learned and best practices will inform future program planning. Any areas of concern can be addressed with technical assistance or through peer facilitated learning or collaborations. For instance PrEP referrals/clinics may need assistance with implementation with the current efforts of increase PrEP uptake. In Detroit MDHHS has a pool of individuals that have successfully started and maintained effective clinics. Thus a peer facilitated collaborative may assist others with similar outcomes. Another example is Linkage to care programs. Assessing different methods of linkage to care ie: through EIS, through care coordination, Data to Care will identify the most effective method and could be implemented in other areas. Lastly program and surveillance data will also assist in guiding future funding decisions and resource allocations.

All utilization of data and subsequent next steps will be continuous throughout the plan. This outcome data will be collected and reported annually with feedback and utilization activities occurring one and half years into implementation. Thus, in the proposed 5 year plan new reiterations of the plan and activities will occur twice.