

Health Plan of Nevada

2010 Quality Improvement Workplan

for Medicare Members

Health Plan of Nevada prepares a workplan each year that shows the quality projects that are in place. Health Plan of Nevada's *2010 Quality Improvement Workplan* spotlights projects that help maintain the quality of health care and services for health plan members.

Key Focus Areas in the 2010 *Quality Improvement Workplan*:

- Adult Health
- Women's Health
- Management of Chronic Conditions
- Behavioral Health
- Member Satisfaction
- Patient Safety
- Case Management

Please contact Health Plan of Nevada's Quality Improvement Department for any questions about the current quality projects. Upon request, you may also get a written copy of the quality program description or evaluation. Please contact Deborah Wheeler, Director, Quality Improvement at 702-242-7254.

Health Plan of Nevada
2010 Quality Improvement Workplan
All Areas Shown in Red are New Focus Areas for 2010

Project Name	Key Objectives/Activities
Adult Health	
Colorectal Cancer Screening	<ul style="list-style-type: none"> • Improve the colorectal screening rate for members aged 50 to 80 years old.
Glaucoma Screening For Older Adults	<ul style="list-style-type: none"> • Improve the rate of glaucoma screening for older adults.
Pneumonia Shots	<ul style="list-style-type: none"> • Improve the rate of members who get a pneumonia shot.
Flu Shots	<ul style="list-style-type: none"> • Improve the rate of members who get a flu shot.
Access to Preventive Care	<ul style="list-style-type: none"> • Improve access to care for adults aged 65 and older.
Women's Health	
Breast Cancer Screening	<ul style="list-style-type: none"> • Improve the breast cancer screening (e.g., mammogram) rate for women aged 52 to 69 years old.
Osteoporosis Management In Women Who Had A Fracture	<ul style="list-style-type: none"> • Increase bone mineral density testing or prescribing of medications to treat or prevent osteoporosis for female members aged 67 years and older who had a fracture.
Management of Chronic Conditions	
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> • Improve care for members aged 18 and older with COPD. • Put in place projects that will help people with COPD better manage their health.
Diabetes	<ul style="list-style-type: none"> • Improve care for members aged 18 to 75 years old with diabetes. • Improve the numbers of members with diabetes who receive key diabetes tests and exams. These tests and exams include hemoglobin A1C tests, eye exams, cholesterol tests and kidney disease monitoring tests.
Heart Failure	<ul style="list-style-type: none"> • Improve care for members aged 18 years and older with heart failure. • Continue projects to reduce the numbers of hospital stays for health plan members with heart failure.
Cholesterol Management For Individuals With Heart Disease	<ul style="list-style-type: none"> • Improve care for members aged 18 to 75 years old with heart disease. • Put into place projects to address issues related to cholesterol management.
Controlling High Blood Pressure	<ul style="list-style-type: none"> • Improve blood pressure control for members with high blood pressure. • Put into place projects that address issues related to high blood pressure.
Beta Blocker Treatment After A Heart Attack and Persistence Of Beta Blocker Treatment	<ul style="list-style-type: none"> • Increase proper medication use of beta blockers for members aged 35 years and older who had a heart attack or who have ischemic vascular disease.
Health Management Program Operations	<ul style="list-style-type: none"> • Expand the telephone calls made to health plan members with high blood pressure, adult asthma and heart disease. • Ensure that telephone calls are made to members with COPD, heart failure and diabetes. • Show the success of the telephone calls being made.

Project Name	Key Objectives/Activities
Behavioral Health	
Follow-Up After Hospital Stays for Mental Health Issues	<ul style="list-style-type: none"> • Improve follow-up care for members aged 6 years and older who were in the hospital for treatment for selected mental health issues.
Anti Depressant Medication Management	<ul style="list-style-type: none"> • Improve the use of medications to manage depression.
Alcohol And Other Drug Dependence	<ul style="list-style-type: none"> • Improve care for members aged 18 years and older who are dependent on alcohol and other drugs.
Nicotine Dependence	<ul style="list-style-type: none"> • Reduce the number of members who smoke.
Member Satisfaction	
Member Satisfaction	<ul style="list-style-type: none"> • Improve the numbers of health plan members who are satisfied with the health plan. • Look at how satisfied health plan members are with programs designed to help them stay well. Programs being looked at include the Health (e.g., Disease) Management Program, the Case Management Program and Telephone Advice Nurse line.
Patient Safety	
Patient Safety	<ul style="list-style-type: none"> • Educate health plan members more about how to use medications safely. • Ensure that health plan members sign up for Portable Medical Records and advance directives through the Southwest Medical Associates' medical group. • Evaluate the success of the Post Discharge Clinic at the Southwest Medical Associates' medical group. • Work with health care providers to improve the discussions between health care providers and members. • Improve the coordination of care between primary providers and other providers such as hospitals, home health agencies, skilled nursing facilities and surgical centers.
Practitioner Availability	<ul style="list-style-type: none"> • Ensure that health plan members have access to medical and behavioral health care providers for routine, urgent and after hours care. • Make sure that providers are available to members in all service areas.
Case Management	
Case Management	<ul style="list-style-type: none"> • Ensure that health plan members with acute health care needs are followed by case managers. • Evaluate the success of the Case Management Program.