16 - Quality Improvement Program

Health Plan of Nevada (HPN) promotes continuous improvement in the quality of member care and service through the health plan’s Quality Improvement (QI) Program. As part of the health plan’s QI Program, HPN routinely monitors and evaluates indicators of performance, such as mammography screening rates, wait times for routine appointments and member satisfaction. Health care and service outcomes are also measured through special projects or quality initiatives (QI studies). Providers can view quality improvement initiatives and documents through the Quality Corner section of the HPN Provider Web site (www.healthplanofnevada.com/Provider) or for a hardcopy, call (702) 562-4666.

16.1 HPN’s NCQA Accreditation

HPN is accredited by the National Committee for Quality Assurance (NCQA), an independent, not-for-profit organization dedicated to measuring the quality of America’s healthcare. Accreditation is for the commercial Health Maintenance Organization (HMO), commercial Point of Service (POS), commercial Marketplace, and Medicaid product lines in Nevada.

NCQA accreditation surveys include rigorous on-site and off-site evaluations of over 80 standards, selected Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures and member satisfaction survey measures. A team of physicians and managed care experts conducts accreditation surveys. A national oversight committee of physicians analyzes the survey team’s findings and assigns an accreditation status based on the performance level of each plan being evaluated to NCQA’s standards.

NCQA’s Accreditation standards are publicly reported in five categories:

- Access and Service
- Qualified Providers
- Staying Healthy
- Getting Better
- Living with Illness

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

16.2 QI Program Structure

The HPN Quality Improvement Program structure includes a Quality Improvement Committee and several quality improvement subcommittees and task forces. The Quality Improvement Committee is made up of practitioners, medical directors, HPN administrators, and other staff throughout the health plan.

The Quality Improvement Committee is responsible for setting quality improvement goals for the health plan, monitoring indicators of performance, and approving and evaluating quality improvement initiatives.

Some of the areas the QI subcommittees, and related task forces, address include:

- Health outcomes and preventive services,
- Management of chronic conditions related to medical and behavioral health,
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- Child and adolescent health,
- Women’s and neonatal health and
- All areas affecting health care and services related to federal and state regulatory requirements and voluntary accreditation.

Members of the Quality Improvement subcommittees and task forces are carefully selected to ensure representation by providers, multiple disciplines, administrators, and hands-on staff.

The most important component of the health plan’s QI Program is the active participation of the health plan’s provider network. HPN providers have the opportunity to participate on QI subcommittees and task forces or serve as “champions” for QI studies. If you are interested in participating in the Quality Improvement Program, or would like more information on the program, please contact the Quality Improvement Department at: (702) 562-4666.

16.3 QI Initiatives

QI initiatives include methodologically sound projects focusing on areas of high volume, high-risk or state/federally mandated projects. Annually, HPN reviews a profile of its membership in an effort to design initiatives that represent the demographic and epidemiological characteristics and needs of the health plan members. As a result HPN carefully selects clinical, preventive health, and service improvement areas for study.

16.4 Member and Practitioner Satisfaction Surveys

Member and practitioner satisfaction surveys provide important feedback on performance in a number of areas. HPN conducts an annual member satisfaction survey entitled the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey using an NCQA-Certified survey vendor. Routine patient satisfaction surveys are also conducted of HPN members who access primary and specialty care. In addition, HPN conducts annual satisfaction surveys of its provider network. Data collected from these surveys are analyzed by HPN and opportunities for improvement are identified. The member and practitioner satisfaction surveys frequently result in the creation and implementation of focused quality improvement activities.

16.5 HEDIS Measures

Annually, HPN collects and reports on data to prepare a full set of Healthcare Effectiveness Data and Information Set (HEDIS®) performance indicators. HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality. HEDIS is also the measurement tool used by the nation’s health plans to evaluate their performance in terms of clinical quality and customer service. The following is a list of key HEDIS Measures:

- Adult BMI Assessment
- Asthma Medication Ratio
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status (Combo 10, 2 and 3)
- Colorectal Cancer Screening
Section 16 Quality Improvement Program

- Comprehensive Diabetes Care (i.e., Hemoglobin A1C testing, Retinal Eye Exam, Medical Attention for Nephropathy and Blood Pressure Control)
- Controlling High Blood Pressure
- Immunization for Adolescents (Combo 1, Combo 2, HPV, Meningococcal and Tdap/Td)
- Medication Management for People with Asthma
- Use of Imaging Studies for Low Back Pain
- Weight Assessment and Counseling for Children and Adolescents (BMI, Nutrition and Physical Activity)
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth years of life.

HPN prepares a full set of HEDIS measures annually through the analysis and reporting of data collected through medical record review and claims and encounters data, (such as laboratory, pharmacy and health care utilization) for commercial and Medicaid members. HPN looks to the network of providers to share health care data with HPN in order to generate accurate reports. As part of this annual data collection, HPN’s Quality Improvement Department may request access to medical records and charts to abstract specific HEDIS® information. Providers agree to participate in these mandatory quality activities when they contract with managed care plans who maintain state and federal government contracts.

16.6 Quality and Patient Safety Reminders

Maintaining high quality and promoting optimal patient safety are critical goals for the entire health care system. HPN supports physicians and other health care professionals within the health plan network in their crucial roles to achieve these objectives.

Tips and Tools for Health Care Providers about Patient Safety

1. Promote health literacy and greater understanding of medical information by patients.

   Why Promote Health Literacy?
   - People with low health literacy are: often less compliant with treatment and medications; fail to seek preventive care; at higher risk for hospitalization; remain in the hospital longer; and often require additional health care treatment.
   - A provider may not be aware that individuals have low health literacy because individuals may be embarrassed or ashamed to admit when they have difficulty understanding their doctors or they may use well-practiced coping mechanisms that mask their problems.

   Simple Approaches to Health Literacy
   - Create a comfortable environment to encourage open communication with patients.
   - Use simple language/terms instead of medical or technical descriptions.
   - Communicate with the patient at eye level (e.g., sit instead of stand).
   - Use visual aids in teaching your patient about the procedure or medical condition.
   - Have your patients demonstrate or verbally repeat back what they understood.

   Additional Tips:
   - Use “I speak cards” to identify languages spoken by your patients [link to ISpeakCards.pdf]
   - Use symbols for signage in your office.
   - Record primary language and ethnic background information in patient charts.
• Educate your front-office staff on health literacy and cultural competency.

**Encourage patients to ask three questions to ensure compliance with medical instructions given.**
• What is my main problem?
• What do I need to do?
• Why is it important for me to do this?

Provide patients with the brochure “Ask Me 3” or direct them to the Web site at: [https://npsf.site-ym.com/default.asp?page=askme3](https://npsf.site-ym.com/default.asp?page=askme3). These brochures, available in English and Spanish, were created by the Partnership for Clear Health. Brochures can be used by patients to track the answers to the three questions during each office visit.

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<th>Additional Resources:</th>
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<tr>
<td>Georgetown University National Center for Cultural Competence: <a href="https://nccc.georgetown.edu/">https://nccc.georgetown.edu/</a></td>
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<tr>
<td>U.S. Department of Health &amp; Human Services, Quick Guide to Health Literacy and Older Adults: <a href="http://www.health.gov/communication/literacy/olderadults/literacy.htm">http://www.health.gov/communication/literacy/olderadults/literacy.htm</a></td>
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2. **Promote Medication Safety**

• Perform a complete medication history, including current and past medications (prescription medications, over the counter medications and herbal products).
• Ask your patient during each visit the medications they take and if they are experiencing any side effects.
• Document and update allergies and adverse reactions in the patient’s medical record.
• Educate patients about medications, including risks, benefits, possible side effects, actions, appropriate administration and what to do if they miss a dose.
• Encourage patients to keep current lists of their medications with them.
• Avoid unnecessary antibiotic use.

**Educational materials** on appropriate antibiotic use are available at: [https://www.cdc.gov/antibiotic-use/index.html](https://www.cdc.gov/antibiotic-use/index.html)

3. **Facilitate Continuity and Coordination of Care**

• Obtain and include in the medical record, copies of discharge summaries, laboratory/radiology results, consultation reports and other related documents from facilities and health care providers who perform services for individual patients.
• Forward copies of patient’s critical health information such as: the results from the history and physical examination, list of current medications, documentation of major illnesses/surgeries (including allergies) and current treatment plan when transferring a patient to another practitioner.

HPN conducts an annual audit to ensure that appropriate information is being communicated to different health care providers. During the audit, a review is conducted on a random sample of primary physician medical records for health plan members who have received services from home health agencies, skilled nursing facilities, hospitals and ambulatory surgical centers. The goal of this initiative is to ensure that the appropriate discharge summaries and/or operative reports have been disseminated to primary care providers. Results of this annual audit
demonstrate that opportunities for improvement still exist. If you have any recommendations to improve the communication process, please contact the HPN Quality Improvement Department at: (702) 562-4666.