Health Plan of Nevada
2015 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 ***2015 Quality Improvement Workplan*** spotlights projects that help maintain the quality of health care and services for health plan members.

Key Focus Areas in the *2015 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 at 702-242-7735.

Health Plan of Nevada
2015 Quality Improvement Workplan

Project Name	Key Objectives/Activities
Adult Health	
Adult BMI Assessment	• Improve the rate of members who have a body mass index assessment.
Ambulatory Care Emergency Department Visits	• Reduce inappropriate emergency room utilization.
Colorectal Cancer Screening	• Improve the colorectal screening rate for members aged 50 to 75 years old.
Glaucoma Screening	• Improve the rate of glaucoma screening for older adults.
Pneumonia Shots	• Improve the rate of members who get a pneumonia shot.
Flu Shots	• Improve the rate of members who get a flu shot.
Access to Preventive Care	• Improve access to care for adults aged 65 and older.
Physical Activity	• Improve the percentage of members who discussed exercise with their doctor and were advised to start.
Fall Risk Management	• Improve the percentage of members with a problem of falling, walking or balancing who discussed it with their doctor and got treatment for it during the year.
Decrease Hospital Readmissions	• Reduce the hospital readmission rates of Medicare members.
Reduce Cardiovascular Disease	• Reduce the incidence of cardiovascular disease in Medicare members who: o have already had a cardiac "event", or o have been diagnosed with hypertension
Women's Health	
Breast Cancer Screening	• 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	• 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	
Rheumatoid Arthritis	• Improve the percentage of members with rheumatoid arthritis who get one or more prescriptions for an anti-rheumatic drug.
High Risk Medications	• Reduce the use of high risk medications for the elderly.
Annual Monitoring of Patients on Persistent Medications	• Monitor the use of persistent medications for the elderly and assist members who need to transition off the medication(s).
Management of Urinary Incontinence	• Improve the percentage of members with a urine leakage problem who discussed the problem with their doctor and got treatment within 6 months.
Diabetes	• Improve care for members aged 18 to 75 years old with diabetes by improving the numbers of members who receive key diabetes tests and exams such as hemoglobin A1C, eye exams, and high blood pressure and kidney disease monitoring tests.
Heart Failure	• Improve care for members aged 18 years and older with heart failure. • Continue projects to reduce the numbers of hospital stays for

Project Name	Key Objectives/Activities
	health plan members with heart failure.
Cholesterol Management For Individuals With Cardiovascular Conditions	• 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	• 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	• 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.
Behavioral Health	
Follow-Up After Hospital Stays for Mental Health Issues	• 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	• Improve the use of medications to manage depression.
Alcohol And Other Drug Dependence	• Improve care for members aged 18 years and older who are dependent on alcohol and other drugs.
Nicotine Dependence	• Reduce the number of members who smoke.
Member Satisfaction	
Member Satisfaction	• Improve the number 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 such as the Disease Management Program, the Complex Case Management Program and the Telephone Advice Nurse Line.
Patient Safety	
Patient Safety	• Educate health plan members more about how to use medications safely. • Ensure that health plan members complete their advance directives through 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. • Facilitate activities to increase cultural competency in all areas of healthcare delivery.
Practitioner Availability	• Ensure that health plan members have access to medical and behavioral health care providers for routine, urgent and after hours care and that providers are available to members in all service areas.