

10 - Quality Improvement Program

Sierra Health and Life (SHL) 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, SHL 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.

10.1 Sierra Health and Life NCQA Accreditation

SHL 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 Preferred Provider Organization (PPO) product line in Nevada.

NCQA accreditation surveys include rigorous on-site and off-site evaluations of over 60 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 and star rating.

NCQA's accreditation standards are publicly reported.

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

10.2 QI Program Structure

The SHL 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, SHL 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,
- 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. SHL providers have the opportunity to participate on QI subcommittees

and task forces or serve as “champions” for QI initiatives. If you are interested in participating in the quality improvement program, or would like more information on the program, please contact the Member Services Department at: 1-877-291-4894.

10.3 QI Initiatives

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

10.4 Member and Practitioner Satisfaction Surveys

Member and practitioner satisfaction surveys provide important feedback on performance in a number of areas. Results from these surveys frequently result in the creation and implementation of focused quality improvement activities.

All accredited health plans conduct an annual member satisfaction survey entitled the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, using an external NCQA-certified vendor. Survey respondents are anonymous to both the health plan and the provider and provide valuable feedback on how both are performing. CAHPS topics include:

- Appointment availability
- Provider communication
- Courtesy and respect

Some strategies for improving the results for your practice include quick submission of referral and prior authorization requests, making future appointments before the patient leaves your office, using “plain language” and training your staff to practice outstanding customer service.

Monthly patient satisfaction surveys are also conducted of SHL members who access primary and specialty care. The results of these surveys are utilized by the Network Services and Credentialing teams and provide a monthly opportunity for our members to share feedback.

Last, SHL conducts annual satisfaction surveys of its medical and behavioral provider network. Data collected from these electronic surveys are analyzed by SHL and opportunities for improvement are identified. Please keep your office email address up to date so you can receive this survey and share your feedback with our departments.

For more information on any of these surveys, please feel free to contact the plan’s Quality Improvement Department at 702-242-7735.

10.5 HEDIS® Measures

Annually, SHL 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:

- Breast Cancer Screening
- Child and Adolescent Well Care Visits
- Cervical Cancer Screening
- Childhood Immunization Status
- Colorectal Cancer Screening
- Diabetes Care (i.e., Hemoglobin A1c Control, Retinal Eye Exam, Kidney Health Evaluation and Blood Pressure Control)
- Controlling High Blood Pressure
- Follow-up for Children Prescribed ADHD Medication
- Immunizations for Adolescents
- Appropriate Testing for Pharyngitis
- Prenatal & Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity (Children and Adolescents)
- Well-Child Visits in the first 15 months of life, six or more well-child visits and Well-Child Visits for age 15 months to 30 months of life, two or more well-child visits

SHL 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 members. SHL looks to the network of providers to share health care data with SHL in order to generate accurate reports. As part of this annual data collection, the SHL'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 Sierra Health and Life.

10.6 Quality and Patient Safety Reminders

Maintaining high quality and promoting optimal patient safety are critical goals for the entire health care system. SHL 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 preventative 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 patients 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. See **section 19 Frequently Used Forms**.
- 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: <http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>. 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.

Additional Resources:

- Georgetown University National Center for Cultural Competence: <https://nccc.georgetown.edu/>
- U.S. Department of Health & Human Services, Health Literacy: <https://health.gov/our-work/health-literacy>

2. Promote Medication Safety

- Perform a complete medication history, including current and past medications, including 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>

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.

SHL 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 this communication process, please contact the SHL Quality Improvement Department at: (702) 242-7735.

10.7 Complex Case Management Program

SHL offers a comprehensive Complex Case Management (CCM) program free of charge to its health plan members. This outpatient program is designed to complement the care provided by physicians and other healthcare professionals while encouraging individuals to become more active participants in their health care.

- The definition of the CCM Program is the coordination of care and services provided to members who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services.
- The goal of the CCM Program is to help members regain optimum health or improved functional capability, in the right setting and in a cost-effective manner. It involves comprehensive assessment of the member's condition; determination of available benefits and resources; and development and implementation of a case management plan with performance goals, monitoring and follow-up.

The Complex Case Management Programs works with the following individuals:

- Members with high cost and frequent utilization patterns. These members include individuals who have been hospitalized and/or have used the Emergency Department frequently and/or are taking multiple and potentially high cost medications.
- Members diagnosed with neurological diseases and spinal cord injuries.
- Members diagnosed with cancer who are either being treated outside the service area or are not being managed under a contracted cancer program within the health plan's service area.
- Members with multiple diagnoses who are seeing multiple specialists and require coordination of care.
- Members who have experienced severe trauma (e.g., burns, motor vehicle accidents, etc.).
- Members with chronic illnesses not managed by the health plan's Population Health Disease Management team.
- High risk children and adolescents (e.g., individuals with congenital anomalies, individuals with severe asthma, and individuals on home ventilators).
- High risk pregnant women (e.g., individuals with congenital anomalies, individuals at risk of premature delivery, and individuals presenting with others high risk diagnoses).
- Members with complex medical and psychosocial issues who are referred to Complex Case Management.

If you have an individual who would benefit from participation in the HPN Complex Case Management Program, please contact the CCM Department at: 702-797-2100 or 877-487-6659.