

Quality Programs & Results

Our Quality Improvement Program has goals and activities to make sure our members get the best care possible. We have programs and services to help our members with their individual health needs. Here is some information about how we did in 2024.

Diabetes

This program helps members with diabetes better understand their illness, manage their symptoms, and help them feel healthier. Our Care Managers work with both the members and their primary care provider (PCP), focusing on goals from your individualized care plan and important screenings.

In 2024, our members with diabetes received referrals for eye exams, blood sugar monitoring and kidney disease screening. We monitor medication adherence as well. The table below shows health outcomes for our members with diabetes:

Measurement	2024 Results
Kidney Health Screening	9%
Annual Eye Exam	34%
Blood Sugar is controlled	10%

We will have ongoing improvement initiatives in place to engage members with diabetes and their providers, so members get the screenings and medications they need to manage their diabetes.

Preventive Screening

Preventive screenings are important health check-ups that can find problems *before* they make you sick. Screenings can help doctors spot things early, like high blood pressure or cancer, while they are still easy to treat. The table below shows how many of our members that qualified for preventive screenings received those screenings:

Measurement	2024 Results
Breast Cancer Screening	28%
Cervical Cancer Screening	11%
Colorectal Cancer Screening	15%

We will have ongoing improvement initiatives in place to encourage members to receive preventive screening when appropriate.



Transitions of Care

Our transitions of care program focuses on supporting members when they leave the hospital or skilled nursing facility. We work with members and their care team to avoid the need to be re-admitted to the hospital. In 2024 we are focusing on ensuring timely follow-up care after a medical or behavioral health hospitalization. Seeing your Primary Care Provider or a Mental Health Practitioner after you are discharged is important to stay out of the hospital or emergency room. Having the doctor or a pharmacist review and reconcile your medications when you are discharged from the hospital is also important to prevent another hospitalization. Our Care Managers have committed to contacting you within 2 business days of your discharge from a hospital to make sure you have the follow-up appointments and medications you need.

Continuous Quality Improvement

Florida Community Care's quality improvement program is based on the principles of continuous quality improvement. Throughout the year, we strive to assess the effectiveness of our programs and measure the impact on members' health outcomes. We use data and results to continually improve our processes and the delivery of care and services to our members. Check back here for updates on how we do in 2025.