

MAGELLAN EXPLORER

QUALITY IMPROVEMENT QUARTERLY NEWSLETTER



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MESSAGE TO PROVIDERS

Greetings,

This quarter's issue focuses on sharing resources. Through the counsel of our Provider Quality Advisory Committee (PQAC), Magellan is expanding the availability and accessibility of provider materials. Please review the enhanced quality improvement materials shared on the magellanofpa.com website.

One website enhancement is the Outcome and Assessment Tools section. Magellan has added additional provider behavioral health screeners, including the Colombia Suicide Severity Rating Scale (C-SSRS). This Explorer edition focuses on the prominent patient safety topics of suicide and gun violence prevention.

Though not communicated frequently enough, the staff in our network are our greatest assets. Magellan aims to support staff in risk assessments and preparedness for emergency situations. One way to promote preparedness is through exposure to additional training resources. Look inside this issue for more information about a Magellan's reimbursement for continuing education credit on "Talking to Patients About Firearm Safety." Please assist Magellan in enhancing resources and understanding provider practices by completing the included survey about gun violence prevention within your organization.

Also, in this installment of The Explorer, we share findings from a key quality initiative, the Integrated Care Project. Through monitoring of two performance measures, Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)* and Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9/0%) (HPCMI)** Magellan has identified potential health disparities for Asian members. This article provides examples of how Magellan and providers can partner to improve member care with an integrated health lens.

Looking toward the year's final quarter, we are preparing for National Healthcare Quality Week celebrations, scheduled for October 16 – October 22, 2022. The efforts you and your team make to implement quality activities, identify barriers, and assess opportunities contribute to improving member outcomes. These efforts are the foundation of HealthChoices programming! As always, thank you for your commitment to quality!

Warm regards,



Maria Brachelli-Pigeon,
LMFT, CPHQ, Director, Quality Improvement

DID YOU KNOW?



PENNSYLVANIA OUTCOMES MANAGEMENT SYSTEM (POMS)

The reporting of POMS data by providers is mandated by DHS to collect priority population data on every HealthChoices' member receiving mental health services at certain points during treatment. Note: drug & alcohol providers are not required to submit POMS.

The requirement to submit POMS data is outlined in the **Magellan HealthChoices Provider Handbook Supplement** as well as your Provider Agreement (Magellan Medicaid Addendum). The POMS must be submitted online through the **Magellan Provider Portal**. Online entry includes user friendly access and search functions allowing for a time efficient data entry process by providers. Magellan monitors provider compliance with reporting of POMS.

POMS allows DHS to identify members with a serious illness or risk of illness; establishes a data baseline for member functioning at registration or entry into the HealthChoices' system; updates member data as the course of treatment evolves; and finalizes member data at closure of treatment.

The primary purpose of the database is to serve as the basis for producing a set of performance measures/indicators. This data submitted by providers feeds into a database, which is maintained and managed by the Department of Human Services (DHS).

*National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure
** Pennsylvania-specific performance measure defined by Island Peer Review Organization (IPRO), the External Quality Review Organization (EQRO)



SAFETY STANDOUTS: GUN SAFETY FOR CLINICAL PRACTICE

Firearm deaths continue to be a significant and growing public health problem in the United States.



35% Between 2019 and 2020, the firearm homicide rate increased about 35% and the firearm suicide rate remained high.



Firearm-related injuries are currently the second leading cause of death overall among US youth aged 14–24 years and have been the leading cause of death among African-American youth for well over a decade.



Firearms are the means of death in more than half of completed suicides.



The emergency department and hospital costs associated with firearm-related assaults alone are substantial, approaching \$630 million annually in the United States.

Source: Firearm Deaths Grow, Disparities Widen | VitalSigns | CDC



What can be done?

Firearm deaths are preventable and everyone has a role to play in prevention.



Hospital-based programs that intervene with victims of violence can prevent future violence, and interventions with those at risk for suicide can prevent future reattempts.



Counseling and education paired with giving out a safety device, like a lockbox, are associated with safer firearm storage practices in the home.



Community organizations, hospitals, and clinics can expand access to social, emotional, physical, and mental health services and supports to prevent substance use and suicide attempts and to address trauma associated with violence and prevent the continuation of violence.

Source: Firearm Deaths Grow, Disparities Widen | VitalSigns | CDC

Geriatric practitioners and other health care providers can use the “5 Ls” framework to identify older adults potentially at risk for firearm injury

“Is there a firearm in the home?”

Is it **Loaded**?



Is it **Locked**?



Are **Little children** present?



Is the operator feeling **Low**?



Is the operator **Learned**?



Source: Lum HD, Flaten HK, Betz ME. (2016). Gun Access and Safety Practices among Older Adults

Gun violence prevention is a high priority for Magellan, our communities/counties, and the Commonwealth. Magellan will reimburse clinicians up to \$35 for the registration fee for taking the online continuing education course titled “Talking to Patients About Firearm Safety”. This offer is limited to the first 100 individuals that express interest in this offering.

For more information, [click here.](#)



YOUR RESPONSE IS REQUESTED

UNDERSTANDING GUN VIOLENCE PREVENTION IN BEHAVIORAL HEALTH

Magellan is interested in learning from providers what, if any, activities are in place for gun violence prevention. Your response is valuable to us, even if you don't currently have applicable programming. Please complete the very brief survey below to help Magellan and aligned primary contractors to learn of the supports available through existing behavioral health services.

Additionally, Magellan is interested in partnering with a group of providers that may have interest in exploring specialization in emergency response. If your organization would like to explore this opportunity, please make sure to indicate so in your survey response.

[Gun Violence Prevention Survey \(surveymonkey.com\)](https://www.surveymonkey.com)

SUPPORTING PROVIDERS WITH EMERGING TOPICS

Magellan is committed to supporting clinicians to be well-informed about pressing clinical topics. For this quarter, Magellan is promoting materials for licensed clinicians to practice safely in the office and community regarding firearm safety. As many HealthChoices services occur outside of an office setting, being aware of our surroundings, access to firearms, and the practices of firearms owners, are vital components to ensuring everyone's safety and comfort.

Magellan will reimburse up to 100 clinicians for continuing education credits obtained from completion of the American Psychological Association's (APA) Monitor's "CE Corner:" **Talking to Patients About Firearm Safety** (apa.org) through November 30th, 2022. To obtain reimbursement, clinicians must complete Magellan's Provider Educational Reimbursement application process.

See the references and resources in the Reader's Nook for more information.



IN FOCUS: DIABETES RISKS AMONG OUR ASIAN MEMBERS



Members who identify their race as “Asian” or “Pacific Islander” together make up only 1.6% of the Magellan population. Even though this population is much smaller than the portions of members who identify as Black, White or Hispanic, we wanted to take a closer look at strengths, needs and barriers that might be experienced by the “Asian/Pacific Islander” population.

On the positive side, this population shows lower utilization of emergency departments, lower rates of physical and mental health hospitalization, lower readmission rates, and higher rates of adherence to antipsychotic medications as compared to the other Magellan race and ethnicity groups. Among members who take antipsychotic meds, our Asian/Pacific Islander members also show higher rates of getting screened for diabetes than all other race and ethnicity groups.

But this population also experiences some increased risk factors, which are important for providers to have awareness. Magellan’s Asian/Pacific Islander members diagnosed with diabetes and serious mental illness have higher rates of their Hemoglobin A1c being “in poor control,” meaning over 9%. This means this group has a higher risk of experiencing severe diabetic complications including cardiac disease, diabetic retinopathy, and kidney disease.

It’s important to note, however, that the “Asian/Pacific Islander” population is a very diverse group. People with Indian heritage are very different from those with a Chinese heritage, and they are very different from someone with a native Hawaiian heritage.

Some facts regarding diabetes risks:

- ➔ Asian Americans (in general) are 40 percent more likely to be diagnosed with diabetes than non-Hispanic whites.
- ➔ Within the Asian American population though, there is great variability. For example, adults with an Asian Indian background have a 12.6% rate of diabetes, while those with a Chinese background have only a 5.6% rate of diabetes.
- ➔ Those with an Asian Indian background are 70 percent more likely to be diagnosed with diabetes, as compared to non-Hispanic whites.
- ➔ Pacific Islanders are 2.5 times more likely to be diagnosed with diabetes, and 2.5 times more likely to die from diabetes, as compared to the non-Hispanic white population.
- ➔ American Samoans had the highest diabetes rate among Pacific Islander sub-populations. Their rate was 2.8 times higher than the white population.

What can providers do?



- ✔ If you are serving clients with an Asian or Pacific Islander background, ask whether they have been screened for diabetes risks, especially if they are taking antipsychotic meds.
- ✔ If you are the provider prescribing antipsychotics, be sure to order a Comprehensive Metabolic Panel (CMP), Fasting Lipid Panel, and Hemoglobin A1c as indicated, or ask for consent to communicate with the client’s primary physician.
- ✔ Psychiatrists and nurses can educate treatment teams about diabetes risks, and how these risks differ based on race and ethnicity.
- ✔ Then all members of the treatment team can help to educate clients and help to link them to medical care to best treat diabetes or diabetes-related risks.

See the references and resources in the Reader’s Nook for more information.



READER’S NOOK

Diabetes - The Office of Minority Health. (2019). Hhs.gov. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=48>

Diabetes and Native Hawaiians/Pacific Islanders - The Office of Minority Health. (n.d.). Minorityhealth.hhs.gov. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=78>

Karter, A. J., Schillinger, D., Adams, A. S., Moffet, H. H., Liu, J., Adler, N. E., & Kanaya, A. M. (2012). Elevated Rates of Diabetes in Pacific Islanders and Asian Subgroups: The Diabetes Study of Northern California (DISTANCE). *Diabetes Care*, 36(3), 574–579. <https://doi.org/10.2337/dc12-0722>

Pacific Islanders, South Asians and Filipinos Have Higher Rates of Diabetes Than All Other Ethnic Groups | UC San Francisco. (n.d.). [www.ucsf.edu](https://www.ucsf.edu/news/2012/10/98714/pacific-islanders-south-asians-and-filipinos-have-higher-rates-diabetes-all#:~:text=Pacific%20Islanders%2C%20South%20Asians%20and%20Filipinos%20had%20the%20highest%20diabetes). <https://www.ucsf.edu/news/2012/10/98714/pacific-islanders-south-asians-and-filipinos-have-higher-rates-diabetes-all#:~:text=Pacific%20Islanders%2C%20South%20Asians%20and%20Filipinos%20had%20the%20highest%20diabetes>

Lum HD, Flaten HK, Betz ME. (2016). Gun Access and Safety Practices among Older Adults. *Curr Gerontol Geriatr Res*. 2016;2016:2980416. doi: 10.1155/2016/2980416. Epub 2016 Feb 2. PMID: 26949391; PMCID: PMC4754461.

CDC. (2022). Firearm Deaths Grow, Disparities Widen. <https://www.cdc.gov/vitalsigns/firearm-deaths/index.html#:~:text=In%202020%2C%2079%25%20of%20all,recorded%20in%20over%2025%20years.>

Roszkó PJ, Ameli J, Carter PM, Cunningham RM, Ranney ML. Clinician Attitudes, Screening Practices, and Interventions to Reduce Firearm-Related Injury. *Epidemiol Rev*. 2016;38(1):87-110. doi: 10.1093/epirev/mxv005. Epub 2016 Feb 8. PMID: 26905894; PMCID: PMC7297261.

MEMBER EXPERIENCE SURVEYS



Within the next month, a sample of providers that offer substance use treatment for HealthChoices funded services will receive drop shipments of member experience surveys to administer to Magellan funded members.

Magellan requests that providers in receipt of these packages administer the member experience survey to all Magellan members in their service at their earliest convenience. This entails providing to Magellan members that are at the service location in-person: a survey, an instruction letter, and a stamped/addressed envelope to return.

Administering the member experience survey in this manner helps Magellan to maintain compliance with the confidentiality practices referenced in the Program Standards & Requirements, Appendix L. These requirements preclude Magellan from sending the surveys directly to members in SUD services.

SUICIDE PREVENTION AWARENESS MONTH AND RECOVERY MONTH

Magellan wants to remind providers about suicide prevention resources that are available to them.



Find support in Magellan Healthcare's tip sheets addressing how to identify warning signs and take action to help yourself or others.



Five steps for suicide prevention



Suicide prevention and awareness starts with reaching out and speaking up



Stop suicide, save a life



DID YOU MISS THE TOWN HALL MEETING ?

On August 29, 2022, Magellan Behavioral Health of Pennsylvania, Inc. conducted its bi-annual Provider Town Hall meeting for PA HealthChoices.

PRESENTATIONS INCLUDE:

- ➔ Magellan's Chief Executive Officer: 2022 key initiatives
- ➔ Medical: Clinical Practice Guidelines (CPGs)
- ➔ Clinical: Community Transition Coordinator, ASAM alignment updates
- ➔ Quality: Quality website resources, Newly recommended behavioral health screeners
- ➔ Compliance: POMS requirement; Document submissions to Magellan; PHE and telehealth updates
- ➔ Systems Transformation: From profiles to profiling; Using data collaboratively
Network Department: Enrollment reminders, Licensure communication

WHO WILL BENEFIT FROM THIS MEETING?

Operations/Office Managers, QI/Compliance Officers, Clinical Leaders

YOU CAN ACCESS THE RECORDED TOWN HALL MEETING HERE:

[Magellan Provider Town Hall - August 29, 2022](#)

UPCOMING TRAININGS OFFERED BY MAGELLAN



Children's Crisis Diversion and De-Escalation Strategies for Community Settings,

October 14, 2022,
Location: Zoom, 9:00 a.m.-4:00 p.m.

For more information about the above training, please email Leah Chapman at LChapman1@magellanhealth.com



Patient Safety: Focus on Incident Debriefing,
October 19, 2022, Location: Zoom, 1.00-3.00 pm

For more information about the above trainings, please email Leah Chapman at LChapman1@magellanhealth.com



MI for Against Medical Advice Discharge from Detox Services, October 27, 2022

Location: Zoom, 1:30-4:30 pm

For more information about the above training, please email Tracy Samuelson at SamuelsonT@magellanhealth.com



ASAM Potluck, November 11, 2022

Location: Zoom, 1:00 pm - 2:00 pm

For more information about the above trainings, please email Anita Kelly at ALKelly@magellanhealth.com

BACKTRACK



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[Newsletter Q1](#)