

MAGELLAN EXPLORER

QUALITY IMPROVEMENT QUARTERLY NEWSLETTER



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NATIONAL HISPANIC HERITAGE MONTH

Some of Magellan's contracted Counties are comprised of significantly sized Hispanic populations. For those communities, Magellan offers materials written in both English and Spanish. Magellan's website is available in both languages. From September 15 to October 15, Magellan joins the national effort to celebrate National Hispanic Heritage Month. The following resources are shared below for providers to learn more about how to participate in this recognition:

-  [Hispanic Heritage Month — Home \(hhs.gov\)](https://hhs.gov)
-  [National Hispanic American Heritage Month 2023 \(hispanicheritagemonth.gov\)](https://hispanicheritagemonth.gov)
-  [National Hispanic Heritage Month | White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunity for Hispanics](#)
-  [Hispanic Heritage Month Resources | National Museum of the American Latino \(si.edu\)](https://si.edu)

MESSAGE TO PROVIDERS

Greetings,

We're stepping into the fall season together and anticipating the seasonal transition. It's back-to-school time for many, vacation season is over, and just a few months remain in 2023. The change of season typically impacts the service delivery system as well. Access to service challenges may arise as service providers transition to revised schedules, and clients may experience schedule changes or face new stressors.

This edition focuses on data trends and relevant national monthly health observances. This quarter, Magellan is highlighting National Recovery Month, resources for recovery and resiliency principles, Suicide Prevention Month, and National Hispanic Heritage Month.

Magellan's goal in sharing this information is to help our providers be abreast of available resources and aware of emerging quality initiatives. If your team is interested in specific topics to be represented in this publication, please share those ideas. As always, we appreciate your partnership and readership.



Warm regards,

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



FEATURED ARTICLE: HEALTH DISPARITIES IDENTIFIED HEALTH RISKS AMONG OUR AFRICAN AMERICAN MEMBERS

A recent analysis of Magellan behavioral health/physical health combined data revealed some concerning health disparities experienced by our Black/African American members with severe persistent mental illness (SPMI).



Among adult members with schizophrenia or schizoaffective disorder and cardiovascular disease, those who identified as Black had statistically significantly **lower rates of cholesterol screening** than members who identified as White.



Among adult members with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication, those who identified as Black had statistically significantly **lower rates of diabetes screening** than members who identified as White.



Among adult members with a serious mental illness and diabetes (type 1 and type 2) who had Hemoglobin A1c in poor control (>9.0%), those who identified as Black had statistically significantly **higher rates of A1c in poor control** than members who identified as White.



When viewed in the context of health disparities nationwide, this is concerning. The US Department of Health & Human Services, Office of Minority Health reports that:



Non-Hispanic African Americans were twice as likely as non-Hispanic whites to die from diabetes.



African American adults were 60 percent more likely than non-Hispanic white adults to be diagnosed with diabetes.



Non-Hispanic African Americans were 2.5 times likely to be hospitalized with diabetes complications than non-Hispanic whites.



Non-Hispanic African Americans were 3.2 times more likely to be diagnosed with end-stage kidney disease (related to diabetes) as compared to non-Hispanic whites.



African Americans were 30 percent more likely to die from heart disease than non-Hispanic whites.



Although African American adults are 30 percent more likely to have high blood pressure, they are less likely than non-Hispanic whites to have their blood pressure under control.

Intersectionality: Being a member of both the Black population and the Serious and persistent mental illness (SPMI) population can mean increased risks of serious health problems. The use of some antipsychotics has been connected to metabolic syndrome, which can result in weight gain, dyslipidemia (high cholesterol), diabetes, and cardiovascular disease. So, individuals who are Black, who are already at higher risk of these conditions, experience increased risk when taking antipsychotics for their mental health conditions.



What can behavioral health providers do?

Psychiatrists and Nurse Practitioners:

- Intervention can begin with initial visualization of the client. Assess body habitus for obesity, and gait for any indication that there may be neuropathy or foot discomfort. Has there been progressive weight gain since you started seeing them? If there is exposed skin below the knee, survey for any signs of edema or wounds.
- During your assessment, ask about fluid intake and thirst. Ask about neuropathy or wounds, especially on their feet. Have they seen a change in their energy levels?
- When you are working with clients who are Black, ask whether they have been screened for diabetes and cardiovascular risks, especially if they are taking antipsychotic meds. Ask about their primary care physician; when were they last seen, what medications are they are taking and diagnoses that are being managed.
- If you are 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.
- Don't be afraid to round out metabolic monitoring with ongoing weight checks, vital signs and waist circumference. These changes may be subtle and not always noticeable after time lapses between visits.
- Psychiatrists and nurses can educate treatment teams about diabetes and cardiovascular risks, and how these risks differ based on race and ethnicity.



Other Non-Medical Behavioral Health Staff:

- All members of the treatment team can help to educate clients and help to link them to medical care to best treat cardiovascular or diabetes-related risks.
- Assist in obtaining client consent to request information from primary care providers, and ensure the prescribing provider gets that information.
- When you are working with clients who are Black, ask whether they have been screened for diabetes and cardiovascular risks, especially if they are taking antipsychotics. Have they had blood sugar testing? Cholesterol testing?
- Ask clients about any barriers to getting testing or medical care for diabetes or heart disease. Do they lack transportation? Do they feel uncomfortable with healthcare providers? Have they had negative experiences with healthcare providers in the past? Do they understand their individual health risks? Once barriers are identified, you can help strategize how to best address them.

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



READER'S NOOK

Information on health disparities experiences by African Americans from the US Dept of Health & Human Services, Office of Minority Health:

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>

Information on cardiovascular disease and mental illness from the Centers for Disease Control:

<https://www.cdc.gov/heartdisease/mentalhealth.htm>

Article on association between antipsychotic medication use and diabetes:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6718373/#:~:text=Antipsychotic%20likely%20increase%20the%20risk,affecting%20insulin%20sensitivity%20and%20secretion.>



SAFETY STANDOUTS

Magellan recognizes September as Suicide Prevention Awareness Month. Throughout the year, Magellan is committed to addressing this public health crisis through awareness, advocacy, and action. Magellan makes available resources and information to help prevent suicide in our communities. These can be accessed at [this link](#).

We are committed to providing the best resources for people with suicidal ideation. In partnership with our county providers and the NFL Alumni Association, we're working together to help bring awareness to suicide prevention. Learn more [here](#).



MEMBER SATISFACTION SURVEYS

Magellan is in the process of conducting our annual member satisfaction survey. During this process, Magellan HealthChoices funded members may receive a satisfaction survey mailed to their residence (for members engaged in mental health services). For members engaged in substance use treatment services, a sampling of network providers have received boxes of surveys and are administering these live in-person to individuals in their service. Additionally, Consumer Family Satisfaction Teams (CFST) may engage a smaller subset of members for direct interviews. There's no activity needed additionally by providers for any of these activities; however, it is important for providers to know about these processes in case members have questions about why they've received the satisfaction survey materials.

Thanks for supporting our quality efforts!



SEEKING STRONG REPRESENTATION

The HealthChoices Program is structured to include member voice. It relies heavily on offering members choice and advocating for member rights. One way this is actualized is through hosting panel committees to review grievances and complaints. Magellan currently needs to increase representation of individuals that are in substance use recovery or have a history of utilization of those services.

If you have a HealthChoices funded member that may be a good candidate, please contact John Bottger, the Appeals Manager at Magellan, jwbottger@magellanhealth.com.

For additional information that can be shared with candidates, click [here](#).



FOCUS ON RECOVERY

National Recovery Month is recognized annually in September. This month is dedicated to promotion and supporting evidence-based treatment and recovery practices. To learn more about this effort, check out the following resources:

- [National Recovery Month 2023 | SAMHSA](#)
- [Home - Recovery Month \(facesandvoicesofrecovery.org\)](#)
- [Recovery | Magellan Healthcare](#)



UPCOMING TRAININGS OFFERED BY MAGELLAN

Say more, Save a life

Friday, September 29, 2023, Zoom, 2:00 – 3:00 p.m. ET
[Find more information and register for free](#)

Impacts of protective and adverse childhood experiences

Wednesday, October 25, 2023, Zoom, 2:00 – 3:00 p.m. ET
[Find more information and register for free](#)

Using Motivational Interviewing (MI) To Help Clients See the Importance of Follow-Up Appointments After Inpatient Treatment

Thursday, November 9, 2023, 1:30 p.m.-4:30 p.m. ET
For more information, please send an email to kearneyc@magellanhealth.com.

Webinar Replay (9/7/2023):

[Suicide Prevention Strategies and Resources for Military Families | Magellan Federal](#)



RESOURCE REBOOT

Magellan will soon make updates to resources available on the Quality Improvement section of the Provider page of magellanofpa.com. Click on "Cultural Competence and Health Equity" in early October to see what's new.

We highlight language assistance services, trainings available for staff, and considerations for data equity.

CONSIDERATIONS/TIPS FOR USE OF INTERPRETATION SERVICES

- Review your organization's process for determining when interpretation or language assistance services would be beneficial to the clinical situation. Make sure all staff at the organization are trained to identify these scenarios.
- If you believe a client may benefit from interpretation but they disagree, exploring this with the client may be helpful. Knowing about the potential concerns or reservations about the use of interpretation services may help improve the therapeutic relationship, communication, and treatment outcomes.
- For in-person interpretation situations, the interpreter is intended to be the voice of folks engaged in the dialogue requiring interpretation. Provider staff and client/family should face one another during the conversation, not be seated facing the interpreter.
- Nonverbal communication is important.
- Use of "Google Translate" for translation of written materials is not appropriate.
- "[Best Practices When Working With Medical Interpreters in Therapeutic Settings](#)," training is available for RCPA members.