

## Chronic Conditions: Diabetes Management

Molina Healthcare is actively collaborating with the other Medicaid Managed Care Plans (MCPs) and the Ohio Department of Medicaid (ODM) to improve A1c control for members with diabetes through enhanced care coordination. A team of subject matter experts was established mid-June 2021. The Care Coordination Improvement Workgroup has two concurrent focuses:

1. Arm our MCP Care Managers with appropriate resources and information to support members with diabetes
2. Connect members with an A1c >9 to appropriate and needed services via member outreach and engagement

**Our Theory of Change:** Using standardized best practices and resources, MCP Care Management subject matter experts and an enhanced relationship with provider groups through the Provider Engagement Improvement Team, the Care Coordination Improvement Workgroup is increasing engagement and management of poorly controlled diabetes through:

1. Targeted outreach
2. Focused care coordination to appropriate services (Primary Care Providers (PCP), Endocrinology, Diabetes Self-Management Education (DSME))
3. Addressing and mitigating member barriers (such as transportation to provider appointments)
4. Sharing member data and information with provider groups to ensure providers are aware of the most updated status of their members with diabetes with an A1c >9

By connecting members to needed services, reducing member barriers to seeking care and self-managing, improving relationships with provider groups and closing the communication loop, and following care coordination best practices, we believe we have a multifaceted approach to assisting members reduce their A1c.

As of the end of August 2021, the Care Coordination teams have outreached to approximately 3,208 members across the state who had an A1c >9 in 2020. While efforts are primarily focused on diabetes care coordination, the team has learned through the voice of the customer (VOC) that our clinical experts have had a diverse impact. They have been able to address social determinants of health (SDOH) and COVID-19 education and support while outreaching to members with diabetes.

Other noteworthy learnings from the Care Coordination Improvement Workgroup's efforts:

- MCPs are confident in the clinical expertise of our Care Management teams, specifically relating to members with diabetes. The team was able to efficiently standardize communication tools across MCPs, which provided additional resources and information for diabetes care coordination. The communication tools filled potential gaps based on the results of a Care Manager capabilities survey administered. These resources are spread across MCP clinical teams and populations with diabetes.
- The rate of member outreach success for MCPs tends to be low. The team anticipated the full target population in each test of change would not result in a successful touch. A

positive note for the team is that 39% of the target population resulted in a successful outreach over three test cycles.

- The team has continually evolved the approach based on qualitative and quantitative learnings in each test cycle using the outreach template and data collection, VOC from Care Management teams and members, and Care Manager-facing support and resources.
- The Care Coordination Improvement Workgroup's intent is to maximize impact while still following quality improvement principles. The team understands that scaling up includes additional provider groups across the state and the residual adoption of tools, resources and best practices across the entire state diabetes population.

Focused, comprehensive coordination efforts for members with an A1c >9 will continue through the end of the year and beyond. You can find resources on diabetes and other chronic conditions on the Provider Website under the "Health Resources" tab.

### Wellness: COVID-19 Vaccinations and Childhood Immunizations

As children return to school, they may be visiting your offices for their school-required immunizations. This is an optimal time to educate and encourage parents and caregivers to get their child's first dose of the COVID-19 vaccine.

Children age 12 and older are currently eligible for the Pfizer-BioNTech COVID-19 vaccine. It is important to share with parents that it is safe for children to receive immunizations and the COVID-19 vaccine at the same time. In addition, all MCPs are rewarding Medicaid and MyCare Ohio members age 12 years and older who receive their first dose of the COVID-19 vaccine with a \$100 gift card incentive. Members can learn how to receive their incentive by following the steps outlined at: [COVIDVAXONTHEPOT.com](https://www.COVIDVAXONTHEPOT.com).

In consideration of the side effects some people experience after receiving the COVID-19 vaccine and the academic and athletic schedules of the children, there are a few questions you may want to ask when scheduling appointments for your patients:

- Is the child an athlete? Do they have any upcoming sporting events that might be impacted by flu-like side effects?
- Does the child have any tests or schoolwork deadlines that would be impacted if they had to miss school or felt ill?
- Does the child have any extracurricular events happening within three days following the discussed appointment date?

Taking the time to consider these potential barriers could reduce no-show rates for appointments and aid in encouraging those who have not initiated the vaccination process to do so. With the rise in COVID-19 cases across the state and country as well as the threat presented by the Delta variant, getting Ohioans vaccinated is more important now than ever.

**Want to do even more?** With flu season right around the corner, adding in an annual flu shot with the COVID-19 vaccine, childhood immunization appointments, or both is another way to promote the health of our shared members.

### Women's Health: Effective Cancer Prevention Messaging During the Pandemic

The American Cancer Society (ACS) has studied the utilization of cancer prevention services and determined that the pandemic will impact cancer mortality due to a lack of access to care and patient hesitancy, as well as an increase in disparities for those with social and

economic obstacles. In order to encourage cancer screenings, the ACS issued a brief about the best way to communicate messaging that cancer screenings are safe.

The ACS reports that reopening facilities and offering screenings is not enough. Patients need information about the importance of routine cancer screening and about the measures being taken to protect their health when visiting health facilities. The ACS research suggests messages be clear and concise, culturally competent, trustworthy, reassuring and coordinated across delivery channels.

The most trusted messengers are patients' personal doctors, followed by most doctors, medical professionals, national health orgs, government health orgs and insurance plans. The preferred channels to deliver the messages are a discussion with their doctor, patient web portal, website, email and handout from health care providers.

Molina will be releasing video messaging utilizing these suggestions. Our Chief Medical Officer, Dr. Kimberly Chen, recorded short 20 second videos explaining the need for pap tests and mammograms and ending the videos with a call to action to schedule these tests now. These videos will be targeted to women ages 30 to 64 on social media and posted on our member portal and website.

Consider using the messages below to outreach to your patients. End the message with a call to action for your patients. The ACS has recommended using these preferred cancer screening messages:

- Catch cancer early when it's easier to treat. Regular screening tests can improve and save your life.
- One in three Americans will get cancer, but finding cancer early means it may be easier to treat.
- Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.
- An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.

The ACS has teamed up with the Centers for Disease Control and Prevention (CDC) and National Comprehensive Cancer Network (NCCN) on a multi-faceted media outreach strategy to reignite efforts to safely return to cancer screening and care. We are proud to announce the [2021 Messaging Guidebook: Effectively Messaging Cancer Screening During the COVID-19 Pandemic](#), which is based on ACS market research findings, is now available. The guidebook serves to assist health systems, cancer centers, health care providers, patient navigators and cancer coalitions in efforts to resume preventive cancer care. We are also sharing the [Effectively Messaging Cancer Screening During the COVID-19 Pandemic: Issue Brief](#), which is an abbreviated version of the guidebook. We encourage you to share both resources with your networks and partners. You can find both resources as well as others on [www.acs4ccc.org/](http://www.acs4ccc.org/).

## Questions?

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