

Chronic Conditions: Diabetes Self-Management Education

Building positive health behaviors and maintaining psychological well-being are foundational for achieving diabetes management goals and maintaining quality of life.¹ Diabetes self-management education and support (DSMES) is an evidence-based approach that empowers people to build this essential foundation for successfully managing diabetes. This comprehensive program includes support and education on topics such as healthy eating, physical activity, medication adherence, checking blood sugar and stress management.

According to the Standards of Care in Diabetes – 2024, all people living with diabetes should be strongly encouraged to participate in diabetes self-management education and support (DSMES) services to facilitate informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team.¹ Your closest DSMES provider can be found by searching the ADA website: diabetes.org/tools-resources/diabetes-education-programs.

View the Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: Algorithm Action Steps here:

professional.diabetes.org/sites/default/files/media/algorithm_action_steps.pdf

¹ American Diabetes Association Professional Practice Committee; Introduction and Methodology: *Standards of Care in Diabetes—2024*. *Diabetes Care* 1 January 2024; 47 (Supplement_1): S1–S4. doi.org/10.2337/dc24-SINT

Women's Health

Provider Messaging Most Powerful for Patients

The American Cancer Society (ACS) has studied the utilization of cancer prevention services and has provided guidance on the best way to communicate messages that encourage your patients to get their breast and cervical cancer screenings.

The most successful messaging to encourage these visits is from the patient's physician or practice. The most trusted messengers are patients' personal doctors, followed by other medical professionals, national health organizations, government health organizations and insurance plans. The preferred channels and/or settings to deliver the messages are during a discussion with the patient's doctor, patient web portal, website, email and handout from healthcare providers.

Oftentimes, women put off preventive services and cite the needs of family members and other responsibilities. But the need is great, and many women go without their mammogram or pap smear. A conversation between doctor and patient could be the necessary push to help women prioritize their screenings.

As their preferred provider, consider using the messages below and outreach to your patients. End the message with a call to action for your patients. 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.
- 1 in 3 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.

Another talking point for you to share with Molina Healthcare of Ohio, Inc. (Molina) members is an incentive: members who complete their breast and/or cervical cancer screening will receive a \$50 reloadable gift card.

Talk about the importance of breast and cervical cancer screening with your patients. It may save their life.

Healthy Children

Child and Adolescent Well Visits

The Well-Child Visits in the first 30 months of life (W30) HEDIS®* measure assesses the percentage of members who had the following number of well-child visits with a primary care provider (PCP):

- Children who turned 15 months old during the measurement year and had six or more well-child visits with a PCP.
- Children who turned 30 months old during the measurement year and had two or more well-child visits with a PCP between 15 months and 30 months.

The Child and Adolescent Well-Care Visit (WCV) HEDIS® measure assesses the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Researchers conducted a study² to determine benefits and barriers to well-child visits from the point of view of caregivers and clinicians. Both groups agreed that vaccinations, growth and development assessments and early detection of illnesses are benefits of well-child visits. In addition, clinicians expressed that fostering a long-term relationship with patients and families increases the likelihood that they will return for future visits.

Well-child visits were missed due to lack of transportation, work and school scheduling conflicts, need for childcare and financial stress. Caregivers cited the following barriers to keeping well-child visit appointments:

- Planning ahead to use the one family car.
- Finding money to pay for parking instead of bills.
- Rescheduling appointments due to being denied time off from work.
- Coordinating childcare for multiple children.

Clinicians added fear of immigration status and language barriers as other possible reasons for missing visits. For patients and families speaking non-English languages, it's even harder to communicate instructions for the next appointment; however, caregivers noted availability of language services as a reason to keep attending well-child visits. Clinicians felt visits that did not include vaccinations or prescriptions were viewed as less of a priority.

These responses suggest that to increase well-child visits, social determinants of health and family barriers must be addressed. Prioritizing preventive visits is difficult for patients and families balancing other competing priorities. Consider taking advantage of the time with your patients during sick visits to provide well visits, immunizations and BMI percentile calculations. Offer interpreter services to patients and families speaking non-English languages to improve understanding. Connect patients to transportation assistance services. Molina offers 30 one-way trips per year for Medicaid members as a value-added benefit. Members can call 866-642-9279 (TTY 711) at least 48 hours before their appointment to schedule a ride. Members can also receive gas reimbursement to use their own vehicle or if they get a ride from someone they know. If one child has a well visit and their parent or guardian is the single caregiver, other children can be transported to the appointment as well.

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

²Wolf ER, O'Neil J, Pecsok J, Etz RS, Opel DJ, Wasserman R, Krist AH. Caregiver and Clinician Perspectives on Missed Well-Child Visits. *Ann Fam Med.* 2020 Jan;18(1):30-34. pubmed.ncbi.nlm.nih.gov/31937530/

Healthy Adults

Annual Adult Visits

According to the National Committee for Quality Assurance (NCQA), in 2022, Adult's Access to Preventive/Ambulatory Health Services (AAP) HEDIS® Measure results for patients enrolled in Medicaid HMO were lower than patients enrolled in commercial HMO/PPO and Medicare HMO/PPO health plans.³ The AAP HEDIS® measure assesses the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Consider contacting patients that have not yet completed a yearly visit to help schedule an appointment. Annual visits are a great opportunity to complete health

screenings and address your patients' concerns for acute or chronic conditions. Ask your patients if anything makes it difficult for them to attend an appointment. If transportation is a barrier, Molina Medicaid members get 30 one-way trips that can be used for doctor visits. Members can schedule by calling 866-642-9279 (TTY 711) at least 48 hours before their appointment. Telehealth appointments are another option to complete visits for patients. Reminder notifications can be helpful for improving visit attendance.

³The National Committee for Quality Assurance. (2024). Adults' Access to Preventative/Ambulatory Health Services (AAP). NCQA. [ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/](https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/)

Behavioral Health

Antidepressant Medication Management

The HEDIS® Measure for Antidepressant Medication Management (AMM) is described as: The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported.

1. Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
2. Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Molina's goals are to provide aid and support to obtain prescriptions for members who are prescribed antidepressant medications, ensure members have enough medication on hand and reduce the risk of therapy interruption.

Medication adherence continues to be a significant challenge in healthcare. Members may stop taking medication for a variety of reasons, and we want to do our part to ensure having enough medication on hand is not one of those reasons. Medication nonadherence prevents members from gaining the expected health benefits from their medication and is directly associated with poorer health outcomes.⁴

The following may help to close medication adherence-related gaps in care:

- Provide additional refills as appropriate (3 months, 6 months, etc).
- Provide reassurance that depression is common and can be treated.
- Advise patients that most antidepressants take one to six weeks to work before the patient starts to feel better.
 - In many cases, sleep and appetite improve first, while improvement in mood, energy and negative thinking may take longer.

- Stress the importance of staying on the antidepressant for a minimum of six months.
- Provide patients with memory aids to take the antidepressant every day.
- Highlight the connection between taking antidepressants and signs and symptoms of improvement.

Remember, your patient may be eligible for Medication Therapy Management if they have at least eight chronic medications and at least three qualifying diagnoses. Contact the Care Coordination/Care Management Department at Molina for additional information. Recommend/make a referral to a Molina in-network therapist who can help treat depression and encourage medication compliance. Depression is best treated with antidepressant medication in conjunction with psychotherapy. Finally, consider injectable antidepressants if medication adherence is an issue for your patient.

⁴ Kvarnström, K.; Westerholm, A.; Airaksinen, M.; Liira, H. Factors Contributing to Medication Adherence in Patients with a Chronic Condition: A Scoping Review of Qualitative Research. *Pharmaceutics* 2021, 13, 1100. doi.org/10.3390/pharmaceutics13071100

Older Adults

Disparities and Health Equity in LGBTQ+ Seniors

June is LGBTQ+ Pride Month, when we come together to recognize and celebrate LGBTQ+ individuals, their history and their accomplishments. It is also an important opportunity to remember unique disparities faced by this population, especially health equity among seniors. More than 39 million Americans are age 65 or older, and of that population, about 7 million identify as LGBTQ+.

The APA notes, “LGBT older adults may disproportionately be affected by poverty and physical and mental health conditions due to a lifetime of unique stressors associated with being a minority, and may be more vulnerable to neglect and mistreatment in aging care facilities.”⁵

This population may feel insecure in publicly identifying as LGBTQ+. “Social isolation is also a concern because LGBT older adults are more likely to live alone, more likely to be single, and less likely to have children than their heterosexual counterparts.”⁵ Support structures that many older adults rely on may not be available for LGBTQ+ seniors.

Under the best conditions, members of this population may fear discrimination or mistreatment and may be less open about ongoing medical concerns or talking with providers, social workers or case managers. A transgender man reported fears of entering a nursing home: “No one would know I'm trans if I didn't tell them.’ But [the patient] will need testosterone shots for the rest of his life and wonders if he'd

receive them if he weren't mentally competent enough to ask or if he'd run into resistance from nursing staff.”⁶

A 2021 AARP survey found that “41% of LGBTQ adults ages 45 and older were at least somewhat worried about having to hide their LGBTQ identity to access housing for older adults. Worry was most common among transgender and non-binary adults, with 58% expressing concern.”⁶ Ensuring LGBTQ+ older adults feel safe and comfortable in receiving medical care, housing and other forms of assistance is vital.

Being culturally competent is important for all medical providers and anyone who may provide assistance to LGBTQ+ seniors. “I think we need as a society to continue to train and support health care providers and social services providers to offer culturally competent and sensitive care to LGBTQ older adults so those who need services feel safe getting the care and support they need.”⁶

Experts say the best strategy is to be open and accepting, inviting the individual to share with you what is most important to them and respecting their identity and their concerns. A provider or social worker may be their only connection to the outside world and access to medical care. Learning about the unique needs of this population may save lives and encourage more healthy and active living.

⁵Lesbian, Gay, Bisexual and Transgender Aging, *American Psychological Association*. apa.org/pi/lgbt/resources/aging#:~:text=More%20than%2039%20million%20people%20in%20the%20U.S.,percent%20to%20an%20estimated%2019%20percent%20in%202030

⁶Williamson, Laura. Older LGBTQ Adults Face Unique Challenges in Giving and Receiving Care. *American Heart Association*. heart.org/en/news/2023/01/25/older-lgbtq-adults-face-unique-challenges-in-giving-and-receiving-care

Questions?

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