

MAGELLAN EXPLORER

QUALITY IMPROVEMENT QUARTERLY NEWSLETTER



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MESSAGE TO PROVIDERS

Greetings,

Welcome to our first quarterly quality improvement newsletter. We are grateful for your interested eyes and hope to share content routinely that confirms your committed readership.

The intent of this publication is to inform Magellan's provider network of changes and quality innovations in healthcare, including key priorities for Magellan. We hope you find it fun, informative, and chock-full of nuggets of new learning that will inspire your continued interest in the application of quality principles to our work in behavioral health. Thanks for your time and wishing you well.



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

ADVERSE INCIDENT REPORTING



Providers are required to notify Magellan within 24 hours of the occurrence of a reportable incident involving a HealthChoices member, whether it occurs at the provider's location or at another location.

Contractually, providers are required to use Magellan's electronic incident reporting system to notify Magellan of any death, suicide or suicide attempt, significant medication error, fire emergency or police involvement, alleged abuse/neglect, Childline report, injury/illness while in care requiring treatment beyond first aid, missing person- includes elopement from 24-hour treatment setting where member leaves grounds without staff, restraint/seclusion, provider preventable conditions.

Magellan follows the reporting requirements of the [PA DHS Bulletin, OMHSAS-15-01](#) and the seclusion or restraint reporting requirements as defined in Mental Health Bulletin, "[OMHSAS -02-01 The Use of Seclusion and Restraint in Mental Health Facilities and Programs](#)."

Magellan utilizes an electronic process that **provides a confirmation number** to confirm receipt of a provider's incident submission. Each incident is reviewed. Providers should anticipate that a Magellan QI staff may outreach about any additional information needed to complete investigation of each report.

The Adverse Incident form can be found [here](#) at the top of Appendix A in our Forms section of the website.

For any questions about the incident reporting process, please review the QI Department Contact List.

For the most updated instructions on how to submit an incident report, [CLICK HERE](#).

SAFETY STANDOUTS:

REDUCING USE OF RESTRAINTS: NOT JUST GOOD FOR PEOPLE WE SERVE, BUT GOOD FOR THE BOTTOM LINE!

In recent years, the behavioral health field has sought to reduce the use of physical restraints as the field transitioned to a more recovery-oriented and trauma-informed philosophy. There is ample literature that examines how experience of physical restraint in treatment settings can result in psychological harm or re-traumatization for the individual being restrained and can actually decrease a person's ability to self-regulate. However, physical restraint is still being routinely employed in inpatient and residential settings with both adults and children.

What might not be widely known is that research has also shown that reducing the use of physical restraint is also associated with reduced costs for the provider organization, including cost of care overall, shorter length of stay, lower staffing costs, and lower legal/liability costs. There are many examples of healthcare providers that have successfully reduced the use of restraints, and experienced financial benefits as a result.

Reducing use of restraints has been associated with:



- ↓ staff workplace injuries
- ↓ staff turnover
- ↓ staff burnout
- ↓ sick days/call-outs
- ↓ worker's compensation costs
- ↓ liability insurance costs
- ↓ legal expenses
- ↑ productivity
- ↑ staff retention
- ↓ violence toward staff

See **Reader's Nook** for references.

READER'S NOOK:

LeBel, J., & Goldstein, R. (2005). Special Section on Seclusion and Restraint: The Economic Cost of Using Restraint and the Value Added by Restraint Reduction or Elimination. *Psychiatric Services*, 56(9), 1109-1114. <https://doi.org/10.1176/appi.ps.56.9.1109>

LeBel, J., Huckshorn, K. A., & Caldwell, B. (2010). Restraint use in residential programs: why are best practices ignored? *Child Welfare*, 89(2), 169-187. <https://pubmed.ncbi.nlm.nih.gov/20857886/>

Promoting Alternatives to the Use of Seclusion and Restraint Issue Brief # 4 Making the Business Case About the Series: Promoting Alternatives to the Use of Seclusion and Restraint. (2010). https://www.samhsa.gov/sites/default/files/topics/trauma_and_violence/seclusion-restraints-4.pdf

Substance Abuse and Mental Health Services Administration. The Business Case for Preventing and Reducing Restraint and Seclusion Use. HHS Publication No. (SMA) 11-4632. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011. <https://edsource.org/wp-content/iframe/seclusion-restraint/Businesscaseagainstrestraint.pdf>

NEED TO KNOW:



Providers have a contractual responsibility to notify Magellan if any of the following credentialing information changes:

- **Licensure status** (i.e., provisional license) even if the organization is challenging the findings
- Certification(s)
- Hospital privileges
- Insurance coverage
- Past or pending malpractice actions

Notifications should be shared directly to the Sr. Network Manager, Mitch Fash at Mfash@magellanhealth.com. In situations where Magellan is not notified in a timely manner about credential information changes, a corrective action plan may be requested.

KEY PROGRAM ACTIVITIES OF MAGELLAN QI

- 🎓 **Accreditation.** Monitoring of the external accreditation programs including NCQA.
- 🔄 **Behavioral Healthcare/Specialty HealthCare/Medical Integration.** Coordination of care occurs across the healthcare continuum and special programs are developed to improve, monitor and enhance coordination at the customer/health plan level and within the service delivery system.
- 👥 **Specialty Products.** Continuous monitoring oversight of changes in product offerings to ensure that appropriate quality oversight is extended to cover those programs.
- 📄 **Clinical Decision Support Tools.** Medical Necessity Criteria are reviewed annually. Clinical Practice Guidelines are developed and/or adopted based on scientifically sound practices.
- 📞 **Complex Case Management.** Promotes effective coordination of care through Magellan case management processes for those members identified as high risk.
- 📄 **Compliments, Complaints, Grievances and Appeals.** Maintenance of a process for responding to member, customer organization, or provider compliments, complaints, grievances and appeals.
- 📊 **Core Indicator Monitoring.** A national set of performance indicators is used to monitor core activities within the company and for continuous quality improvement.
- 🌟 **Cultural Competency Integration.** Magellan maintains a cultural competence program description identifying methods used so that individual member preferences, needs and values are addressed and are free from discrimination.
- 📊 **HEDIS.** A widely used set of performance measures addressing a broad range of important dimensions of care and service. Measures are used to monitor and improve services.
- 📝 **Outcomes Program.** Magellan's comprehensive approach to outcomes measurement and reporting, utilizing state of the art clinical assessments and reporting for use by members, caretakers and providers in health and wellness planning and monitoring.
- 🛡️ **Patient Safety.** The QI Program incorporates mechanisms to monitor patient safety. Core performance indicators address elements critical to patient safety including adverse incidents, accessibility of services, consistency of applying medical necessity criteria and adherence to clinical practice guidelines.
- 👤 **Program Documentation.** Annually, Magellan develops QI Program Descriptions and Quality Work Plans. At the end of each year, QI Program Evaluations are prepared which detail the results of quality activities and identifies opportunities for improvement.
- 👤 **Provider Inquiry and Review.** Magellan maintains processes for addressing specific provider incidents, which includes corrective actions and change of network status as necessary.
- 👤 **Quality of Care Concerns.** Quality of Care concerns are identified by Care Managers, Physician Advisors, Medical Directors, Customer Care Associates, Network Managers, as well as our customers, members, or providers. Concerns are reviewed for action and resolution. Interventions may include educational and/or corrective action plans, or termination from the clinical network.
- 📊 **Health Disparities.** The QI Program incorporates external census data to allow the clinical and operational teams to monitor social health risk factors such as poverty, spoken language, housing needs, lack of education and other factors in order to stratify the population by their social determinant of health risk.
- ⚠️ **Risk Management.** Risk management is a key aspect of positively influencing the health and wellbeing of individuals and meeting or exceeding contract, regulatory, and accreditation guidance.
- 👤 **Stakeholder Experience Surveys.** Member and provider experience surveys are developed, produced and distributed for review of stakeholders input. Data are analyzed related to contract requirements, work plan goals, and any applicable quality improvement activities.
- 📄 **Treatment Record Reviews.** Treatment record reviews are used, as applicable, to evaluate the care and service provided to members and the adequacy of documentation.

FOCUS ON CLAS



Have you heard about the National CLAS Standards?

These are the National Culturally and Linguistically Appropriate Services Standards.

These standards are a guide to improve quality and help eliminate health care disparities in health care.

How are these priorities relevant for the HealthChoices programming in Pennsylvania?

Substance Abuse and Mental Health Services Administration (SAMHSA) collaborated with the Office of Mental Health (OMH) to develop the [Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#).

Magellan is sharing this guide to promote brainstorming about ways that you can improve care by focusing on the CLAS Standards at your program.

Take a peek – we challenge you to review a few pages of this Guide and identify current practices that support CLAS Standards or think of a small opportunity you could capitalize upon.

FRONT DOOR CUSTOMER SERVICE

Magellan has received member feedback that reflects opportunity in the member's "front door" experience. Specifically, members have reported challenges calling provider locations and receiving a response, accessing care, and feeling welcomed at that first point of contact.

Magellan is committed to promoting positive engagements at the very first point of connection with contracted providers. In the coming months, Magellan staff will be calling providers to better understand the member experience when calling for an appointment.



What Providers Should Know?

- The goal of this quality improvement activity is to improve member experience and engagement early in treatment.
- Rest assured, Magellan staff will **identify themselves** when calling and ask just a few questions of staff.
- **The number of rings** to answer, (in voicemail situations) and the **length of time for a return call** will be measured.
- Questions asked will be about appointment availability, **professionalism and courtesy** will be assessed.
- Magellan **will share results** of the call back with the provider.

The last few years have been excruciatingly challenging in many ways and Magellan recognizes the strain. As the industry works to stabilize, Magellan appreciates all efforts of providers to improve customer service and a member's front door experience.

FEEDBACK

Please let us know what you think of our first edition of Magellan's QI newsletter. If there are topics you're interested in reading about, please share those ideas.

You can send comments and requests to Elaine Bailiff at embailiff@magellanhealth.com. Thanks for taking the time here to see the latest announcements. Until our next edition, wishing you well.

QI DEPARTMENT CONTACT LIST

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COMING SOON



- **MEMBER SATISFACTION**
- **CRISIS PLANNING**
- **COMMUNITY ADVOCATES ALL CALL**