

## PCP VBR: Year 1, Cohort 2

Value based reimbursement for primary care physicians recruited in 2022 will begin on September 1, 2022. Primary care physicians who participate in MCT2D and meet the below requirements will receive 5% VBR. Considering the start date of the VBR, the payments will be prospective, as VBR recipients will be completing these requirements following the initial payments. Unless there is a specific deadline listed, the activities will need to be completed prior to 6/1/2023.

Requirement	Responsibility
Submit name of clinical champion and practice liaison (Due 8/15)	Practice
Attend and complete all MCT2D training sessions (virtual, six one-hour on demand sessions with CME) by December 31 <sup>st</sup> , 2022.	Clinical Champion
Attend Spring 2023 regional meeting (in person)	Clinical Champion
Complete Practice Change Readiness Assessment (due 10/1/2022)	Practice
Respond to requests from the coordinating center and your physician organization related to MCT2D related work in a timely way (either 3 days or as specified)	Practice
Present on your site's implementation of the quality improvement initiatives at a collaborative meeting, regional meeting, or conference call, if requested	Practice
Distribute patient reported outcomes survey flyers & encourage patient participation.	Practice
1 case summary per practice on each of the three initiatives (3 case summaries total)	Practice
Work with your physician organization to maintain a log of practice interventions and changes related to implementation of the quality initiatives	Practice
Participate in a discussion about insurance coverage. Requirements include the following: A brief survey prior to the spring 2023 regional meetings, participation in a discussion session at the regional meetings, a one-question follow up from the regional meetings.	Practice
Participate in one learning community activity for each of the three engagement levels, due on 6/1/2023.	Level 1: Each physician Level 2: Each Practice Level 3: Each PO

## Learning Community VBR

MCT2D has three levels of learning community VBR, broken down into the following:

- **Physician Level VBR:** Each physician earning value based reimbursement must complete one PCP VBR activity. These include attending educational opportunities or viewing a recorded version of them and answering questions or providing feedback about an MCT2D provider facing tool. MCT2D will likely offer additional options to meet the physician level VBR requirements throughout the year
- **Practice Level VBR:** Each participating PCP practice in MCT2D must complete one practice level VBR activity. These include providing feedback in a 1on1 session about the MCT2D dashboards, providing feedback about an MCT2D patient facing tool, participating in Jumpstart and referring three or more patients. MCT2D will likely offer additional options to meet the practice level VBR requirements throughout the year. Once the practice completes this, it will be marked as complete by every physician in the practice.
- **PO Level VBR:** Each PO has to complete one physician level VBR activity. The physician level VBR activities include being interviewed by the MCT2D team for a blog, presenting at a collaborative wide meeting, regional meeting, or serving on an MCT2D panel discussion, or referring a patient to be on the advisory board.

## Maintain a Log of Interventions

MCT2D will not ask for a formal submission from individual practices for information related to quality improvement logs. This VBR requirement is to ensure that physician organizations are getting the information that they need from participating practices in order to respond to questions on the PO level quality improvement logs, and to ensure that practices are documenting changes made related to MCT2D work. If a PO has had a difficult time getting responses and answers from a practice regarding their MCT2D work, they could let us know and we would reach out to the practice and remind them of this expectation.

## Learn About Primary Payor Coverage

One of the largest challenges providers face in implementing the MCT2D initiatives is cost and coverage. In order to support practices, MCT2D will be conducting a brief survey to better understand the issues and approaches undertaken by each practice via a brief survey prior to the regional meetings. At the spring regional meetings, MCT2D will dedicate a portion of the meeting to discussing and sharing ideas amongst practices. Following the meeting, each practice will submit either a change to their current practice of handling insurance/prior authorizations/etc., or report on their successful current process.

## Regional Meeting Attendance (PCPs)



Clinical champions must attend the spring and fall regional meetings in person each year. If the clinical champion is unable to attend, a delegate may be sent in their place. The delegate should be someone with a clinical background from the practice. If the clinical champion or a

delegate cannot attend, the clinical champion may watch a recording of the regional meetings and respond to questions to demonstrate viewing and understanding of the meeting. However, there is a three-strike policy on regional meetings. If a clinical champion or delegate does not attend and the video needs to be viewed instead, this is one strike. If the clinical champion or delegate does not attend and the video is not viewed at all, this is an additional strike. Three strikes mean that the practice will no longer be able to participate in MCT2D.

### **Patient Reported Outcomes Surveys (PCPs)**

For 2023, we are asking that each practice have at least one patient complete a patient reported outcomes survey. Each practice's status on meeting this requirement will be available on the MCT2D administrative portal. Patients are paid \$10 for the first survey (baseline), \$15 for the second survey (1 month), and \$20 for the final survey (12 months) for a total of \$45 in payments. The patient reported outcomes survey flyer is available on the MCT2D website .

### **Present on Implementation at MCT2D Meetings**

If asked, sites are required to present at an MCT2D regional meeting, collaborative wide meeting, or learning community event about their progress and operationalization of the MCT2D initiatives. It is not expected that every site will be asked, but this requirement is built into the expectations in order to ensure best practice sharing and set the expectation that practices and POs will be asked to contribute in this way. Practices will be asked at minimum one month in advance of any virtual meeting and two months in advance of any in person meetings. The MCT2D coordinating centers will collaborate with the PO and practice to ensure feasibility.

### **Training**

MCT2D requires the clinical champions of all year one sites to view recorded, on-demand trainings on the MCT2D initiatives: low carbohydrate diet, continuous glucose monitors, and use of antihyperglycemic medications (SGLT2is/GLP1-RAs), and a session on how these three initiatives work together. These four sessions total approximately four hours of content and are provided via Beaumont's CME platform. Trainings can be accessed via the MCT2D website.

### **Case Summaries**

MCT2D asks participants to submit a case summary on a specific patient, detailing challenges, outcomes, resources used, etc. For endocrinologists, the case summary focuses on care coordination. For nephrologists, the case summary focuses on SGLT2i/GLP1-RA prescribing and urine albumin testing. For primary care practices, three case summaries are required, one on each initiative. MCT2D provides a form to submit these case summaries, and each one takes approximately 15-20 minutes to complete. For endocrinologists and nephrologists, each participating specialist must submit a case summary. For primary care physicians, three summaries are needed per practice.



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