



PO Monthly Call

May 2026

Monday, May 11th at 11am
Wednesday, May 13th at 2pm

Agenda

1. Regional Meeting Recap
2. Next Steps on Statin Measure
3. Upcoming Committee Meetings
 - a. Research, EMR, Advocacy Committee, Steering Committee
4. Final PO Focus Group
5. Opportunities to meet VBR
6. Data Dashboard Updates
7. June Learning Community Event - Program Optimization



MCT2D Print Shop

- Each practice is given a budget of 200 pages of color printing and will be able to select resources from the MCT2D Admin Portal (login required)
- We are partnering with Kolossos Printing to print and ship your orders
- Instructions and details were provided on 4/15 via email
- Issues with practice level ordering have been addressed & practice level users are able to submit orders

Checkout

Below are the resources you have added to your cart. Each resource has a fixed minimum order quantity. Most one- or two-page resources must be ordered in quantities of 25, while posters must be ordered in quantities of 5.

| Resource | Quantity | Total Prints | Total Pages | Remove |
|---|---------------------------------|--------------|-------------|------------------------|
| Diabetes Poster - Ditch the Sticks for CGM 1 pages View resource | <input type="text" value="5"/> | 5 | 5 | Remove |
| 7-Day Sample Very Low Carb Meal Plan (<50g Carbs Per Day) 2 pages View resource | <input type="text" value="50"/> | 50 | 100 | Remove |
| Affording your Type 2 Diabetes Care: A Patient Toolkit on Insurance Coverage and Cost 24 pages View resource | <input type="text" value="50"/> | 50 | 1200 | Remove |
| Continuous Glucose Monitor (CGM) Insurance Coverage Worksheet 2 pages View resource | <input type="text" value="50"/> | 50 | 100 | Remove |
| Dosing Information for SGLT2 Inhibitors and Incretin Mimetics for Type 2 Diabetes 2 pages View resource | <input type="text" value="50"/> | 50 | 100 | Remove |
| Patient Advisory Board Recruitment Handout (Provider) 1 pages View resource | <input type="text" value="50"/> | 50 | 50 | Remove |

Remaining Budget: 0 Total Prints: 255 Total Pages: 1555

[← Continue browsing](#)

[Submit Print Order](#)

MCT2D Prediabetes Website

prevent.mct2d.org

Preventing Diabetes Platform

Helping patients understand the importance of a prediabetes diagnosis and identify strategies they are interested in trying



Movement



Continuous
Glucose
Monitoring



Diabetes
Prevention
Program



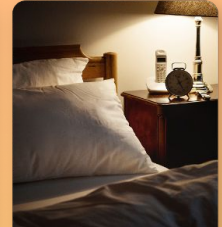
Nutrition



Medication



Stress
Management



Sleep

Patient Resources

Strategies Handouts

8 new printable prediabetes handouts

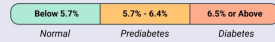
Understanding Metabolic Health and Prediabetes

Metabolic health shows how well your body processes and uses energy. It involves keeping blood sugar, blood pressure, cholesterol, and weight in balance and reduces inflammation.

When your metabolic health starts to decline, your body gives signals that can be seen in labs like an A1C test that you have done at your doctor's office. When your A1C has risen above a healthy level, your doctor may diagnose you with **prediabetes**.

What is an A1C Test?

One of the early signs of poor metabolic health is an increase in blood sugar. Your doctor may order an A1C test to check your metabolic health. This test measures your average blood sugar over the past 3 months. Think of it like a "report card" for how your metabolism has been managing sugar.



But it's just prediabetes, do I really need to worry?

Prediabetes means that you have elevated blood sugar levels, yet that aren't high enough yet to be considered type 2 diabetes.

Even slightly elevated blood sugar levels can lead to inflammation and cause damage to your blood vessels, preventing blood flow and oxygen from getting to important organs like your heart, eyes, and kidneys. This can increase your risk of heart disease, stroke, and other long-term health problems.

This damage can start occurring long before you get diagnosed with type 2 diabetes.

Prediabetes is associated with problems in these organs:

- Heart:** Inflammation and changes in blood vessels that increase the risk of heart disease, heart attacks, and stroke.
- Eyes:** Swelling or leakage in small blood vessels of the retina, which can affect vision over time.
- Kidneys:** Signs of kidney stress, including protein leaking into the urine, which is an early warning sign of kidney damage.
- Brain:** Cholesterol build up and inflammation lead to memory problems and reduced brain function.



Diabetes Prevention Strategy Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is the gold standard for preventing prediabetes. Having healthy lifestyle behaviors and specific education can help to prevent progression to diabetes.

DPP is a 12-month lifestyle change program that helps those at greatest risk of diabetes. It focuses on healthy eating, physical activity, and behavior modification through structured education. It is usually delivered by trained lifestyle coaches. It is usually 100% covered by your insurance. It is usually offered in-person, virtually, or hybrid.

How It Works



Core Session (lifestyle skills)
Weekly group sessions address physical activity, healthy eating, stress management, and behavior change.

Maintenance Phase (ongoing support)
Monthly sessions to maintain healthy habits and continue progress.

Ongoing Support
Continued access to resources to maintain your healthy lifestyle.

Program Goals

- Lose at least 5% of your starting body weight to improve your metabolic health.
- Engage in at least 150 minutes of physical activity each week.
- Build long-term healthy habits.

You can't seem any more possible you medications instead you lower your blood sugar, support weight loss, and reduce your medication needs. **Medication is meant to keep appropriate healthy and stress management, not replace them.**

How these medications work

- Metformin** is the recommended medication for prediabetes. It works by reducing how much sugar your liver can make and encourages and helps your body use insulin more effectively. This allows sugar to move into your cells, where it can be used for energy instead of building up in your blood.
- Medication in the recommended medication offered because** This is the most evidence and because it is safe, effective, and affordable.
- GLP-1 Medications** Weight loss may help prevent type 2 diabetes. They work by helping a natural hormone in your body that helps release insulin when you eat. They also help your body use insulin more effectively. Some may also help you feel fuller, so you eat less. Some may also help you feel more satisfied and lose weight more easily.

How medication improves your metabolic health
Medication can help your metabolic changes more effectively at lowering blood sugar and supporting weight loss. They are always appropriate therapy changes to give you body with support while you build healthy habits and your own metabolic health.

Insurance and cost
Medication is very low cost and widely covered by almost all insurance plans.

GLP-1 Medication can be very expensive and often covered for prevention or weight loss without other health conditions.

Diabetes Prevention Strategy Stress Management

Stress is a normal part of life, but chronic stress can have a negative impact on your metabolic health. Chronic stress can increase blood sugar levels and lead to weight gain. It can also affect your ability to manage diabetes. Stress management is a key part of your diabetes care plan.

Even after 10 years, people who went through the DPP had lower blood sugar levels and better metabolic health. They also had lower rates of heart disease, stroke, and kidney disease. The program reduced the risk of heart disease by 51%.

How It Works

When you feel stressed, your body activates its "fight or flight" response. This triggers the release of hormones like cortisol and adrenaline, which raise your blood sugar levels. Chronic stress can lead to a cycle of stress, high blood sugar, and weight gain. This cycle can lead to insulin resistance, prediabetes, and type 2 diabetes.

Stress also affects your health directly. When you're stressed, you may have trouble sleeping, which can lead to weight gain. Stress can also lead to poor eating habits, which can contribute to weight gain and increase the inflammation in your body, and raise your risk of developing type 2 diabetes.

Stress also has important categories to think about when it comes to stress and metabolic health:

- Acute stress:** Short-term, situational stress.
- Chronic stress:** Ongoing, persistent stress.

Diabetes Prevention Strategy Medication

You can't seem any more possible you medications instead you lower your blood sugar, support weight loss, and reduce your medication needs. **Medication is meant to keep appropriate healthy and stress management, not replace them.**

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Diabetes Prevention Strategy Nutrition

Healthy eating is a powerful tool in metabolic health. The foods you eat affect how your body processes and uses energy. Choosing healthy eating patterns can help you manage your blood sugar, blood pressure, and cholesterol. It can also help you lose weight and improve your overall health.

There is no one-size-fits-all diet for improving your metabolic health. Instead, focus on making manageable and sustainable adjustments to your diet while not eating foods you enjoy.

How It Works

Improving your nutrition quality, such as including high-protein foods and being mindful of the amount and type of carbohydrate you eat, can help keep your blood sugar and weight levels more stable.

How do foods like carbohydrates (carbs) affect your blood sugar?
Glucose is a natural energy for the cells in your body. Our main source of glucose comes from the diet and they are found in carbs. Carbs are one of the three macronutrients that all bodies need, along with proteins and fat. Carbs are found in many foods including grains, fruits, vegetables, and dairy. Carbs are found in many foods including grains, fruits, vegetables, and dairy. Carbs are found in many foods including grains, fruits, vegetables, and dairy.

When you eat carbs, they break down into sugar during digestion and enter your bloodstream. When blood sugar levels rise, the pancreas releases a hormone called insulin which helps move sugar from your blood to your cells to be used for energy or stored in fat. Insulin helps maintain blood sugar levels in a normal range.

When the blood sugar levels are high over time, this can make your blood vessels more resistant to insulin resistance. Insulin resistance is a key factor in prediabetes and type 2 diabetes.

For many, can all impact your blood sugar levels and risk of disease. Choosing higher fiber, plant-based diets may help blood sugar rise more slowly and

Diabetes Prevention Strategy Sleep

Sleep is one of the most powerful and often overlooked tools for improving your metabolic health. When you sleep, your body does its best to regulate the stress you're feeling. Getting too little sleep can lead to weight gain and increase your risk of developing type 2 diabetes.

Four key aspects of sleep that affect your metabolic health

- Quantity:** How much you sleep. Most adults need 7 to 9 hours of sleep each night. Shorter sleep increases levels of cortisol, a stress hormone, and makes you more likely to gain weight and eat more. It also affects your ability to manage your blood sugar. The effect of short sleep is similar to what happens when you eat too many carbohydrates and eat too many calories. Shorter sleep has been linked to a 30% higher risk of developing type 2 diabetes.
- Quality:** How well you sleep. High-quality sleep is important for your metabolic health. It helps your body regulate blood sugar levels and maintain a healthy weight. Poor-quality sleep can lead to weight gain and increase your risk of developing type 2 diabetes.
- Regularity:** How consistent your sleep is. Going to bed and waking up at different times can affect your metabolic health. Consistent sleep patterns are important for your metabolic health. It helps your body regulate blood sugar levels and maintain a healthy weight.
- Chronicity:** How long you sleep. Shorter sleep is linked to a higher risk of developing type 2 diabetes. It also affects your ability to manage your blood sugar. The effect of short sleep is similar to what happens when you eat too many carbohydrates and eat too many calories. Shorter sleep has been linked to a 30% higher risk of developing type 2 diabetes.

Diabetes Prevention Strategy Continuous Glucose Monitoring (CGM)

Continuous glucose monitoring (CGM) are small wearable sensors that allow you to easily monitor your glucose levels 24 hours a day. Having you see trends over time and understand how food, stress, and other factors affect your blood sugar. CGMs are used by people with type 1 and type 2 diabetes, but they are now available over-the-counter (OTC) for adults who want to improve their metabolic health.

OTC CGMs are available without a prescription or can be purchased directly from the manufacturer's website, Amazon, and other online retailers.

How It Works

A CGM is a small disk-shaped device (about the size of a quarter) that you stick on the back of your upper arm with a thin needle. It has a tiny flexible thread that lies on individual levels on a biofilm that goes under your skin and can read your glucose levels in real time. Your levels are sent wirelessly to your smartphone, allowing you to see your glucose trends throughout the day and night.

Each sensor lasts for approximately 14 weeks before needing to be replaced.

How CGM improves your metabolic health

CGMs show how food, activity, stress, and other factors affect your glucose levels in real time. They help you understand how your body responds to daily choices and how these choices impact your blood sugar. Having a CGM can help you see trends in your blood sugar and make adjustments to your diet, activity, and stress to keep your blood sugar in a healthy range.

With these insights, you can make personalized changes that help you see, rather than reacting only on moment-to-moment fluctuations. **CGMs can help you see trends in your blood sugar and make adjustments to your diet, activity, and stress to keep your blood sugar in a healthy range.**

Research shows that those who use CGMs have a 50% lower risk of developing type 2 diabetes.

Using a CGM can help you see trends in your blood sugar and make adjustments to your diet, activity, and stress to keep your blood sugar in a healthy range.

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Patient Resources

SatisfAI

Designed specifically for people with prediabetes and type 2 diabetes.

Features

- Create custom recipes
- “Low carb” an existing dish
- Quickly generate random recipes
- Multi-layered USDA ingredient validation



SatisfAI
Low Carb Recipe Generator



jumpstart.mct2d.org/ai-chef

Regional Meeting Feedback from Attendees

- Very positive scores- some of our highest rated meetings to date.
- **Positive Comments:**
 - Specialist case studies
 - Prediabetes resources
 - Very informative
- **Suggestions for Improvement:**
 - Virtual
 - Adding a break back in
 - Making it more relevant to specialists

Spring Regional Meeting - Make Up Quiz

- Recorded the Grand Rapids regional meeting and will post on MCT2D YouTube.
- Launched the regional meeting quiz on Monday, May 11th
 - Must be completed by 7/1/2026 to receive credit
- Practices who didn't have an in person attendee will receive a regional meeting strike for non-attendance.
- Practices will also only be able to earn an maximum of 15 points out of the 25 points available for regional meeting attendance

Statin Measure

- First discussed on PO Small Group Calls
 - Concerns about exclusions, documentation, patient refusal, etc.
 - Stressed importance of education and resources
- Gave practices an opportunity to provide feedback on statins as a measure across the regional meetings
- Highest Need for Patient Resources:
 - Dispelling misinformation
 - Understanding side effects
- Highest Need for Clinician Resources:
 - Drug Selection and Dosing
 - Exclusions and Documentation
- No major concerns or resistance was expressed regarding exploring statins as a process measure for the upcoming VBR year.

Next Steps on Statin Measure

- Work on details of patient surveys
- Review idea of statin measure with steering committee on June 11th
- Seek final approval from BCBSM (end of June)
- Share final measures with the collaborative (July)
- Update statin reporting in the MCT2D Patient Data Dashboard
- Develop and distribute patient survey to practices (September)
- Launch process measure on 9/1/2026: patient reported outcomes survey

Upcoming MCT2D Committee Meetings- Steering Committee

Next Meeting: Thursday, June 11th, 4pm-5pm

Topics:

- Determining timeline for upcoming performance measure
- Communicating rationale on performance measure population
- Reviewing challenges with current performance measures + status updates
- Statin process measure for 9/1/2026 VBR year

Recruitment: We are looking for one more PO-level steering committee member. This is a great opportunity to contribute to decision making on performance measures for the collaborative, and we encourage you to participate.

Upcoming MCT2D Committee Meetings- EMR Workgroup

Next Meeting: TBD, being scheduled this week for late July/early August

Topics: Each group will provide a report out on progress towards their specific goals, and workgroups will be given time to collaborate together.

Previous Meeting: Individual workgroups presented on progress

Recruitment: We would love to have new members for our workgroup- currently Athena, Allscripts/Veradigm, Epic, Practice Fusion, and eClinicalWorks are represented in the workgroup and would benefit from additional members.

Upcoming MCT2D Committee Meetings- Advocacy Workgroup

Next Meeting: Friday, July 17th, 1pm-2pm

Topics: Follow up on our individual advocacy projects/goals and open discussion.

Previous Meeting: Held in January. 11 members participated, including QI specialists, physicians, dietitians, and PO representatives. Discussed our individual advocacy goals and works-in-progress, like: lessons learned from prior authorization (PA)/appeals, CGM access for unique coverage cases, gaps in CDES/nutrition support, on the ground resources for nutrition support, how to get PCP-Endo alignment when advocating for patients

Upcoming MCT2D Committee Meetings- Research Committee

Next Meeting: Thursday, June 18th, 3pm-4pm

Topics: Reviewing the CQIO/BCBSM publications protocol and approval requirements doc.

Previous Meeting Recap:

- Finalized intake process for projects using MCT2D data
- Determined proposal evaluation criteria, beginning with a checklist style review
- Reviewed and signed off on intake proposals and evaluation forms

Final PO Level Focus Group

Thursday 5/21 from 12pm-1pm

- Final PO focus group of the year will be taking place on THursday, May 21st from 12pm-1pm and will focus on integrating prediabetes patients into the MCT2D Patient Data Dashboard
- Participation in an MCT2D focus group is required for the PO scorecard-- if you have not met this requirement yet, this will be your last chance to do so
- Even if you have met the requirement, we strongly urge you to attend. We want your direction and input on how to display this information on the dashboard so it is useful for you and your practices
 - Will likely have prediabetes performance measures in the future

New Practice Level Learning Community Option: Implement an MCT2D Tool

- New practice level learning community option: Implementation of an MCT2D Tool
- Complete a brief form about a tool that you have implemented or are planning to implement in the near future
- Now available on the Admin Portal- notified practices of this opportunity on 5/7/2026

Getting Started on a Low Carb Lifestyle for Type 2 Diabetes

What is a low carb lifestyle? A low carb lifestyle limits your intake of carbohydrates (carb) from foods like bread, pasta, rice, potatoes and other starchy vegetables, sweets, baked goods, sugary beverages, and fruits and emphasizes proteins, non-starchy vegetables, and healthy fats.

Very Low Carb/Low Carb (Ketogenic): Less than 50 grams of carbs per day

Low Carb: 50-100 grams of carbs per day

High Carb: 225-325 grams of carbs per day

Very High Carb: 300g+

Meal with ~15g of carbs: 4-6 oz Grilled Fish or Chicken, 10 carbs; 2 cups Mixed Salad, 10 carbs; 1 oz Feta Cheese and Olives, 10 carbs; 2 tbsp Ranch Dressing, 10 carbs; 1/2 Avocado, 10 carbs

Meal with ~47g of carbs: 7/2 oz Brown Rice, 100 carbs; 2/3 cup Black Beans, 45 carbs; 4-6 oz Steak, 10 carbs; 1.5 cups Grilled Vegetables, 10g carbs

Meal with: 2 small Potatoes, 40 carbs; 4 oz Mozzarella, 10 carbs; 1 oz Beef, 10 carbs

The benefits of a low carb lifestyle: WEIGHT LOSS, REDUCED BLOOD PRESSURE, REDUCED HUNGER & CRAVINGS, BLOOD SUGAR

What are carbs? Carbs (i.e., carbohydrates) are a nutrient that is broken down by the body into sugar (glucose). There are 3 types of nutrients: carbs, fat, and protein.

What is blood sugar (or blood glucose)? Blood sugar is the level of sugar in your blood after your body breaks down nutrients into glucose for energy.

Updated April 2023
The American Diabetes Association supports individualized eating plans for people with T2D, including your carbohydrate count to help you control blood sugar and reduce medication.

CLINICAL Decision Aid: SGLT2 Inhibitors and Incretin Mimetics are first-line treatments for T2D in patients with cardiovascular disease. This aid is meant to support the use of GLP-1/GIP receptor agonists and SGLT2 inhibitors, alongside your own clinical judgment, to guide patient-centered diabetes treatment.

Recommend lifestyle change with reduced carb intake and weight loss if indicated. Promote diabetes self-management education and support (DSMES) upon diagnosis.

CLINICAL GOAL: To reduce cardiovascular risk independent of A1C in high risk patients

CLINICAL GOAL: To achieve and sustain glycemic control and promote weight loss.

Established ASCVD* → Shared Decision Making (SGLP-1 RA or SGLT2i) → Farnag Jantzen → On maximum tolerated dose of ACE/ARB → Farnag Jantzen/Jarjour/Compo

Heart Failure† → Shared Decision Making (SGLP-1 RA or SGLT2i) → Farnag Jantzen → On maximum tolerated dose of ACE/ARB → Farnag Jantzen/Jarjour/Compo

CKD‡ → Shared Decision Making (SGLP-1 RA or SGLT2i) → Farnag Jantzen → On maximum tolerated dose of ACE/ARB → Farnag Jantzen/Jarjour/Compo

IF A1C is above target, consider the following:
• Additional agent based on glycemic weight lowering, and comorbidity needs
• Initiation of a DSMES
• Referral or re-referral to DSMES

FDA Labeled (preferred) / **Off Label** / **No Evidence - low cost (see footnote 7)**

Consider use in high risk patients: ADA Standards gives a weaker recommendation for use in patients with cardiovascular disease (CVD) or kidney disease (KD) or both. Strong evidence for use in patients with cardiovascular disease (CVD) or kidney disease (KD) or both.

Disruption of SGLT2i and Incretin Mimetics: SGLT2i and Incretin Mimetics are contraindicated with diuretics (e.g., thiazide, loop, and osmotic diuretics).

Heart Failure includes: HF with preserved EF and HF with reduced EF (HFrEF).

Incretin Mimetics: GLP-1/GIP receptor agonists and SGLT2i are contraindicated with diuretics (e.g., thiazide, loop, and osmotic diuretics).

Diagnosis of HF: Data for use from secondary outcomes of SGLT2i trials.

When using GLP-1/GIP receptor agonists and SGLT2i: Monitor for hypoglycemia and dehydration. Monitor for acute kidney injury (AKI) and dehydration. Monitor for dehydration and electrolyte imbalance.

Dehydration: Low fluid intake (less than 1.5L per day) or vomiting/diarrhea may increase the risk of dehydration. Monitor for dehydration and electrolyte imbalance.

IF A1C is above target, consider the following:
• Additional agent based on glycemic weight lowering, and comorbidity needs
• Initiation of a DSMES
• Referral or re-referral to DSMES

Additional Glycemic Agents: Insulin (very high), sulfonylureas (high), and meglitinides (high) are effective lowering agents but may also cause hypoglycemia.

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New Learning Community Opportunities

- **Physician Level**

- Insulin tools for feedback
- Recordings and quizzes for all learning community events through May

- **Practice Level**

- Implementing an MCT2D tool form
- Practice survey on MCT2D prediabetes website

All available learning community activities are available at the Learning Community Activities Menu on Admin Portal and MCT2D Website.

All requirements are due on 7/1/2026.

Dashboard Operand Issue

- MCT2D qualifies patients for inclusion in the dashboard in three ways:
 - Documented Type 2 Diabetes diagnosis
 - On a type 2 diabetes medication
 - Has an A1C of >6.5
- When the dashboard logic was originally built, clinical A1c results were received as exact values, such as 7.2%.
 - Dashboard logic did not need to account for results that were reported with “<” or “>” symbols.
- We have started seeing some clinical A1c results reported as values like <7.0 or >8.0 from certain physician organizations.
 - Creates an issue as a result of <7.0 does not confirm that a patient’s A1c is 6.5 or higher.
- As current dashboard logic was built for exact A1c values, some patients may currently be qualifying for the dashboard based on A1c results that do not actually confirm they have diabetes or meet the A1c-based qualification criteria
 - This will result in lower scores on our performance measures
- **We are working with MDC and this will be fixed as part of the 6/30 enhancement.**

Data Dashboard Updates

- On April 14th, released our unified dashboard with updated Patient List and Patient Profiles
- Upcoming Enhancements in June:**
 - Data will be updated through 4/30/2026
 - Adding prediabetes patients to the MCT2D data extracts for analysis (patients will be added to dashboard in Q4)
 - Fixing the operand issue, where patients who have an A1C <7 will now be removed from the dashboard if they have no other qualifying criteria
 - Incorporating new weight unit of measure field

Patient Profile
PO Beta

LAST UPDATED 9/30/2023

Find patient (hit enter key to apply)

Smith, John

Sex: Male
Race/Ethnicity: White
Age: 45 years old
Date of Birth: January 1, 1978

| Insurance Coverage | Primary Care Physician | Specialist Care |
|--|---|--|
| Insurance Type: Commercial Pharmacy Coverage: Yes | PO: Comprehensive Medical Group Practice: Family Medicine, LLC Physician: Doe, Jane | Physician Organization: Comprehensive Medical Group Practice: Nephrology Medicine, LLC Provider: Doe, Jane |

Trends Filter by: All Time

| Metric | May 2023 | April 2023 | June 2023 | July 2023 | Aug 2023 | Sept 2023 | Oct 2023 |
|----------------|----------|------------------|-----------|-----------|----------|--------------|----------|
| A1C | 7.1 | 7.5 | 8.6 | 9.6 | 9.2 | | |
| BMI | 32 | 32 | 37 | 36 | 38 | | |
| eGFR | 85 | 93 | 110 | 119 | 117 | | |
| uACR | 73 | 80 | 77 | 86 | 89 | | |
| Blood Pressure | 122 | 143 | 139 | 149 | 175 | | |
| Meds | CGM | Incretin Mimetic | Metformin | SGLT2i | Statin | Sulfonylurea | ACEI/ARB |

Biometrics and Labs

| A1C | eGFR |
|---|-----------------------------------|
| Result: 9.2 Date: 1/31/2023 <i>Possibly Overdue</i> | Result: 57 Date: 1/31/2023 |
| uACR | Blood Pressure |
| Result: Normal Date: 1/31/2023 | Result: 118/82 Date: 1/31/2023 |
| CKD | T2D |
| Dx Date: 1/31/2022 | Dx Date: 1/31/2022 |

Screenings, Exams, and Visits

| Retinopathy Screen | Nephrologist Visit |
|------------------------|---|
| Screen Date: 1/31/2023 | Visit Date: 1/31/2022 Physician: Doe, Jane |

Possible Overdue Care Alerts:

- A1C >12 Months
- uACR >12 Months

Prescriptions

| Active | In-Active | | | | | | | | | | | | | | |
|---|--|--|--|---|---|---|---|--------|--------|--------------|----------|--|--|--|--|
| <table border="1"> <tr> <th>CGM</th> <th>Incretin Mimetic</th> <th>Metformin</th> </tr> <tr> <td>Last Fill Date: 1/31/2024 Status: active</td> <td>Last Fill Date: 1/31/2024 Status: active</td> <td>Last Fill Date: 1/31/2024 Status: active</td> </tr> </table> | CGM | Incretin Mimetic | Metformin | Last Fill Date: 1/31/2024 Status: active | Last Fill Date: 1/31/2024 Status: active | Last Fill Date: 1/31/2024 Status: active | <table border="1"> <tr> <th>SGLT2i</th> <th>Statin</th> <th>Sulfonylurea</th> <th>ACEI/ARB</th> </tr> <tr> <td>Last Fill Date: 1/31/2023 Status: In-active</td> <td>Last Fill Date: 1/31/2023 Status: In-active</td> <td>Last Fill Date: 1/31/2023 Status: In-active</td> <td>Last Fill Date: 1/31/2023 Status: In-active</td> </tr> </table> | SGLT2i | Statin | Sulfonylurea | ACEI/ARB | Last Fill Date: 1/31/2023 Status: In-active | Last Fill Date: 1/31/2023 Status: In-active | Last Fill Date: 1/31/2023 Status: In-active | Last Fill Date: 1/31/2023 Status: In-active |
| CGM | Incretin Mimetic | Metformin | | | | | | | | | | | | | |
| Last Fill Date: 1/31/2024 Status: active | Last Fill Date: 1/31/2024 Status: active | Last Fill Date: 1/31/2024 Status: active | | | | | | | | | | | | | |
| SGLT2i | Statin | Sulfonylurea | ACEI/ARB | | | | | | | | | | | | |
| Last Fill Date: 1/31/2023 Status: In-active | Last Fill Date: 1/31/2023 Status: In-active | Last Fill Date: 1/31/2023 Status: In-active | Last Fill Date: 1/31/2023 Status: In-active | | | | | | | | | | | | |

LEARNING COMMUNITY EVENT

June 19, 2026

Team Based Care Program Prioritization

Speakers

Alicia Majcher, RN, MHSA



Team Based Care Program Prioritization

We strongly encourage PO leads to attend this learning community event as it should be especially beneficial.

Alicia Majcher has led practice transformation, care management infrastructure development, and performance improvement initiatives with networks ranging from independent primary care practices to large, multi-specialty physician organizations and ACOs.

Event will focus on implementation of quality improvement programs and care management programs- please send your questions in advance and we will share them with Alicia!

Next Month's PO Call Dates

Monday, June 8th at 11am

Wednesday, June 10th at 2pm