

PO Monthly Call

12/12 at 11am
12/14 at 2pm



Agenda

- **Fall Regional Meeting Review**
- **Quality Improvement Log Results**
- **2023 Learning Community Events**
- **Updates**
 - Y3 Recruitment
 - Y2 Endocrinology and Nephrology VBR (begins 3/1)
 - Cohort 2 Trainings due 12/31
 - Progress Report survey distributed 12/1, due 2/1
 - Specialist Recruitment



Fall Regional Meetings

Took place from October 10- November 2nd
Over 200 attendees across the seven regions

Agenda items included:

- Endocrinologist led-discussions specific to each region
- Low carb diet operationalization
- Discussion on data and regional level prescribing

Average (Spring) = 4.57

Average (Fall) = 4.44

Average (Spring & Fall): 4.51

Regional Meetings



Fall Regional Meeting Review

What Attendees Liked

- Low Carb Diet educational session
- Covering a variety of topics
- Collaboration amongst physicians
- Well organized
- Good discussion
- Materials and handouts
- Informative and engaging
- Endocrinologist presentations

Fall Regional Meeting Review

What Attendees Would Improve

- Speaking more slowly
- Less packed agenda
- Different venues
- Different time
- Online attendance

Fall Regional Meeting Review

Suggestions for future meetings

- Identify regions and practices within the regions more clearly
- More CGM related topics
- Longer meetings
- More dietary education
- More patient focused information

Feedback

"I liked the informal atmosphere where all of the players were at the table, so to speak. It was a great sharing and learning experience. I liked the format. It truly worked well for me"– Sleeping Bear Dunes (Traverse City) region

"A lot of good discussion today. I was able to get new ideas for my own patients"– Grey Wolf (Kalamazoo) region

"Well organized, good presentations – enjoyed updates/guideline review and low carb diet review, great low carb diet guides – love all the resources" – Blue Gill (Grand Rapids) region

Endocrinologist Presentations Available

All the various endocrinologist led presentations are available on the MCT2D Webpage at [this link](#). Topics covered include:

- The Wheel of Patient Engagement
- Care Coordination Challenges and CGMs in T2D
- Use of CGMs in Type 2 Diabetes
- Updates in Diabetes Management: A Focus on A1C, Excess Weight and Diabetic Complications.
- Care Coordination and Updated T2D Guidelines from the ADA/EASD and AACE.

Missed Regional Meetings

For clinical champions who missed the regional meetings- we will be reaching out to you and to the clinical champions on 12/8/2022. We will allow them to watch a recording of the meeting and answer questions in order to earn credit. We will be verifying their viewing of the recording with these questions. They will not be able to earn CME for the meeting.

Regional meetings are held twice per year in the spring and fall. If a practice clinical champion does not either attend or send a delegate resulting in the practice having no representation at the meeting, then they are required to watch the recording and answer questions. There is however a three strike rule. The third time that a practice fails to send either the clinical champion or a delegate, they will be removed from the collaborative.

Spring 2023 Regional Meetings



Badger Region:

Weber's,
Ann Arbor
Thursday, 04/06



Blue Jay Region:

VisTaTech Center,
Livonia
Tuesday, 04/04



Riverwalk Region:

DoubleTree,
Bay City
Wednesday, 05/10



Sleeping Bear Dunes Region:

TBD,
Traverse City
Thursday, 05/11(tentative)



Black Bear Region:

Somerset Inn,
Troy
Tuesday, 04/11



Grey Wolf Region:

John E. Fetzer Center**,
Kalamazoo
Tuesday, 04/25



Bluegill Region:

DoubleTree Airport**,
Grand Rapids
Wednesday, 04/26

Possible Topics

Care Coordination on
medication prescribing

Spring Regional Meetings

Will be asking nephrology and endocrinology clinical champions to attend Spring regional meetings each year.

Focus will be on care coordination and how endocrinologists, nephrologists, and primary care physicians can collaborate to provide care for patients with type 2 diabetes.

Will also try to cover a topic related to CGMs since there were many requests for this in the reviews for future topics.

QI Logs

CGM Workflows

Table 3. Planning a new workflows for CGM

	% (Frequency)
Done	17.39% (4)
Currently Doing	73.91% (17)
Thinking About Doing	8.7% (2)
Total	23

Table 4. Implementing workflow changes for CGM

	% (Frequency)
Done	4.35% (1)
Currently Doing	69.57% (16)
Thinking About Doing	26.09% (6)
Total	23

Low Carb Diet Workflows

Table 5. Planning new workflows for low carb diet

	% (Frequency)
Done	4.35% (1)
Currently Doing	69.57% (16)
Thinking About Doing	26.09% (6)
Total	23

Table 6. Implementing workflow changes for low carb diet

	% (Frequency)
Done	8.7% (2)
Currently Doing	43.48% (10)
Thinking About Doing	43.48% (10)
Not Planning on Doing	4.35% (1)
Total	23

Medication Workflows

Table 7. Planning new workflows for medication prescribing

	% (Frequency)
Done	13.64% (3)
Currently Doing	72.73% (16)
Thinking About Doing	13.64% (3)
Not Planning on Doing	-
Total	22

Table 8. Implementing new workflows for medication prescribing

	% (Frequency)
Done	4.35% (1)
Currently Doing	65.22% (15)
Thinking About Doing	30.43% (7)
Not Planning on Doing	-
Total	23

Additional Support

Table 9. Adding additional support at the PO level to help practices (e.g. pharmacist, nutritionist, diabetes educator)

	% (Frequency)
Done	13.04% (3)
Currently Doing	52.17% (12)
Thinking About Doing	17.39% (4)
Not Planning on Doing	17.39% (4)
Total	23

Table 13. What are you doing as the PO doing clinically to support your practices in implementing the MCT2D initiative? (i.e., utilization of a central pharmacist/nutritionist, etc.)

	% (Frequency)
Pharmacist	38.1% (8)
CDE	23.81% (5)
In-office Staff	47.62% (10)
Out of Office Staff	4.76% (1)
Education	9.52% (2)
Care Manager	23.81% (5)
None	4.76% (1)
Total	21

This is further proven based on the answers of questions asked later on. Many practices are short staff; therefore, they are relying on staff like care managers to take on more roles. There is also a lack of dieticians and diabetes educators, which affects the PO's ability to successfully complete the low carb initiative in their practice.

Cross Practice Collaboration

Table 14. Do you currently facilitate any cross-practice collaboration on the MCT2D initiatives (e.g. monthly meetings with clinical champions from all practices, sharing advice/tips amongst practices, etc)?

	Exemplar Responses	% (Frequency)
Scheduled Meetings	"Yes, promoted at bimonthly PCP practice manager meetings and care management meetings"	61.9% (13)
Share tips/advice	"Sharing advice/tips amongst practices..."	28.57% (6)
Communicate (in-person or through email)	"Routine communication with practice clinical champions"	19.05% (4)
None	"Not at this time, but has been something we've discussed"	19.05% (4)
Total		21

Implementation Success

On a scale of 1-10, with 10 being the best, how has implementation of the following initiatives gone?

Medications

	% (Frequency)
1	16.67% (4)
2	4.17% (1)
3	-
4	12.5% (3)
5	12.5% (3)
6	-
7	25% (6)
8	37.5% (9)
9	-
10	12.5% (3)
Total	24

Low Carb Diet

	% (Frequency)
1	-
2	4.17% (1)
3	4.17% (1)
4	4.17% (1)
5	33.33% (8)
6	8.33% (2)
7	33.33% (8)
8	12.5% (3)
9	-
10	-
Total	24

CGM

	% (Frequency)
1	4.17% (1)
2	4.17% (1)
3	-
4	16.67% (4)
5	20.83% (5)
6	8.33% (2)
7	12.5% (3)
8	29.17% (7)
9	4.17% (1)
10	-
Total	24

Medications

Table 18. What workflows have your PO/practices identified as possibly needing to change related to prescribing SGLT2is/GLP1-RAs to successfully implement this initiative?

	Exemplar Responses	% (Frequency)
Increase knowledge on insurance coverage	"Dedicated staff to understand insurance coverage" "Reviewing MCT2D Resources regarding coverage for SGLT2/GLP1 at Point of Care on each patient who would benefit"	63.16% (12)
More staff involvement	"We have created a multidisciplinary team to work on a Diabetes Pathway to be implemented across all Primary Care Practices in the future"	15.79% (3)
Advocate for lower medication cost	"The practices have identified that the insurance companies need to reduce the medication cost in order for the patient to be able to afford it and continue to be adherent with the medications"	5.26% (1)
Resources/Tools	"The practices identified a need for workflow change to increase the use of the MCT2D medication coverage tool. By including the tool, prior to prescribing the medication, it allows them to be more efficient and ensure coverage"	15.79% (3)
Education (unknown what kind of education)	"Ongoing education"	5.26% (1)
None		10.53% (2)
Total		19

Do you foresee certain office staff playing a larger role with future workflow changes (e.g. more care manager involvement on medication education, etc)?

Yes, Care manager (70%, 14 POs)

Yes, Pharmacist (25%, 5 POs)

Yes, medical assistant (20%, 4 POs)

Yes, Nurse (15%, 3 POs)

9 POs had begun implementing workflow changes for medications. The workflow changes are as follows:

	Exemplar Responses	% (Frequency)
Reviewing resources/Increasing education	"Practices are reviewing the MCT2D coverage resources and when to consider SGLT2 and GLP1"	77.78% (7)
Planning work distribution in office	"1. Providers assist with prescribing 2. MAs assist with first injection and education"	11.11% (1)
Identifying patients that would benefit	"Identifying patients who would benefit to the medication changes suggested by MCT2D"	11.11% (1)
Prescribing medications	"Starting to prescribe the medications to patients. Using faster for patients with high A1C that have not been controlled via healthy lifestyle changed"	11.11% (1)

Low Carb Diet

Do you foresee certain office staff playing a larger role with future workflow changes (e.g. more care manager involvement on medication education, etc)?

Yes, Diabetes Education/Dietitian (25%, 5 POs)

Yes, Care manager (40%, 8 POs)

Yes, Nurse (20%, 4 POs)

Yes, Administration (15%, 3 POs)

Yes, Physician (15%, 3 POs)

7 POs had begun implementing workflow changes for low carb diet.

Table 38. What workflows have your PO/practices identified as possibly needing to change related to prescribing low carb diets to successfully implement this initiative?

	Exemplar Responses	% (Frequency)
Multidisciplinary Staff/Having Staff Take On More Roles	"Nurse Care Managers aren't able to 'prescribe' initial carb count, but they are becoming more comfortable supporting discussions on food choices"	38.10% (8)
Education/Training	"Additionally, providing necessary education to selected support staff member to educate patients on MCT2D low carb initiative"	38.10% (8)
Increasing Tools and Resources	"HHMG implemented new documentation to follow level of carbs that patients/providers have chosen (VLC, LC, Moderate, High). Will be able to better capture and follow patient experiences and intervene accordingly. Revised "Low Carb on Any Budget" handout"	23.81% (5)
Referral to Outside PO	"More often than not we are making referrals to dietitians with mixed success."	14.29% (3)
Smart phrases in EMR	"EMR smart phrases for chart documentation"	9.52% (2)
Total		21

	Exemplar Responses	% (Frequency)
MCT2D Tools	"Practices have discontinued the patient facing tools that they handed out prior to MCT2D and are now providing the patient facing tools that MCT2D created. Practices are still requesting additional lower carb diet tools"	37.5% (3)
New documentation/resource	"HHMG implemented new documentation to follow level of carbs that patients/providers have chosen (VLC, LC, Moderate, High). Will be able to better capture and follow patient experiences and intervene accordingly. Revised "Low Carb on Any Budget" handout."	25% (2)
Staff Check-in with Patients	"Started having support staff reach out to patients between office visits to check to see how the low carb diet plan has been going. Gave encouragement to continue"	12.5% (1)
Education	"Developed a reduced carbohydrate class for one of our practices"	37.5% (3)
Referral to DE	"Referring patients to the Diabetic Education center"	12.5% (1)

CGM

Table 28. What workflows have your PO/practices identified as possibly needing to change related to prescribing CGMs to successfully implement this initiative?

	Exemplar Responses	% (Frequency)
Increasing education	"Reviewing the three initiatives with patients at point of care and during care management to determine who would benefit from the initiative"	15% (3)
Setting time for staff to meet and/or work	"Identifying staff time to upload CGM data"	30% (6)
Increasing prescribing rate	"Prescribing it to more people"	25% (5)
Prior Authorization Workflow	"Prior authorization workflow"	20% (4)
Lack of Clarity	"It is still not clear what insurances cover through pharmacy and how through DME and not always clear on criteria for coverage"	5% (1)
None	"Have been prescribing CGMs for a while now, pre-MCT2D"	10% (2)
Total		20

11 POs had begun implementing workflow changes for CGM. The workflow changes are as follows:

	Exemplar Responses	% (Frequency)
Staff taking on more roles/collaboration across staff	"Practices are checking insurances & sending over prior auths if needed for coverage. Patients are meeting with care managers when they are seen for their diabetic appts to review diet & tips to continue to bring their A1C down & maintain their A1C."	45.45% (5)
MCT2D resources	"Reviewing MCT2D dashboard for CGM eligible members"	9.09% (1)
Increasing knowledge	"The workflow changes are related to the initial prescribing of the CGM for diabetic patients and having Care Managers become knowledgeable on the devices to provide education"	9.09% (1)
Other	"Implementation of new CGM order set" "The practices had shared that they did not have the ability built within the EMR or billing system to code for device placement/education with the patient while in office"	27.27% (3)

Do you foresee certain office staff playing a larger role with future workflow changes?

Yes, Care Manager (25%, 5 POs)

Yes, administration (25%, 5 POs)

Yes, Other (20%, 4 POs)

Yes, staff - unknown role (15%, 3 POs)

Learning Community Events 2023



2023 Learning Community Events

Based on feedback from participating sites shared at the regional meetings, we have developed our list of 2023 learning community events.

We will also be offering CME for these meetings, as requested by the collaborative. We are unsure if we will be able to offer CME for the recorded versions or only the live versions, as we are switching CME vendors and looking into this.

Tentative Learning Community Event Schedule

Event Date	Event Title	Presenter
Monday, February 13th , 2023 12pm-1pm	Management of CKD: A New Era of Therapeutics	Mike Heung, MD
Friday, March 3rd , 2023 12pm-1pm	Billing Codes- Care Management, Medical Nutrition Therapy, and billing for non-face-to-face care	Ashley Schwartz, LMSW Lauren Oshman, MD
Friday, March 24th , 2023 12pm-1pm	Updates on Medications and CGM Devices	Heidi Diez, PharmD
Monday, May 22nd , 2023 12pm-1pm	Cardiology and Type 2 Diabetes	Devraj Sukul, MD
Friday, June 9th , 2023 12pm-1pm	Implementing MCT2D Initiatives	Panel Discussion
Monday, July 24th , 2023 12pm-1pm	Metabolic Surgery for Prevention and Treatment of Type 2 Diabetes	Oliver Varban, MD
Friday, August 18th , 2023 12pm-1pm	Multidisciplinary Teams and Utilizing Diabetes Specialists	Panel Discussion
Monday, September 25th , 2023 12pm-1pm	Patient Motivation	Jonathan Gabison, MD
Friday, November 17th , 2023 12pm-1pm	Weight Loss Medications	Dina Griauzde, MD
Monday, December 11th , 2023 12pm-1pm	Navigating CGMs	Jake Reiss, MHSA Kara Mizokami Stout, MD

Updates

Nephrology Y2 VBR

Table 1. Nephrologist VBR measures – Year 2 of Participation, Joined in 2021 (105% VBR): Reward Period 3/1/2023-2/28/2024 (potentially subject to change for the 3/1/2024 – 2/28/2025 reward period)

Requirement	Responsibility	Due Date	Target Performance
Attend in-person Spring regional meeting. Attendees: PCP practices, nephrology practices, endocrinology practices.	Clinical Champion	April/May 2023	N/A
Attend nephrology clinical champion meeting. Attendees: Nephrology clinical champions only	Clinical Champion	Summer/Fall 2023	N/A
Complete progress report survey (Due 6/1/2023)	Practice	6/1/2023	N/A
Attend educational session on emerging uses of SGLT2is/GLP1 RAs (1hr). One attendee from the practice must attend live, the rest may view a recorded version.	Each physician	1/15/2024	N/A
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	Ongoing	N/A
Present on your site's implementation of the quality improvement initiatives at a collaborative meeting, regional meeting, or conference call, if requested	Practice	Ongoing	N/A

Endocrinology Y2 VBR

Table 3. Endocrinologist VBR measures (105% VBR) – Year 2 of Participation, Joined in 2021: Reward Period 3/1/2023-2/28/2024 (potentially subject to change for the 3/1/2024 – 2/28/2025 reward period)

Requirement	Responsibility	Due Date	Target Performance
Attend in-person Spring regional meeting. Attendees: PCP practices, nephrology practices, endocrinology practices.	Clinical Champion	April/May 2023	N/A
Attend endocrinology clinical champion meeting. Attendees: Endocrinology clinical champions only	Clinical Champion	Summer/Fall 2023	N/A
Complete progress report survey (Due 6/1/2023)	Practice	6/1/2023	N/A
Attend educational session on medications (SGLT2is/GLP1 RAs) and continuous glucose monitors (1hr). One attendee from the practice must attend live, the rest may view a recorded version.	Each physician	1/15/2024	N/A
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	Ongoing	N/A
Present on your site's implementation of the quality improvement initiatives at a collaborative meeting, regional meeting, or conference call, if requested	Practice	Ongoing	N/A

Year 3 Recruitment for MCT2D

Recruitment will take place earlier in the year for Y3 as opposed to the timeline we had in previous years (May- mid July), based on feedback from the POs.

In 2023, recruitment will begin earlier (likely February or March) and end at the beginning of June for PCP practices who will start the program in September 2023.

Reminders: Cohort 2

Cohort 2 sites need to complete all four training modules by 12/31/2022.

Reminders will be sent on 12/15 to all PO admin leads and primary contacts for any clinical champions who have not completed the training.

Reminders will be sent to the clinical champions on 12/22 and 12/29.

NOTE: There may be up to a two week lag in completing the trainings and having it reflected in our data. We receive updates from Beaumont only once every 2 weeks. This will be noted in future reminders.

Specialist Recruitment Reminder

- Specialist recruitment is currently open until this **Friday, December 16th**
- Recruitment will occur the same way as for primary care practices
 - o On the administrative portal, under practice recruitment, your PO's endocrinology and nephrology practices that are not currently participating in MCT2D will be listed.
 - o Click "Mark as Participating" to enroll practices in MCT2D
- VBR requirements will be the same as the Y1 requirements for specialists, minus minor changes to the training content, but not the total number of trainings (one 1hr training for both nephrologists and endocrinologists)

January PO Workgroup Meetings

Monday, January 9th at 11am

Led by Jackie

OR

Wednesday, January 11th, at 2pm

Led by Jake

