

# February PO Monthly Call

February 12th (11am) February 14th (2pm)



## AGENDA

VIRTUAL FALL REGIONAL MEETINGS

PATIENT EMPOWERMENT TOOLKIT

**DASHBOARD 2.0 UPDATES** 

**PRACTICE RECRUITMENT** 

YEAR 3 SPECIALIST VBR

REMINDERS: LEARNING COMMUNITY, STATIN USE

FYI: FUTURE PO REPORTS IN PORTAL



VIRTUAL FALL REGIONAL **MEETINGS** 

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## VIRTUAL FALL REGIONAL MEETINGS

Based on your input and the input of your practices, we submitted a proposal to BCBSM to host fall regional meetings virtually. It was approved for 2024.

NOTE: This was approved as a one year plan. In order to receive approval for virtual meetings in the future, engagement must be demonstrated by attendees.



### **Rationale for Virtual Meetings**

- **2024 PCP Practice Recruitment:** Adding additional practices potentially necessitates adding an additional region.
- **Practice Requests for Virtual:** Burden of travel and attending these meetings following the work day.
- **Growing Participation in Population Health CQIs:** Multiple requirements across multiple program increase attendance requirements for practices.
- Larger Range of Keynote Speakers: With virtual attendance and fewer meetings, able to accommodate national speakers to attend.
- Additional Attendees from Practices: In the past we have had to turn away attendees from the meetings due to space restrictions that will not exist in a virtual environment.

## **Operationalizing Virtual Fall Regional Meetings**

- We would plan to hold four sessions in the evenings, polling the practice clinical champions on a convenient time (e.g. 5:30pm 7:30pm, 6pm 8pm)
- Would combine a few of the smaller regions (Blue Gill, Sleeping Bear Dunes, Grey Wolf) and keep the larger regions as single meetings.
  - Intention is to continue to build relationships amongst the regions
  - Would be able to substitute region attended if needed
- PCP attendance only. Will have separate endocrinology and nephrology clinical champion meetings.
- Full engagement in these meetings is **both expected and required** in order to earn VBR for attendance and to continue the possibility of these meetings being virtual in the future

## **Engagement on Virtual Meetings**

Cameras on for the duration of the meetings will be required.

There will be expected interaction during the meeting, e.g. Zoom polls, breakout rooms, questions/comments submitted via chat.

There will be a post-meeting survey that all clinical champions will be required to submit in order to receive credit for attendance at the meeting.

If these standards are not met and the attendees do not demonstrate a high level of engagement, it is very likely that BCBSM will not approve virtual meetings in the future. Engagement requirements will be detailed in the registration and at the start of the virtual meetings.

# **Next Steps**

- MCT2D to determine dates and times for the fall regional meetings.
- MCT2D will send out an email announcing the virtual meetings, the requirements for attendance, and the dates, including calendar holds.
- Registration process will reiterate requirements.
- Based on the success of the fall virtual meetings, BCBSM will determine if we are able to have future fall meetings virtually.
  - NOTE: Spring meetings will always be held in person .

## Spring 2024 Regional Meeting Registration

• FYI Spring Regional Meeting Registration is opening this week. You and your practice clinical champions will receive a email to register shortly! PCPs, endocrinologists, and nephrologists will be expected to attend, including endocrinology and nephrology practices that joined in 2024.

Reminder: We are asking POs as part of the PO scorecard to ensure practice registration 3 weeks before their meeting date. Please view the registration status on the administrative portal and follow up with clinical champions who have not yet registered.

# **BCBSM Patient Empowerment** Toolkit

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## **BCBSM Patient Empowerment Toolkit**

Announced at Fall 2023 regional meetings Benefit began November 17, 2023 Reminder included in January MCT2D Newsletter

- Prescriptions of the toolkit have been lower than anticipated by BCBSM
  - What have you heard from your practices?
  - What are the challenges that are preventing more prescribing of the toolkit?



Expanding use of Continuous Glucose Monitoring (CGM)

## Integrating the Toolkit Data into Epic EMRs

Have distributed a survey to EPIC using practice clinical champions about the toolkit data (weights, blood pressure readings, PDF reports from LibreView).

Want to understand its useful for the data to be sent to EMRs and how it could be displayed in a useful way.

Also reached out to POs regarding any anticipated barriers of getting this set up from a technical perspective.

Starting with Epic EMRs and hoping to expand to include additional EMRs in the future.

Expanding use of Continuous Glucose Monitoring (CGM)

# Dashboard 2.0

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### **30-min User Feedback Sessions**

Includes a mix of participants who have and have not used the dashboard previously

During each interview participants:

- 1) Were shown the dashboard and given an overview of the features depending on their level of familiarity
- 2) Asked how they do/could use the dashboard in their work
- 3) Asked questions about they liked and what was missing
- 4) (Optional) Asked to walk through how they would identify patients who were a good fit for CGM/Meds

## **Summary Measure** The team identified this page as a good starting point for the design/build of dashboard 2.0

Filters	Sur	nmar	ry Measure	s:							
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# **User Analytics Dashboard**

PO representatives represent the majority of users accessing the summary measures page





#### MAISER PERMANENTE. Patient Finder Data As Of: Care Manager: 4/10/18 288 lect A1C Latest Scor elect Age Rang 7.5 10/19/17 8.0 0 6.0 10/26/17 8.9 04/19/17 KAISER PERMANENTE-Care Manager A1C Control Rates, Rolling 12 Months 9/1/19 etailed View: All are Manager Team Comparison Value: A1C < 7 (Goal: 46%) Measurement: Control Ra 2018 2019 22 6% 14.2% 22.2% 22.2% 14.1% 22.4% 14.5% 20.2% 22.8% TANK STANK SSAN SSAN \$2.2% \$2.0% 48.9% \$2.6% \$2.6% \$2.6% \$2.0% \$2.0% \$2.0% \$2.9% \$2.0% \$2.0% \$2.0% \$2.0% \$2.0% \$7.0% \$7.0% \$7.0% \$1.0% \$7.0% \$7.0% \$1.0% \$7.0% \$1.0\% \$1.0\% re Manaper Team Compariso 0 20 45 70 45 20 42 70 42 70 42 00 42 00 42 20 42 00 42 70 44 00 42 53.7% 53.2% 52.4% 51.6% 49.2% 48.4% 47.2% 48.1% 49.2% 49.2% 50.8% 50.2 10 00 40 00 40 10 40 10 40 10 40 10 40 10 40 10 40 10 40 10 40 10 40 10

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41.5% 52.2% 51.6% 12

Compare care manager AlC control 19 6/1/19 ratios for a rolling 12 month period. The ratio is calculated by the count of patients with AlC less than the control value divided by the total diabetic panel size. You can see the grand total for all care managers at the bottom. Select a care manager here to update the detailed view on the right.

### Kaiser Permanente

### ACCESSIBILITY

#### Level A

This level represents the minimum level of conformance. Level A criteria affect the broadest group of users with the most benefits and are essential. But, with the base level of support, some barriers will still exist that impact certain groups of users.

#### Level AA

This level is the most common target conformance level, often adopted in regulations or negotiated in legal settlements. The criteria at this level establish a higher level of accessibility that works for more users, including those who use assistive technology.

#### Level AAA

This is the highest conformance level achievable, meaning it covers the success criteria of all three levels. However, Level AAA is not applicable or realistic in all situations, as all criteria may not apply to every digital experience. Most organizations will target Level AA conformance, but some may choose to additionally adopt specific criteria at the AAA level.

		Success criteria				
	Level	WCAG 2.0	WCAG 2.1	WCAG 2.2	Total (all versions)	
A	Minimum accessibility	25	5	2	32	
AA	More accessible	13	7	4	24	
AAA	Even more accessible (not applicable to all experiences)	23	5	3	31	
	Total	61	17	9	86*	

\*Includes the removal of one WCAG 2.0 success criterion, which is now obsolete.











#### **CGM Overview**

Percentage of Eligible Patients Prescribed a CGM (Last 12 months) PO Delta Practices compared to Collaborative



#### Percentage of Eligible Patients Prescribed an SGLT2i or GLP-1 RA (Rx fills in last

#### 12 months)

PO Delta Practices compared to Collaborative



#### A1C Overview

Patient A1c Values (Last 12 months)



Numerator: Most recent A1C value during the 12 month reporting period Denominator: Patients with an A1C value during the 12 month reporting period

#### **Blood Pressure Overview**

#### Patient with BP (Last 12 months) PO Delta



Numerator: Most recent BP value during the 12 month reporting period Denominator: Patients with an BP value during the 12 month reporting period

#### **Retinal Exam Overview**

Patients who have a retinal exam (Last 12 months) PO Delta



Numerator: Most recent BP value during the 12 month reporting period Denominator: Patients with an BP value during the 12 month reporting period

### Summary Measures Landing Page

#### Download



Percentage of Eligible Patients Prescribed a CGM (Last 12 months) PO Delta Practices compared to Collaborative



#### Percentage of Eligible Patients Prescribed an SGLT2i or GLP-1 RA (Rx fills in last 12 months)

PO Delta Practices compared to Collaborative



#### A1C Overview

Patient A1c Values (Last 12 months)



Numerator: Most recent A1C value during the 12 month reporting period Denominator: Patients with an A1C value during the 12 month reporting period

#### Blood Pressure Overview

#### Patient with BP (Last 12 months)



Numerator: Most recent BP value during the 12 month reporting period Denominator: Patients with an BP value during the 12 month reporting period

#### Retinal Exam Overview

Patients who have a retinal exam (Last 12 months) PO Delta



Numerator: Most recent BP value during the 12 month reporting period Denominator: Patients with an BP value during the 12 month reporting period

### Summary Measures Landing Page

#### Download



### Summary Measures Landing Page

Download

View metrics data for the Michigan Collaborative for Type 2 Diabetes	Reports Reports	MCT2D
LAST UPDATED 9/30/2023	Based on Claims and Clinical data from BCBSM, BCBSM MA, BCN Claims data (1/1/2018 - 9/30/2023 ); Clinical data (1/1/2020	I, and BCN-A ) - 9/30/2023)

Choose a pre-built report to view. Reports update automatically and are designed to be downloaded and saved as a PDF.

#### Measure Reports



#### **Comparison Reports**





Practice Rankings Description of pre-built report



PO Rankings Description of pre-built report

### **Pre-Populated Reports Page**



### **Pre-Populated Reports Page**



### **Pre-Populated Reports Page**

# **Questions?**

# PCP Recruitment

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## **Primary Care Practice Recruitment**

- PCP Practice Recruitment will open this week, Wednesday, February 14th
- MCT2D has space to bring on an additional 75 practices
- You will nominate practices in the admin portal to participate
- Your eligible practices will be shown when you sign into the admin portal and click on *PCP Practice Recruitment* on the left hand side bar.
- You will have until April 19th to nominate practices to join MCT2D
- Following April 19th, we will report out the total number of applicants and begin evaluating based on the criteria we described in the January 2024 PO call.

## **PRACTICE ELIGIBILITY REQUIREMENTS**

In order to participate in MCT2D, practices must meet the following eligibility criteria:



Total Blue Cross patients= PPO + PPO-MA + BCN + BCNA

## **MCT2D PO Recruitment**

- MCT2D PO recruitment remains open until February 22nd, 2024
- In the March PO calls, we will report out additional POs that are joining the program.

## **Supporting Recruitment**

MCT2D is hosting a recruitment webinar aimed at primary care practices considering joining the collaborative. <u>Here is the registration link for the meeting</u>. Please distribute to your sites who may be interested.

MCT2D has also created an "<u>Intro to MCT2D</u>" recruitment packet that includes information such as: Benefits to Clinicians, Benefits to Patients, Clinical Champion Responsibilities, etc. The packet is posted on our website under "About" and then "Join"

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## Final PDF of VBR Available

One item that has been requested from the PO 1:1 Calls has been an exportable "Final" VBR score. We have implemented that for the 3/1/2023 - 2/28/2024 Specialist VBR and will plan to implement this going forward for all VBR cycles.

If you have specialists participating, on the homepage of your MCT2D Admin Portal, you will see a button that says "Download Final Specialist VBR Report"- this will generate a PDF with each individual physician and their status.

NOTE: Unless you have specifically heard from MCT2D that a physician will not receive VBR for the next cycle, they will receive it, even if a requirement has been marked as unmet.

## Continuing Sites Specialist VBR: Identifying a PCP Partner

# One of the requirements for continuing specialist sites (cohort 1 and 2), is to identify a primary care practice to partner with. There is now a place in the Admin Portal where this can be submitted. Click "SCP/PCP Partnership" on the left sidebar.

Pending PCP Partnership Assignments

Continuing Endocrinology and Nephrology practices must choose an MCT2D participating PCP practice within the PO to partner with. For each Specialist practice below, choose the PCP practice they've decided to partner with, and submit the form. When this is done, the practice's task labeled "Choose a Primary Care Site to partner with" will be marked complete.

Specialist Practice	PCP Partner
Specialist Practice: UMHS Nephrology	PCP Practice:
Specialist Practice: UMHS MEND	PCP Practice:

### Year 3 Specialist VBR

Year 3 Specialist VBR is now available in the Admin Portal.

Physicians will begin (or continue) earning 5% VBR on 3/1/2024.

Some of the due dates for new sites are prior to this date, as MCT2D operates on a calendar year approach for joining the collaborative.

## **Learning Community Events**

### Monday, February 12, 12pm-1pm

### Thursday, March 16, 12pm-1pm



### **Referral to Specialists**

Mike Heung, MD Jenni Iyengar, MD What's New in ADA 2024 Guidelines Jonathan Gabison, MD

## Statin Use in MCT2D Dashboards

As a reminder, statin use for patients with type 2 diabetes is a HEDIS measure. You can use the dashboard to support your practices in identifying patients who may not be on a statin but may benefit from one.

### **Steps to View Statin Status**

- Once logged into <u>the dashboard</u>, navigate to the **Renal Details Tab** (see label 'A' in the screenshot below).
- In the Filters pane, click on "More" to find the Pharmacy Coverage Filter (label 'A') Select only "Yes" in the drop-down menu. Note: MCT2D only has medication information on patients who have pharmacy coverage through BCBSM.
- 3. Under the **Statins Status filter** (label 'C'), select either "Active" or "Inactive or No RX" to identify patients that are either on or not on a statin medication. *Note: You can simultaneously use the other filters to further narrow the list of patients to ones that may benefit most from starting a statin.*

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### **PO Reports**

All future PO reports will be available in the Administrative Portal and will no longer be distributed via email.

 $\rightarrow$  Beginning with the April 2024 reports

Historical reports will be available in the portal for your reference as well.

We are also working on building out a PO Resources Section that will include documents like the recruitment packet and Clinical Champions document.

If you have not yet completed the BCBSM Coordinating Center Survey, we would really appreciate you doing so!

BCBSM Coordinating Center Survey

The survey closes tomorrow 2/13/2024. Please see your email for the link to the survey.