



PO Monthly Call

June 2026

Monday, June 8th at 11am
Wednesday, June 10th at 2pm

Agenda

1. Print Shop Order Update
2. Upcoming Committee Meetings
 - a. Research, EMR, Advocacy Committee, Steering Committee
3. Upcoming VBR Deadline and Remaining Ways to Meet Learning Community VBR
4. Performance Measure Timelines Reminder
5. Operand Data Issue Reminder
6. Upcoming Learning Community Events



MCT2D Print Shop

- The first batch of print shop orders was sent to Kolossos Printing on Thursday June 3rd.
- Orders will be batched roughly once per month.
- As a reminder - each practice is given a budget of 200 pages of color printing to select resources from the MCT2D Admin Portal (login required).

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](#)

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

Upcoming MCT2D Committee Meetings- Research Committee

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

Topics: Reviewing the CQIO/BCBSM publications protocol and approval requirements doc and the website triage form that we have created.

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

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- EMR Workgroup

Next Meeting: Tuesday, August 4th, 9am-10am

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.

REMINDER: The VBR Year Ends On July 1st!

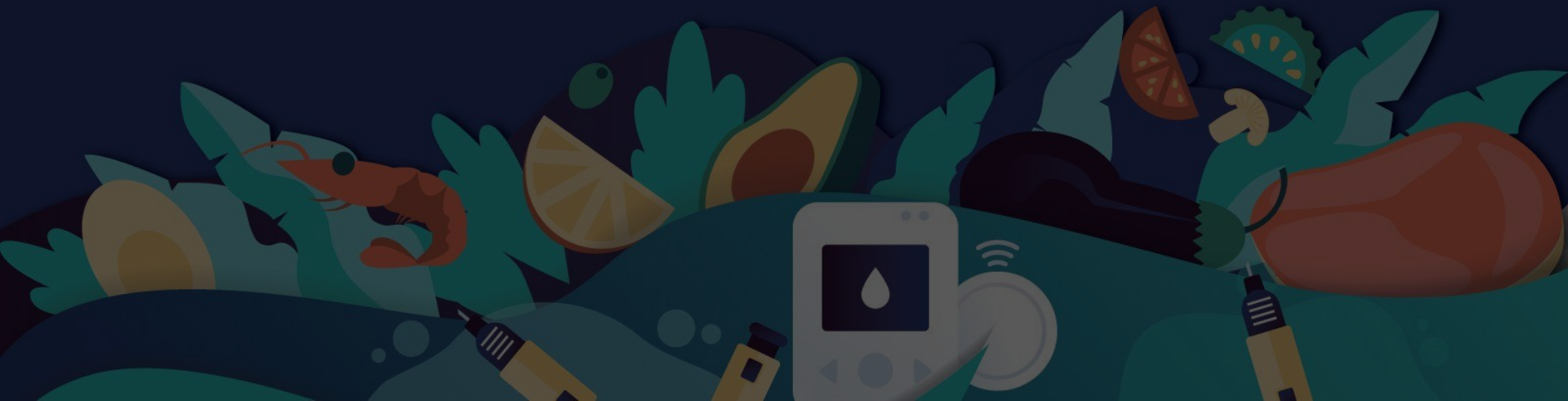
All PO, Practice, and Physician level requirements are due by July 1st!

Reminders:

- Practice performance on the 2025-2026 A1c year 2 performance measure is included on this year's scorecard.
- Practice performance on the uACR measures and the Endocrinology CGM interpretation performance measure is included on NEXT year's scorecards.
- Only MCT2D sponsored activities can count for learning community credit.

Remaining Learning Community Opportunities

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



Practice Level Learning Community Option: Practice survey on the MCT2D Prediabetes Website

- In April 2026, MCT2D launched a new website and print resources to support diabetes prevention and prediabetes: prevent.mct2d.org.
- If you have not yet used these resources, please take a few minutes to explore both the Diabetes Prevention website and the prediabetes print resources.
- Once you have reviewed the new website and resources, you may complete a brief survey about these new resources, and the upcoming launch of the prediabetes patient data dashboard.
- Purpose is to help us assess practice utilization of the newly launched website and print materials and to collect clinical requirements and priorities to inform the design and deployment of the upcoming late-2026 Prediabetes Patient Data Dashboard.



Practice Level Learning Community Option: MCT2D Admin Portal Focus Group

- We are currently in the process of redesigning our MCT2D Admin Portal to be easier to use and to better meet your needs as users.
- We are planning on hosting a focus group on **Thursday, June 18th from 12pm-1pm** that we are inviting anyone with an MCT2D portal account to join.
- In this interactive session, attendees will get a sneak peek at the new and improved Admin Portal home page and be asked to share live feedback and reactions to help us build a portal that works better for POs and practice-level MCT2D portal users like you.



Practice & Physician Level Learning Community

Option: Motivational Interviewing 1:1 Coaching

If you are interested in developing your motivational interviewing skills, please consider setting up a meeting with Amy Schneider, MS, RD, CDCES. She is offering self-scheduled online coaching sessions using the platform Sign Up Genius. **This provides practice level learning community credit, and if the attendee is a physician, physician level learning community credit as well.**

The session includes:

- A brief discussion of your professional background and current use of MI
- Immediate, personalized feedback to help strengthen your MI skills

Patient Engagement Coaching Session (30 minutes):

- 6/16/2026: 8:00am-8:30, 8:30-9:00
- 6/18/2026: 2:30pm-3pm, 4pm-4:30pm, 4:30-5pm
- 6/30/2026: 8:30am-10:00am, 11:00am-12pm.

Patient Motivational Interviewing
A collaborative, patient-centered approach to strengthen motivation for change.

OARS SKILLS

- Open-ended questions**
Invite patients to share and explore.
- Affirmations**
Recognize strengths and efforts.
- Reflective listening**
Show understanding by reflecting back.
- Summaries**
Pull key points together and check understanding.

Express empathy
Connect with the patient's feelings and perspective.

Explore ambivalence
Understand both sides of uncertainty.

Elicit change talk
Encourage the patient's own reasons for change.

Support autonomy
Respect choices and empower decision-making.

Set a patient-centered goal
Collaborate on realistic, meaningful next steps that reflect what matters most to the patient.

Partnership • Respect • Compassion • Empowerment

Physician Level Learning Community Option: MCT2D Insulin Tool Review

Submit a feedback form for one of the following new tools focused on insulin use in type 2 diabetes.

- Managing Low Blood Sugar with Glucagon
- Getting Started with Long-Acting Insulin for Patients with Type 2 Diabetes
- Getting Started with Fast-Acting Insulin for Patients with Type 2 Diabetes
- Getting Started with Insulin for Patients with Type 2 Diabetes

Purpose is to help us evaluate the clinical utility, safety, and workflow integration of these new resources to ensure they effectively address patient barriers and support your practice.

A. Managing Low Blood Sugar with Glucagon

What is Glucagon?
Glucagon is a hormone used in emergencies to treat severe low blood sugar (hypoglycemia) when you cannot take fast-acting sugar by mouth. It raises blood glucose by converting the liver to release stored sugar into the bloodstream. This increase is temporary, so you should eat a snack after use.

Who Should Have Glucagon Available?
It is recommended that anyone taking insulin or at risk for severe low blood sugar have glucagon available, and that people around them should know how to use it.

When Should it be Used?
Glucagon can be used in the following situations:
 - A person with diabetes is unconscious or unresponsive due to low blood sugar.
 - A person is unable to eat, drink, or swallow due to severe low blood sugar.
 - A person is having seizures due to extremely low blood sugar.

Types of Glucagon

- Glucagon Nasal Spray (Baqsimon)**
A needle-free option that delivers glucagon through the nose.
 ✓ Easy to use for people uncomfortable with injections.
 ✓ Ready to use - no mixing required.
- Glucagon Auto-Injector (Dinavia HypoPen)**
A pen-like autoinjector, similar to an epinephrine autoinjector.
 ✓ Simple and fast to use in an emergency.
 ✓ Ready to use - no mixing required.
- Traditional Injectable Kit (Glucagon Emergency Kit)**
Known as the "kit" or "orange kit".
 ✓ Requires mixing before injection.
 ✓ Includes a vial of powdered glucagon and a syringe with sterile water.

The short-acting glucagon is approximately 18 months. Check the expiration date at least every 6 months, and replace your glucagon if it expires.

For more information, visit www.mct2d.org or call 1-800-458-5232.

B. Getting Started with Long-Acting Insulin for Patients with Type 2 Diabetes

You have been prescribed long-acting or basal insulin to help manage your blood sugar. This insulin is dosed based on your fasting (morning) blood sugar readings, regardless of what time of day you take your insulin.

Here's some information to help you get your dose safely. Know what dose do you forget a dose, store your insulin, and other helpful tips.

Your Starting Insulin Dose
Take long-acting insulin once a day:
 - This may be glargine (other names: Lantus, Toujeo, Basaglar, or Semgleo) or degludec (brand name: Tresiba).

Your Starting Dose: _____ Units

Take it once daily at the same time each day (in, even evening).

How to Adjust Your Dose
Check your fasting blood sugar each morning for three days in a row. Fasting blood sugar is the number you get first thing in the morning, before eating or drinking anything.
 Blood sugar can vary from day to day, so focus on the overall pattern rather than a single number. After three days, use the instructions below to adjust your insulin based on where your blood sugar are mostly running.
 If your readings vary widely from day to day, do not make changes yet. Instead, wait until you have three consecutive mornings with similar numbers, then follow the adjustment instructions.

Example Dose Adjustment

Fasting Morning Blood Sugar (2 days in a row)	Insulin Adjustment
> 180 mg/dL	Increase by 4 units
151 - 180 mg/dL	Increase by 2 units
90 - 150 mg/dL	Stay on the same dose
< 90 mg/dL	Decrease by 2 units
1 Below 70 mg/dL with symptoms	Treat the low & contact care team

Follow these recommendations from your care team, and contact them if you are having issues with your current dosing.

C. Getting Started with Fast-Acting Insulin for Patients with Type 2 Diabetes

Your care team may be adding fast-acting insulin (also called mealtime, prandial or rapid-acting insulin) to help control your blood sugar after meals. This is a normal part of daily life after your long-acting insulin controls your morning (or fasting) blood sugar well, but your blood sugar still runs too high after eating.

Getting Started on Fast-Acting Insulin
 1) One meal approach (Starting with one meal)
 You start by taking a small amount before your largest meal. Typically, that meal that contains your most carbs at the time you eat. Your care team will tell you exactly how much to take.

Adding a Second Meal and then a Third Meal (if needed)
 If your blood sugar improves with insulin at one meal but remains high at other times of the day, your care team may recommend adding a second meal and then a third meal as needed.

In general, about half of your total daily dose of insulin is given as long-acting insulin, and the other half is divided between your three meals as fast-acting (prandial) insulin.

How to Adjust Your Dose
 Always check your blood sugar in the morning, before your meals, and at bedtime.
 Your care team will help you gradually adjust your insulin doses based on your blood sugar or continuous glucose monitor (CGM) readings.

D. Getting Started with Insulin for Patients with Type 2 Diabetes

Your care team is recommending insulin to help manage your blood sugar. Beginning insulin should be a shared decision. Make sure you understand your options, ask questions, and understand that this is a plan you and your care team develop together.

Two Main Types of Insulin

- Long-Acting Insulin (Basal)**
Helps keep your blood sugar stable between meals and overnight. It covers your "background" or "prandial" insulin.
 Typically taken before meals and is adjusted based on your morning (fasting) blood sugar levels.
- Fast-Acting Insulin (Bulb)**
Covers meals and corrections for blood sugar. Also called "bolus," "meal insulin," "prandial," or "rapid-acting" insulin.
 Typically taken before meals and is adjusted based on the food you eat and your blood sugar levels.

Injection Timing

- When: Same time daily (within 2 hours).
- How long: Take once within 15 minutes before eating.
- If you forget: Take up to 30-60 min after meal.
- If you forget: Take up to 30-60 min after meal.

Learn How to Get Started with Long-Acting Insulin
 Fast-acting insulin is usually started after long-acting insulin. Your doctor will base this on your fasting blood sugar and is not related to your food intake.

Learn How to Get Started with Fast-Acting Insulin
 Fast-acting insulin is usually started after long-acting insulin. Your doctor will recommend either:

- Starting with One Meal**
This method adds fast-acting insulin. Your first meal is your largest meal.
- All Meals at Once**
This method starts fast-acting insulin for all meals.

Where to Inject Your Insulin
 Many patients prefer to inject insulin in the abdomen. Talk to your care team about injecting into the fat in your arms, thighs or buttocks.

- Stay about two inches away from your belly button
- Rotate your injection sites each time - imagine there are clocks on either side of your belly button and choose a different "hour" for each dose
- Inject into fatty tissue, not muscle - you should be able to gently "pinch an inch"
- Regularly check your skin for scar tissue by feeling for firm or lumpy areas and avoid injecting there.



[LINK TO FORM](#)

MCT2D.org

Physician Level Learning Community Option: SatisfAI Survey

- MCT2D's Low Carb Recipe Generator!
- Designed specifically for people with prediabetes and type 2 diabetes.
- You can try out SatisfAI at jumpstart.mct2d.org/ai-chef.
- Your feedback will help us improve the tool and better support patients with type 2 diabetes.



SatisfAI
Low Carb Recipe Generator

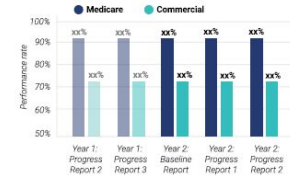
Physician Level Learning Community Option: Performance Measure Progress Report Survey

- Progress reports for all four MCT2D performance measures are available on the MCT2D Admin Portal.
- Physicians may complete a brief survey to provide feedback on the MCT2D Performance Measure Progress Reports.
- Your feedback is very important to us and will help us continue to make these reports as useful as possible for you.

[Practice Name] Overview

Measure Information	Medicare	Commercial
Percentage of patients with controlled A1C	XX% (xx patients)	XX% (xx patients)
Percentage of patients with an A1C recorded after 6/01/2025	XX% (xx patients)	XX% (xx patients)
Eligible patients attributed to your practice as of xx/xx/xxxx	XXX	XXX

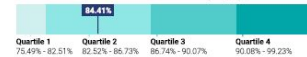
Performance Rates Overtime



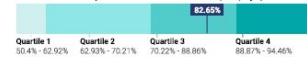
Practice Performance Comparison

Which performance quartile does your practice fall in compared to other practices at your PO?

Medicare: % of patients with controlled A1C (≥9%) by quartile



Commercial: % of patients with controlled A1C (<8%) by quartile



Measure: PCP HbA1c

Are you meeting the goal rate?

Medicare (A1C ≥9%)

TBD
(goal rate not yet available)

Commercial (A1C <8%)

TBD
(goal rate not yet available)



MCT2D Patient Data Dashboard



Physician Level Learning Community Option: CGM User Experience Program

The goal of the CGM user experience program is to build clinicians' familiarity with CGMs and deepen their understanding of the patient experience through an off-label provider trial.

Steps to participate:

- a. Completed the interest form
- b. Watch the CGM training video
- c. Complete the attestation form
- d. CGM is then shipped to you
- e. Complete CGM two week wear period
- f. Complete the testimonial

Please note that the testimonial is required to receive physician-level VBR for participation in the CGM user experience program.

We need to have received both the interest form and the attestation form by 06/10 to allow enough time for the CGM to be shipped to you and for you to complete the wear period prior to the July 1st VBR deadline.



Physician Level Learning Community Option: Recorded Learning Community Events and Quiz

- Past recordings of learning community events are available to watch, followed by a brief quiz.
- Watching the recording and completing the quiz fulfills your physician level learning community requirement.

Learning Community Quizzes					
Target Audience	Learning Community Event	Date	Presenter(s)	Video Link	Quiz Link
PCP	MCT2D Learning Community Event: Gestational Diabetes	May 1, 2026	Jennifer Wyckoff, MD	LINK	LINK
Nephrology Endocrinology PCP	MCT2D Spring 2026 Regional Meeting Makeup Quiz	None	multiple	LINK	LINK
PCP	MCT2D Learning Community Event: Myths and Facts on Low-Carb Diet	April 17, 2026	Rina Hisamatsu, MPH, RDH, Dina Griauzde MD, MSc, Dipl. ABDM	LINK	LINK
PCP	2026 Weight Management Medications - 2026-04-06	April 6, 2026	Lauren Oshman, MD, MPH	LINK	LINK
PCP	MCT2D Learning Community Event: Updates to the ADA Standards of Care 2026	March 19, 2026	Jonathan Gabison, MD, DABOM, FAAFP	LINK	LINK
PCP	Learning Community Event: MASLD Guidelines for People With Diabetes	Feb. 20, 2026	Caroline R. Richardson, MD	LINK	LINK
PCP	MCT2D Fall 2025 Regional Meeting Makeup Quiz	Dec. 31, 2025	None	LINK	LINK
PCP	Learning Community Event: Pregnancy Care and Type 2 Diabetes	Nov. 14, 2025	Jennifer A. Wyckoff	LINK	LINK
PCP	Learning Community Event: Low Carbohydrate Diet	Sept. 26, 2025	Rina Hisamatsu	LINK	LINK
PCP	Learning Community Event: Patient Behavior Change	July 11, 2025	Amy Schneider	LINK	LINK
PCP	Learning Community Event Diabetes Complications Part II - Liver Disease and Diabetic Retinopathy	June 13, 2025	Elliot Tapper	LINK	LINK
PCP	Insulin and Type 2 Diabetes	May 16, 2025	None	LINK	LINK
PCP	Learning Community Event: No Sweat: The Art & Science of Cultivating Lasting Exercise Motivation among Your Patients	May 2, 2025	Michelle Segar, PhD	LINK	LINK
PCP	Diabetes Complications - Part 1: Foot Care and Neuropathy	April 25, 2025	Brian Schmidt, Lynn Ang	LINK	LINK
PCP	Incretin Mimetics - Nutritional Considerations and More	March 28, 2025	Andrew Kraftson, MD	LINK	LINK
PCP	LCD Resource Tour	Nov. 15, 2024	Rina Hisamatsu, MPH, RDH	LINK	LINK
PCP	Learning Community Webinar: Mental Health and Type 2 Diabetes	Sept. 20, 2024	Bri Mezuk, PhD	LINK	LINK
PCP	Learning Community Webinar: Social Determinants of Health	Aug. 19, 2024	Larrea Young, Sarah Kile, Janna Foster	LINK	LINK
PCP	Learning Community Webinar: Guiding Low and Very Low Carb Diet Interventions with CGM	April 26, 2024	Dr. Griauzde	LINK	LINK
PCP	Learning Community Webinar: Diabetes Referral to Specialists: Endocrinology and Nephrology	Feb. 12, 2024	Dr. Mike Heung and Dr. Jenni Iyengar	LINK	LINK
PCP	Navigating CGMs	Dec. 11, 2023	Kara Mizokami-Stout	LINK	LINK
PCP	The Role of Anti-Obesity Medications in Type 2 Diabetes	Nov. 17, 2023	Dina Griauzde	LINK	LINK
PCP	Multidisciplinary Teams and Utilizing Diabetes Specialists	Aug. 18, 2023	Heidi Diez, Frankie Daiek, Heather Keifer, Caitlin Perice, Jagdish Sachdeva, and Lindsey Loepp	LINK	LINK
PCP	Patient Motivation	Sept. 25, 2023	Jonathan Gabison	LINK	LINK
PCP	Bariatric Surgery	July 24, 2023	Oliver Varban	LINK	LINK
PCP	Implementing MCT2D Initiatives	June 9, 2023	Mary Wilson, Jennifer Becker, Arshad Aqil, Jessica Siewert, Tiffini Jones, and Connie McDonald	LINK	LINK
PCP	Cardiology and Type 2 Diabetes Quiz	May 22, 2023	Devraj Sukul	LINK	LINK

Performance Measure Timelines: PCP A1C

Performance Period: 06/01/2025 - 04/30/2026

VBR Reward Year: 09/1/2026 - 08/31/2027

- The PCP A1C performance measure ended on 04/30/2026.
- The June 30th data refresh that we will be receiving will bring our data through 04/30/2026.
- Following this data refresh we will be creating the final performance reports which will be made available on the admin portal in mid July.
- PO and practice Scorecards will be updated to reflect this final performance also in mid July.

Performance Measure Timelines: PCP uACR, Neph uACR, and Endo CGM Interpretation

Performance Period: 07/01/2025 - 08/31/2026

VBR Reward Year: 03/01/2027 - 02/28/2028 - Nephro & Endo
09/01/2027 - 08/31/2028 - PCP

- The PCP uACR, Neph uACR, and Endo CGM Interpretation performance measure ended on 08/31/2026.
- Performance on these measures will be on NEXT year's scorecards.
- Final performance reports will be made available on the admin portal in mid February 2027.
- PO and practice Scorecards will be updated to reflect this final performance also in mid February 2027.

REMINDER: 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.**

LEARNING COMMUNITY EVENT

June 19, 2026

Team Based Care Program Prioritization

Speakers

Alicia Majcher, RN, MHSA



**NOTE: Attendance will
count for next years
VBR scorecard**

LEARNING COMMUNITY EVENT



July 17, 2026

Insulin and Type 2 Diabetes

Speaker

Kara Mizokami Stout, MD, MS

MCT2D

Next Month's PO Call Dates

Wednesday, July 8th at 2pm

Monday, July 13th at 11am