MCT2D

November PO Monthly Call

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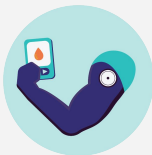Wednesday, November 13th at 2pm

AGENDA

Data Release Schedule, Data Lag Work, and Patient Matching Elements

VBR Performance Measures Report Template Review

Fall Regional Meetings - Last Call for Credit

New PCP Site VBR Reminders

Specialist Updates - New Sites, Clinical Champions Meetings, and a Performance Measure

Data Lag Work

- MDC staff held a LEAN (Continuous Improvement) event in September
- Opportunities were identified and sorted into three categories:
  - **Data Volume:** Archiving older data from the large volume of historical data in the MDC Data Warehouse to reduce data processing time
  - **Hardware & Platform Architecture:** Address constraints in our technical stack and platform architecture that impose limitations or slow down the process
  - **Validation & Testing:** Where possible, automate validation of incoming data files and testing of metrics/components/measure results in each CQI data mart. This is expected to reduce downstream issues and testing time. In addition, automated testing output should allow CQI analysts to engage earlier in the testing process.
- Next step is for MDC staff to brainstorm solutions to address each opportunity category by the end of November

2025 Data Refresh Schedule

Release Version	Publish Date	Release Type	Paid Claims Data Through	Clinical Data Through	Min Claims Data Lag at Release (days)	Min Claims Data Lag at Next Release (days)	Min Clinical Data Lag at Release (days)	Min Clinical Data Lag at Next Release (days)
January Data Refresh	1/24/2025	Data Refresh	11/30/2024	11/30/2024	55	121	55	121
Enhancement Rel. 1	3/31/2025	Release 1 Enhancement & Data Refresh	1/31/2025	1/31/2025	59	87	59	87
April Data Refresh	4/28/2025	Data Refresh	2/28/2025	2/28/2025	59	122	59	122
Enhancement Rel. 2	6/30/2025	Release 2 Enhancement & Data Refresh	4/30/2025	4/30/2025	61	86	61	86
July Data Refresh	7/25/2025	Data Refresh	5/31/2025	5/31/2025	55	122	55	122
Enhancement Rel. 3	9/30/2025	Release 3 Enhancement & Data Refresh	7/31/2025	7/31/2025	61	92	61	92
October Data Refresh	10/31/2025	Data Refresh	8/31/2025	8/31/2025	61	121	61	121
Enhancement Rel. 4	12/30/2025	Release 4 Enhancement & Data Refresh	10/31/2025	10/31/2025	60	TBD	60	TBD

MCT2D.org

Average Data Lag Improvement Compared to 2024

	Min *Claims* Data Lag at Release (days)	Min *Claims* Data Lag at Next Release (days)	Min Clinical Data Lag at Release (days)	Min Clinical Data Lag at Next Release (days)
2024 Average	74.4	118.9	74.4	118.9
2025 Average	58.9	107.3	58.9	107.3
Difference	15.5 Days Less	11.6 Days Less	15.5 Days Less	11.6 Days Less

MCT2D

Patient Matching Criteria

You can help improve data matching!

Ensure your data includes these fields when submitted:

- First name
- Last name
- DOB (required)
- And at least one of the following: zip code, last 4 SSN, insurance contract number (9 digit format)

The More the Merrier!

Quarterly Reports

MCT2D Performance Metric
Measurement Year: 9/1/2024- 3/31/2025
Reward Year: 9/1/2025- 8/31/2026

Eligible population (denominator): BCBSM, BCBS-MA, BCN, and BCNA patients attributed to an MCT2D participating physician via the MCT2D dashboard who have had at least one A1C in the 12 months prior to the baseline data cut off of 05/31/2024 and a documented type 2 diabetes diagnosis.

Measurement definition: The percent of members age 18+ with type 2 diabetes whose most recent glycemic status (A1C) was at the following level during the measurement year:
A1C <8% for commercial insurance
A1C ≤9% for Medicare insurance

Goal rate: MCT2D will be aligning with the HEDIS 90th percentile rate for commercial and projected 90th percentile rate for Medicare populations:
- 70% with an A1C <8% for commercial
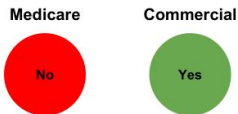- 87% with an A1C ≤9% for Medicare

Practice Name	Measured Independently	Meeting Performance Measure- Medicare?	Meeting Performance Measure- Commercial?	Page Number
Practice #1	Y	🔴	🟢	3
Practice #2	N			
Practice #3	N	🟢	🔴	4-5
Practice #4	N			

The Michigan Collaborative
For Type 2 Diabetes

MCT2D.org

Practice #1

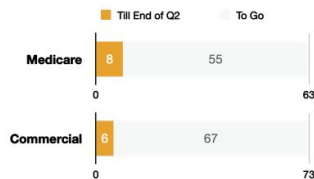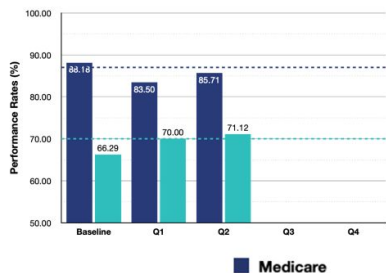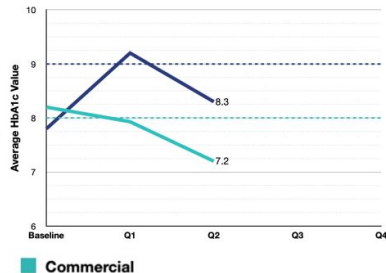|	Medicare	Commercial
Number of Patients in Baseline Population (calculated on xx/xx/xxxx)	69	73
Number of Patients Dropped Out of Measurement Population	6 (8.7%)	0 (0%)
Number of Patients Currently Measured (current denominator)	63 (91.3%)	73 (100%)
Percentage of Patients Meeting Performance (current numerator) (Performance measure threshold = 87%)	**85.71% (n=54)**	**52 (71.2%)**

Are you meeting the Performance Measure?

Medicare — No

Commercial — Yes

Number of Patients with an A1c recorded after baseline A1c

■ Till End of Q2   □ To Go

Medicare: 8 | 55 | 63
Commercial: 6 | 67 | 73

Performance Rates over time

Medicare / Commercial

Baseline: 88.18 / 66.29
Q1: 83.50 / 70.00
Q2: 85.71 / 71.12

■ Medicare ■ Commercial

Average A1c value over time

Medicare: 8.3
Commercial: 7.2

Individual Practice Performance Rate

Medicare Patients Performance Rates in Quarter 2

Practice #1: 80.18
Practice #2: 87.50
Practice #3: 87.29
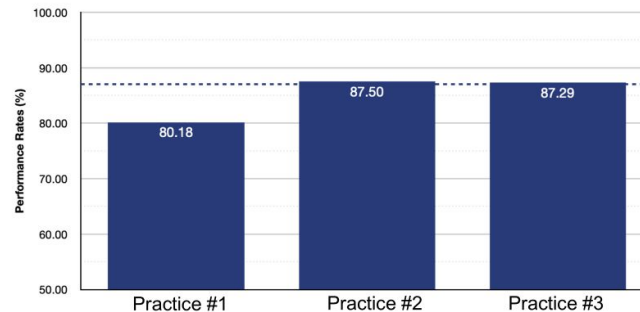
Commercial Patients Performance Rates in Quarter 2

Practice #1: 60.29
Practice #2: 65.00
Practice #3: 67.36

Dashboard 2.0: Summary Measures Landing Page
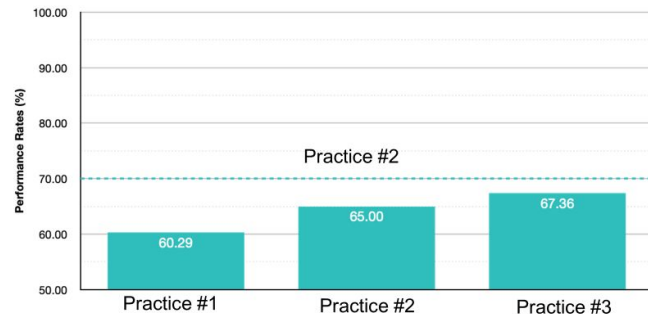
SUMMARY MEASURES

All Practices

Select your view: | **Overview** | Pre-populated Reports *coming soon!* | **Build Comparisons**

MCT2D

LAST UPDATED 5/31/2024

Based on Claims and Clinical data from BCBSM, BCBSM MA, BCN, and BCN-A
Claims data (1/1/2018- 5/31/2024); Clinical data (1/1/2020 - 5/31/2024)

?

(!) **DATA DISCLAIMER**

Select PO [▼]

OUTCOME MEASURES

MCT2D HbA1c Performance Measure (last 12 months)   **?**

Patients < 65 Years Old   [Close]

Percentage of patients < 65 years old with controlled (<8.0%) vs poorly controlled (≥8.0%) HbA1c

HbA1c 8.0%

Numerator: Most recent HbA1c value in the 12-month reporting period
Denominator: Patients with an HbA1c value in the last 12-month reporting period under 65 years old

Patients ≥ 65 Years Old   [Expand]

Percentage of patients ≥ 65 years old with controlled (<9.0%) vs poorly controlled (≥9.0%) HbA1c

HbA1c 9.

Numerator: Most recent HbA1c value in the 12-month reporting period
Denominator: Patients with an HbA1c value in the last 12-month reporting period aged 65 or older

Percent of patients < 65 with controlled (<8.0%) vs poorly controlled (≥8.0%) HbA1c by Practice
Click on a bar to filter the patient list by that Practice

Name	Total Patients

A1c Results for Patients < 65
Patient Count:

Patient Name	
	15.0
	14.6
	14.4
	14.0
	13.8
	13.4

MEASURES

Overview

Pre-populated Reports
coming soon!

Build Comparisons

MCT2D

ED 5/31/2024

Based on Claims and Clinical data from BCBSM, BCBSM MA, BCN, and BCN-A
Claims data (1/1/2018- 5/31/2024); Clinical data (1/1/2020 - 5/31/2024)

LAIMER

Select PO

SURES

Performance Measure (last 12 months)

rs Old   Close

Patients ≥ 65 Years Old   Expand

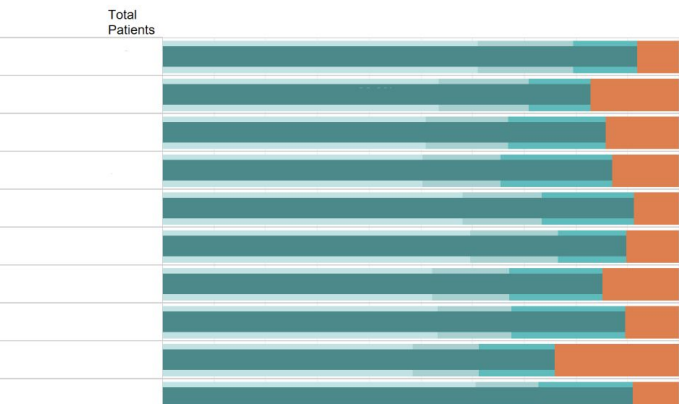tients < 65 years old with controlled (<8.0%) vs
(≥8.0%) HbA1c

HbA1c 8.0%

Percentage of patients ≥ 65 years old with controlled (<9.0%) vs
poorly controlled (≥9.0%) HbA1c

HbA1c 9.

nt HbA1c value in the 12-month reporting period
with an HbA1c value in the last 12-month reporting period under

Numerator: Most recent HbA1c value in the 12-month reporting period
Denominator: Patients with an HbA1c value in the last 12-month reporting period aged 65 or older

s < 65 with controlled (<8.0%) vs poorly controlled (≥8.0%) HbA1c by Practice
the patient list by that Practice

A1c Results for Patients < 65
Patient Count:

Patient Name

Total
Patients

	15.0
	14.6
	14.4
	14.0
	13.8
	13.4
	13.2
	13.1
	13.1
	13.0
	13.0
	12.9
	12.9
	12.7
	12.6
	12.6
	12.5
	12.3

COMING NEXT

MCT2D performance Population

- Option to narrow the HbA1c measure population (current) to the MCT2D performance measure population (future).

Fall Regional Meetings - Last Call for Credit

- The LAST Fall Regional Meeting is This Thursday, November 14th at 6pm. Check the portal to ensure that your clinical champions have attended.

- This is the last chance for your primary care practice clinical champions (or their substitutes) to attend.

- If a primary care practice clinical champion does not attend nor sends a substitute, they will be required to watch a recording and take a quiz, but will receive an attendance strike.

- After three strikes, a practice is no longer eligible to earn VBR for participating in MCT2D.

IMPORTANT NOTICE

MCT2D

MCT2D.org

Upcoming New PCP Site VBR Deadlines

- **Physician level survey related to current knowledge and comfort with the MCT2D initiatives.**
  - 10 points - 90%-100% of physicians in the practice complete by 12/13/2024
  - 8 points - 80%-89% of physicians in the practice complete by 12/13/2024
  - 5 points - 70%-79% of physicians in the practice complete by 12/13/2024
  - 0 points - Less than 70% of physicians in the practice complete by 12/13/2024
- **Practice clinical champion completes all four MCT2D training sessions.**
  - 15 points - Completed all four by 12/13/2024
  - 7 points - Completed all four by 1/31/2025
  - 0 points - Not completed or completed after 1/31/2025
- **Patient Needs Assessment Survey and collect a minimum of 10 responses per practice.**
  - 15 points - Practice receives 10+ surveys by 12/13/2024
  - 7 points - Practice receives 5-10 surveys by 12/13/2024
  - 0 points - Practice receives less than 5 surveys by 12/13/2024

MCT2D.org

Specialist Updates

Clinical Champion Meetings
- The nephrologist clinical champion meeting is this Wednesday, November 13th at 5:30pm (virtual).
- The endocrinologist clinical champion meeting is next Thursday, November 21st at 5:30pm (virtual).

Recruitment
- Two new endocrinology practices joining for a 1/1/2025 start date.
- No new nephrology practices joining this cycle.

MCT2D.org

Possible 2025 Specialist Performance Measure - Nephrology

MCT2D is currently in the process of designing an initial performance measure around urine albumin creatinine ratio testing for participating nephrologists.

The measure will likely focus on whether a patient has received a test, rather than the value of the test.

Possible 2025 Specialist Performance Measure - Endocrinology

MCT2D is currently in the process of designing an initial performance measure around CGM interpretation for participating endocrinologists.

The measure will focus on patients who have a CGM, and whether their endocrinologist has bill the CPT 95251 for its interpretation. The attribution model for endocrinologists is designed to only attribute patients for whom their endocrinologists actively manage their type 2 diabetes.

Next Month's PO Call Dates

Monday December 9th, 11am-12pm

Wednesday December 18th, 2pm-3pm

Please note the date. Wednesday meeting is the following week due to an MCT2D conflict.