

## PCP VBR: Year 2, Cohort 1

Primary care physicians who participate in MCT2D and meet the below requirements will receive 5% VBR. MCT2D Year 2 VBR will be divided into two portions. The requirements below will begin on 9/1/2022. Considering the start date of the VBR, the payments will be prospective, as VBR recipients will be completing these requirements following the initial payments. Unless a deadline is listed, the activities will need to be completed by 6/1/2023.

Requirement	Responsibility
<i>Learning Community Requirement:</i> Participate in one learning community activity for each of the three engagement levels. Details below. Opportunity to complete Year 2 Learning Community requirement is from 9/1/2022- 6/1/2023	Level 1: Each physician Level 2: Each Practice Level 3: Each PO
Complete Progress Survey (due 2/1/2023)	Practice
Work with your physician organization to maintain a log of practice interventions and changes related to implementation of the quality initiatives	Practice
Identify and submit one best practice related to continuous glucose monitoring, low carbohydrate diet, prescribing SGLT2s or GLP1s, or urine albumin testing (Due 5/1/2023).	Practice
Participate in a discussion about insurance coverage. Requirements include the following: <ul style="list-style-type: none"> <li>- A brief survey prior to the spring 2023 regional meetings</li> <li>- Participation in a discussion session at the regional meetings</li> <li>- A one-question follow up from the regional meetings</li> </ul>	Practice
Distribute patient reported outcomes survey flyers and encourage patient participation.	Practice
Attend Fall 2022 and Spring 2023 regional meetings	Practice clinical champion
Present on your site's implementation of the quality improvement initiatives at a collaborative meeting, regional meeting, or conference call, if requested	Practice

## Learning Community VBR

MCT2D has three levels of learning community VBR, broken down into the following:

- **Physician Level VBR:** Each physician earning value based reimbursement must complete one PCP VBR activity. These include attending educational opportunities or viewing a recorded version of them and answering questions or providing feedback about an MCT2D provider facing tool. MCT2D will likely offer additional options to meet the physician level VBR requirements throughout the year
- **Practice Level VBR:** Each participating PCP practice in MCT2D must complete one practice level VBR activity. These include providing feedback in a 1on1 session about the MCT2D dashboards, providing feedback about an MCT2D patient facing tool, participating in Jumpstart and referring three or more patients. MCT2D will likely offer additional options to meet the practice level VBR requirements throughout the year. Once the practice completes this, it will be marked as complete by every physician in the practice.
- **PO Level VBR:** Each PO has to complete one physician level VBR activity. The physician level VBR activities include being interviewed by the MCT2D team for a blog, presenting at a collaborative wide meeting, regional meeting, or serving on an MCT2D panel discussion, or referring a patient to be on the advisory board.

## MCT2D Progress Report

MCT2D will be distributing a short progress report survey that is to be completed by each participating practice. The survey will take approximately 20 minutes to complete. The intent of this survey is to understand the perceived improvements by the practice in implementing the MCT2D pillars- promoting low carbohydrate diet, increasing prescribing of SGLT2is and GLP1RAs, and increasing the use of CGMs. This survey also asks questions about workflow changes intended to support these initiatives. Progress report surveys will be distributed in early December and due on February 1st.

## Maintain a Log of Interventions

MCT2D will not ask for a formal submission from individual practices for information related to quality improvement logs. This VBR requirement is to ensure that physician organizations are getting the information that they need from participating practices in order to respond to questions on the PO level quality improvement logs, and to ensure that practices are documenting changes made related to MCT2D work. If a PO has had a difficult time getting responses and answers from a practice regarding their MCT2D work, they could let us know and we would reach out to the practice and remind them of this expectation.

## Submit a best practice

MCT2D will create a form ready for distribution on 2/1/2023 and due back to MCT2D on 5/1/2023 that asks practices to submit information about a best practice that they have identified through their MCT2D work to support implementation of the initiatives. There will be one best

practice submitted per practice that can relate to low carb diet, prescribing of SGLT2is or GLP1 RAs, use of CGMs, or urine albumin testing. MCT2D will also ask practice demographic information on this form, such as practice size, practice location (urban, rural, suburban, etc) in order to create a searchable database of best practices that can be shared with the entire collaborative and filtered to match practice characteristics.

### **Learn About Primary Payor Coverage**

One of the largest challenges providers face in implementing the MCT2D initiatives is cost and coverage. In order to support practices, MCT2D will be conducting a brief survey to better understand the issues and approaches undertaken by each practice via a brief survey prior to the regional meetings. At the spring regional meetings, MCT2D will dedicate a portion of the meeting to discussing and sharing ideas amongst practices. Following the meeting, each practice will submit either a change to their current practice of handling insurance/prior authorizations/etc., or report on their successful current process.

### **Regional Meeting Attendance (PCPs)**

Clinical champions must attend the spring and fall regional meetings in person each year. If the clinical champion is unable to attend, a delegate may be sent in their place. The delegate should be someone with a clinical background from the practice. If the clinical champion or a delegate cannot attend, the clinical champion may watch a recording of the regional meetings and respond to questions to demonstrate viewing and understanding of the meeting. However, there is a three-strike policy on regional meetings. If a clinical champion or delegate does not attend and the video needs to be viewed instead, this is one strike. If the clinical champion or delegate does not attend and the video is not viewed at all, this is an additional strike. Three strikes mean that the practice will no longer be able to participate in MCT2D.

### **Patient Reported Outcomes Surveys (PCPs)**

For 2023, we are asking that each practice have at least one patient complete a patient reported outcomes survey. Each practice's status on meeting this requirement will be available on the MCT2D administrative portal. Patients are paid \$10 for the first survey (baseline), \$15 for the second survey (1 month), and \$20 for the final survey (12 months) for a total of \$45 in payments. The patient reported outcomes survey flyer is available on the MCT2D website .

### **Present on Implementation at MCT2D Meetings**

If asked, sites are required to present at an MCT2D regional meeting, collaborative wide meeting, or learning community event about their progress and operationalization of the MCT2D initiatives. It is not expected that every site will be asked, but this requirement is built into the expectations in order to ensure best practice sharing and set the expectation that practices and POs will be asked to contribute in this way. Practices will be asked at minimum one month in



THE MICHIGAN COLLABORATIVE FOR  
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advance of any virtual meeting and two months in advance of any in person meetings. The MCT2D coordinating centers will collaborate with the PO and practice to ensure feasibility.