

# MCT2D Physician Organization Requirements

<i>Administrative</i>	Sign and return all required documents.	Sign and return all required data sharing documents, consistent with the MCT2D and MiHIN data-sharing process and return the completed Participation Agreement, Data Use Agreement and Business Associate Agreement within expected timelines.
<i>Administrative</i>	Form a team to work on the program.	Within 30 days of executing the Participation Agreement (and all included exhibits) the participating center will form their team; including an administrative lead and a clinical champion.  When notified by MCT2D, with a minimum of 30 days' notice, identify a quality assurance lead who will be responsible for identifying gaps in data and working to resolve them. Role descriptions are included below.
<i>Administrative</i>	Communicate with the coordinating center.	Identify a primary contact who will be the lead on communications with the MCT2D Coordinating Center
<i>Data</i>	Share required data elements with MiHIN.	Share required data elements for participation in MCT2D with the Michigan Health Information Network (MiHIN) and other participants in the care and care improvement process in accordance with established HIPAA and other regulatory data sharing standards.
<i>Data</i>	Meet the data collection standards.	Meet the published expectations of the coordinating center for data collection, conformance with data definitions, timeliness, and accuracy.
<i>Data</i>	Partner with the CQI Data Hub to develop & improve data sharing process.	Establish an ongoing working partnership with the CQI Data Hub to develop and improve the process for data sharing.
<i>Data</i>	Work to develop ability to submit additional data elements.	Work with the Coordinating Center and/or MDC to develop capabilities to submit additional data elements (e.g. surveys, remote monitoring data, qualitative data) that are useful to the quality initiative efforts of MCT2D.
<i>Data</i>	Allow data to be used in publications.	Allow data and information to be used in peer-reviewed publications to further advance QI efforts.

Requirement Category	High Level Description	Detailed Description
<i>Data</i>	Work with the practice liaisons on the data.	Work with the practice liaisons (designated by each practice) to ensure completeness and quality of data.
<i>Quality</i>	Submit a quality improvement log.	Submit a QI log in accordance with the timelines and expectations of the Coordinating Center and BCBSM (Coordinating Center will provide a template and instructions). This includes reporting ongoing feedback regarding successes and failures as well as barriers to practice transformation or patient engagement consistent with care goals.
<i>Quality</i>	Advance best practices.	Collaborate with the Coordinating Center and participating practices to advance collaborative-wide performance and/or best practices using feedback from MCT2D data and other metrics.
<i>Attendance</i>	Participate in calls and collaborative wide meetings.	Participate in routine collaborative meetings/calls adhering to the following requirements: I. Attend MCT2D collaborative wide meetings II. Participate in monthly scheduled conference calls
<i>Practice Engagement</i>	Recruit primary care practices.	Identify primary care practices from Center’s network who meet established requirements for participation. These practices will be eligible for value-based reimbursement (VBR) payment according to BCBSM eligibility standards.
<i>Practice Engagement</i>	Recruit nephrology and endocrinology practices.	Once primary care practice participants are identified, determine which nephrologists and endocrinologists the participating primary care practices refer to, and work with the coordinating center to recruit these specialty practices.
<i>Practice Engagement</i>	Identify a patient advisor.	Within 30 days of determining the practices who will participate, identify a patient/caregiver advisor ensuring that this advisor is representative of the population that the participating center serves in regard to race, income, level of education, etc.
<i>Practice Engagement</i>	Communicate MCT2D information to practices.	Serve as the primary communicator of information related to MCT2D, including notifying participating practices of MCT2D events and encouraging attendance, sharing MCT2D data, identifying lagging practices, and working in conjunction with MCT2D to address issues.
<i>Practice Engagement</i>	Participate in MCT2D training programs.	As required by MCT2D, participate in training programs on continuous glucose monitoring devices, lower carbohydrate diets, and newer diabetes medications.

# Role Descriptions

**Administrative Lead:** The administrative lead will be responsible for the operations of the program. This would involve making sure any required documents are reviewed and signed (e.g. the participation agreement, data use agreement, business associates agreement) and having general oversight over the PO's participation, including the participating practices. They would be responsible for forming the team at their PO (e.g. coordinating with the clinical champion and quality assurance lead), and serve as the primary contact for the coordinating center, including participating in collaborative wide calls and meetings. The administrative lead would be responsible for developing the QI log with input from the clinical champion and quality assurance lead. They would also be responsible for sharing MCT2D information (such as upcoming meetings, important dates, etc.) from the coordinating center with participating practices. Finally, the administrative lead would work with practices to identify patient advisors to participate in the collaborative.

**Clinical Champion:** The clinical champion will be responsible for disseminating performance/QI/educational information to sites and helping to advance best practices. The clinical champion would attend collaborative wide calls and meetings so that they can take what they've learned at those and educate participating sites, similar to the role of a clinical champion in other existing CQI programs. The clinical champion would also participate in training programs on continuous glucose monitoring, newer diabetes medications, and low-carb diets. Additionally, the clinical champion would have a role in recruiting participating sites along with the PO medical director.

**Quality Assurance Lead/Quality Data Manager:** The quality assurance lead will be responsible for oversight of the data, including working with participating sites to increase the number of data elements shared. They would ensure that data is meeting the coordinating center requirements for all participating practices, and would work with MDC to develop and improve the data sharing process. They would also be responsible for working with practice liaisons to help solve any data-related issues at the practices and advance data sharing. The quality assurance lead would serve as the primary data contact for the CQI Data Hub team.

**Pharmacist (NOT a required role, but how a pharmacist could facilitate MCT2D work):** The pharmacist would serve as a resource for all the PO's participating practices. This person would advise physicians at the practices on how to best assist their patients with poor diabetes control and provide education on GLP1 agonists and SGLT2 inhibitors as needed. The pharmacists would also assist in training physicians and teams on continuous glucose monitoring devices.

**PO Medical Director:** The PO Medical Director would work with the clinical champion to recruit practices to participate by endorsing the goals and mission of MCT2D, sharing the benefits of participation, and encouraging practices to join.

## PO Requirements by Role

<i>Administrative</i>	Sign and return all required documents.	Administrative Lead
<i>Administrative</i>	Form a team to work on the program.	Administrative Lead
<i>Administrative</i>	Communicate with the coordinating center.	Administrative Lead
<i>Administrative</i>	Identify a hospital partner.	Administrative Lead
<i>Data</i>	Share required data elements with MiHIN.	Quality Assurance Lead
<i>Data</i>	Meet the data collection standards.	Quality Assurance Lead
<i>Data</i>	Partner with MDC to develop & improve the process for data sharing.	Quality Assurance Lead
<i>Data</i>	Work to develop ability to submit additional data elements.	Quality Assurance Lead
<i>Data</i>	Allow data to be used in publications.	N/A- part of agreements
<i>Data</i>	Work with the practice liaisons on the data.	Quality Assurance Lead
<i>Quality</i>	Submit a quality improvement log.	Administrative Lead
<i>Quality</i>	Advance best practices.	Administrative Lead and Clinical Champion
<i>Attendance</i>	Participate in calls and collaborative wide meetings.	Administrative Lead and Clinical Champion
<i>Practice Engagement</i>	Recruit primary care practices.	PO Medical Director and Clinical Champion
<i>Practice Engagement</i>	Recruit nephrology and endocrinology practices.	Administrative Lead
<i>Practice Engagement</i>	Identify patient advisors.	Administrative Lead
<i>Practice Engagement</i>	Communicate MCT2D information to practices.	Administrative Lead
<i>Practice Engagement</i>	Participate in training.	Clinical Champion + other staff as appropriate (e.g. dietician, pharmacist, etc.)

