

MCT2D Patient Data Dashboard

Updates to Features, Functions and Data Sources

MCT2D Learning Community Event Series 2024 MCT2D Dashboard Updates

To receive CME/CE credit

TEXT 71201 to 833-256-8390

(by 1:00 PM on October 12)

Complete the evaluation online by October 27 at https://beaumont.cloud-cme.com

For assistance, email CHEcme@corewellhealth.org

Continuing Education Credits

CME/CE Accreditation: In support of improving patient care, this activity has been planned and implemented by Beaumont Health and Michigan Collaborative for Type 2 Diabetes. Beaumont Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This activity was planned by and for the healthcare team, and learners will receive 1.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

Medicine CME: Beaumont Health designates this live activity for a maximum of 1.0 AMA PRA Category 1 CreditTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing CE: Beaumont Health designates this activity for a maximum of 1.0 ANCC contact hour. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacy CE: Beaumont Health designates this activity for 1.0 ACPE contact hour. ACPE Universal Activity Number (UAN): JA4008259-9999-24-015-L01-P. Learners should claim only the credit commensurate with the extent of their participation in the activity. Credit will be uploaded to the NABP CPE Monitor within 30 days after activity completion. Per ACPE rules, Beaumont Health does not have access nor the ability to upload credits requested after 60 days. It is the individual learner's responsibility to provide the correct NABP ID and DOB (MMDD) to receive credit.

Dietetic CPEU:



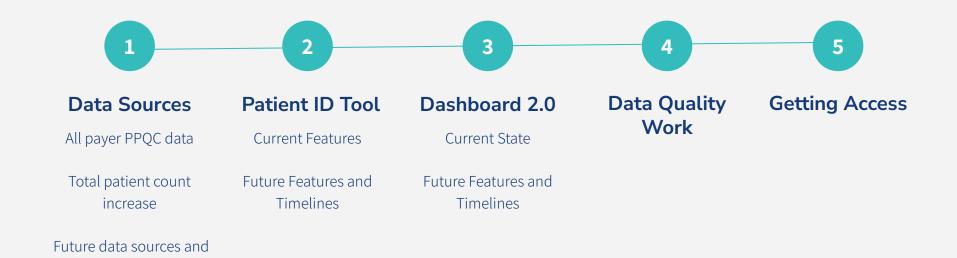
Disclosure

The following speakers and/or planning committee members have identified the following relevant financial relationship(s) with ineligible companies. All other individuals involved with this activity have no relevant financial relationships with ineligible companies to disclose.

• Lauren Oshman, M.D. (Course Co-Director): Stocks in publicly traded companies or stock options, excluding diversified mutual funds-Abbott, AbbVie, Johnson & Johnson, Lilly, Merck & Co., Organon.

Mitigation of Conflicts of Interest: In accordance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education, Beaumont Health implemented mechanisms to identify and mitigate relevant financial relationships with ineligible companies for all individuals in a position to control content of this activity.

AGENDA

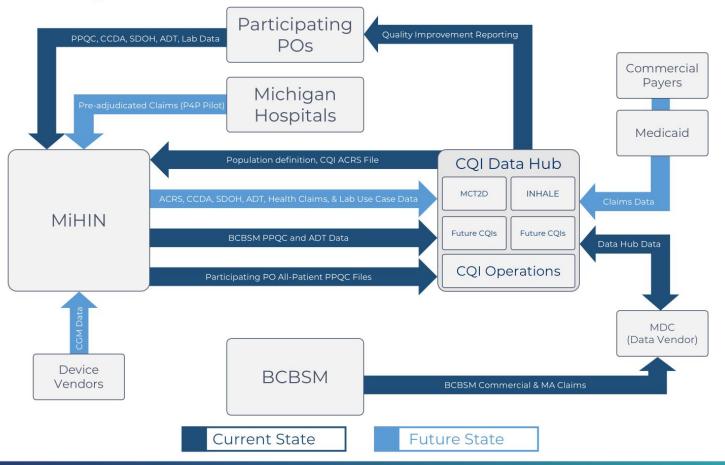


timelines

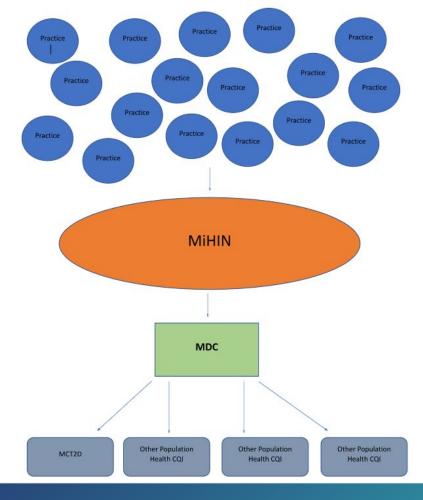


Data Sources

Data Hub Diagram: Data Flow









Current Data Sources

Medical and Prescription Drug Claims as well as Clinical Data have been refreshed. The data included in this refresh are as follows:

- Claims data from BCBSM, BCBSM MA, BCN, and BCN-A: 1/1/2018-6/30/2024
- Clinical data (HbA1c, BMI, and Weight) from MiHIN for POs and practices participating in the Physician-Payer Quality Collaborative (PPQC): 1/1/2020-6/30/2024

Exclusion: The following data are excluded:

- Patients < 18 years old
- HbA1c values > 20%

This Week's Data Enhancement

Includes an increase in the total population of 56,944 patients via the inclusion of ACRS attribution, that incorporates all-payer supplemental clinical data.



Eligible Patients

MCT2D Eligible Population

The eligible population is based on patients with Type 2 Diabetes as defined by either of the following:

- Type 2 diabetes diagnosis.
- Most recent clinical A1c ≥ 6.5 or claim A1c ≥ 7
- Diabetes medication filled within the past six months.

Exclusion: Any patient with a diagnosis of Type 1 Diabetes diagnosis is excluded from the MCT2D population.



Future Data Sources

All Payor PPQC Data



Completed this week!

Michigan Medicaid Claims Data



Q2 - 2025

- Social Determinants of Health Data
 - SDOH screening data from MIHIN



Q3 - 2025

FHIR Bundle Data



Q4 - 2025



Refresh and Release Schedule

			Paid Claims	Clinical			Min Claims Data Lag	Min Claims Data Lag at Next	Min Clinical Data Lag	Min Clinical Data Lag at Next	
	Publish		Data	Data	PGIP		at Release	Release	at Release	Release	
Release Version	Date	Release Type	Through	Through	Snapshot	Status	(days)	(days)	(days)	(days)	Notes
Feb Data Refresh	02/06/24	Data Refresh	11/30/23	11/30/23		Complete	68	124	68	124	
Enhancement Rel.	04/02/24	Release 1 Enhancement & Data Refresh	1/31/2024	1/31/2024		Complete	62	90	62	90	
April Data Refresh	04/30/24	Data Refresh	02/28/24	02/28/24		Complete	62	118	62	118	
Enhancement Rel. 2	6/25/202 4	Release 2 Enhancement & Data Refresh	03/31/24	03/31/24		Complete, Rel. 6/11	86	128	86	128	
August Data Refresh	8/6/2024	Data Refresh	05/31/24	05/31/24		Complete	67	136	67	136	
Enhancement Rel. 3	10/14/20 24	Release 3 Enhancement & Data Refresh	06/30/24	06/30/24	Summer 2024		106	122	106	122	
November Data Refresh	10/30/20 24	Data Refresh	08/31/24	08/31/24			60	121	60	121	Canceling due to redefining Enh 4 scope/timing
Enhancement Rel. 4	12/30/20 24	Release 4 Enhancement & Data Refresh	09/30/24	09/30/24			91	TBD	91	TBD	





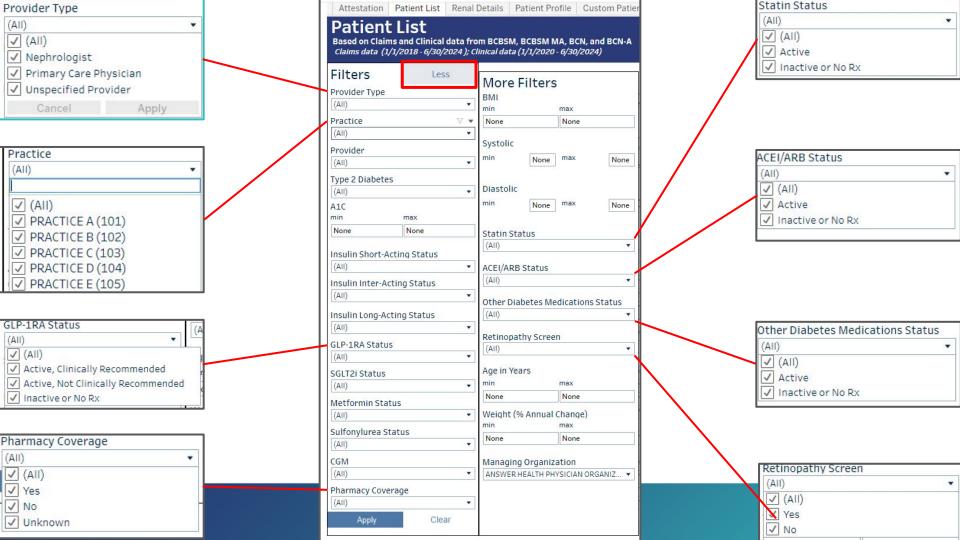
Patient
Identification
Tool - Current
State

Attestation Patient List Renal Details Patient Profile Custom Patient Groups Summary Measures User Guide Patient List Patients: 1.334 ? Data based on BCBSM Claims data from 1/1/2018 to 6/30/2022 and BCBSM Clinical data from 1/1/2020 to 6/30/2022 Filters More Patient List Practice Use filters on left and hit Apply to filter Patient List. If 'No Data' appears instead of 'Apply' after making a filter selection, no patients (AII) Provider 'Active' = Rx Fill in Last 6 Months (AII) 'Inactive' = No Rx or Rx Fill > 6 Months Type 2 Diabetes For GLP-1RA & SGLT2i, Active, Clinically Recommended means patient is on the recommended type of medication from that class. Active, Not Clinically Recommended means patient may benefit from switching to a different Clinically Recommended medication from that class. (AII) A1C Click on row to navigate to Patient Profile min max To export as crosstab, use download button on bottom and select "Patient List Table" from the listed sheets None None DOB SGLT2i Status **GLP-1RA Status** Name Insulin Short-Acting Status ABBOTT, ADDISYN 6/24/1986 Inactive or No Rx Inactive or No Rx ABBOTT, MACKENZIE 1/31/1984 Inactive or No Rx Inactive or No Rx ACEVEDO, DEACON 8/21/1975 Inactive or No Rx Inactive or No Rx Insulin Inter-Acting Status ACEVEDO, KYLER 10/6/1976 Active, Clinically Recommended Inactive or No Rx ADAMS, ALDEN 4/20/1935 Active, Clinically Recommended Active, Clinically Recommen. Insulin Long-Acting Status ADAMS, TRACE 12/19/1938 Inactive or No Rx Inactive or No Rx ADKINS, LEXIE 7/19/1964 Active, Clinically Recommended Active, Clinically Recommen. GLP-1RA Status ADKINS, PETER 2/29/1992 Active, Clinically Recommended Inactive or No Rx AGUILAR, EDGAR 12/31/1950 Inactive or No Rx Inactive or No Rx AGUILAR, MAKAI SGLT2i Status 12/16/1960 Inactive or No Rx Inactive or No Rx (AII) AGUIRRE, ISABELLE 9/6/1963 Inactive or No Rx Inactive or No Rx ALEXANDER, JUSTICE 8/30/1992 Inactive or No Rx Inactive or No Rx Metformin Status ALLEN, MILAGROS 8/30/1983 Active. Clinically Recommended Inactive or No Rx ALLISON, OSWALDO 4/21/1951 Inactive or No Rx Inactive or No Rx Sulfonvlurea Status ALVAREZ, ANIYA 4/4/2001 Active. Clinically Recommended Inactive or No Rx (AII) ALVAREZ. KINSLEY 2/5/1963 Inactive or No Rx Inactive or No Rx CGM ANDERSON, MITCHELL 2/22/1942 Inactive or No Rx Active, Clinically Recommen. (AII) ANDRADE, KAI 11/29/1974 Active. Clinically Recommended Active. Clinically Recommen. ANDRADE, MANUEL 12/13/1987 Pharmacy Coverage Inactive or No Rx Inactive or No Rx (AII) ANDREWS, AUBREE 5/11/1978 Active, Clinically Recommended Active, Clinically Recommen. BMI ANDREWS, JALIYAH 6/5/1953 Inactive or No Rx Inactive or No Rx min ARCHER, NOE max 4/11/1944 Inactive or No Rx Inactive or No Rx None None ARELLANO, RORY 7/30/1955 Inactive or No Rx Inactive or No Rx ARMSTRONG, ENRIQUE 11/22/1998 Active, Clinically Recommended Inactive or No Rx Apply Clear

- Name
 - DOB
- GLP-1 RA Status
- SGLT2i Status
- Metformin Status
- CGM Status
- Sulfonylurea Status
- Type 2
- Pharmacy Coverage
- A1C
- A1C Date
- - BMI Date
 - Weight

BMI

MCT2D.org



COURTMENTS

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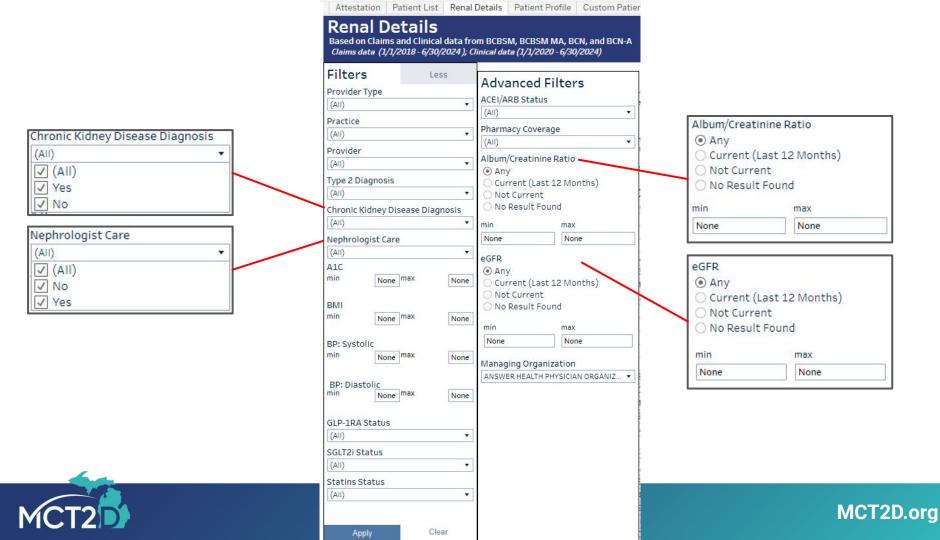
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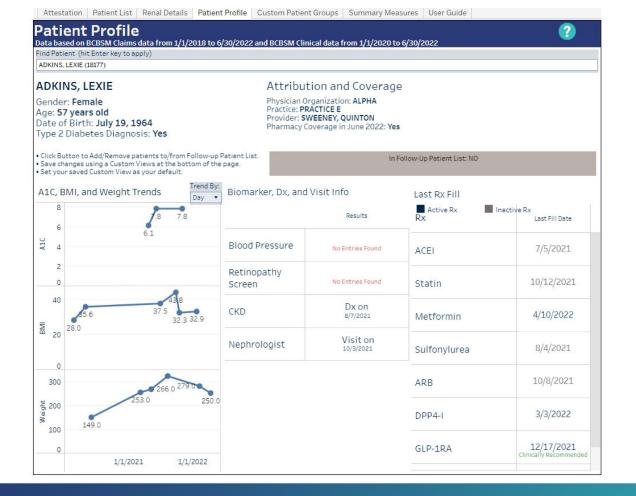
6/47/2022

Medi

ACHIEV DANIELLA









General Feature and Function Enhancements

• Endocrinologist Attribution



Q1 - 2025

 Differentiate between BCBSM Medicare and Commercial patients



Q1 - 2025

- PDCM Eligibility
 - Flag and filter for if a patient has a PDCM benefit



Q3 - 2025

Identify Last PCP Visit



Q4 - 2025





DASHBOARD 2.0 First released on 9/9!

36

30-min User Feedback Sessions

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

1

Recorded interviews were uploaded to Grain and transcript was generated

2

Highlights and key quotes were extracted from interviews and added to a spreadsheet

3

Quotes were tagged as feature, need, want, issue, filter, CGM, meds, coverage, data, etc



These were then affinity mapped using Mural to identity common themes and key needs/change for 2.0

User Story - PO Representative

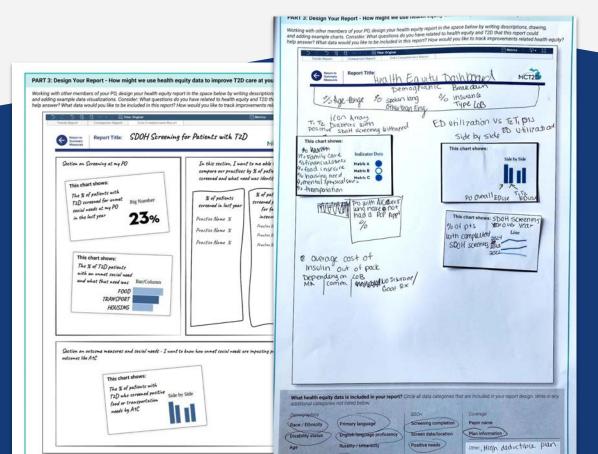
User Story A:

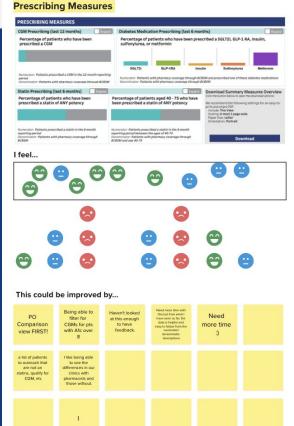
Clara, a PO representative for MCT2D, wants to compare their PO's participating practices to establish a baseline of current CGM prescribing because they have chosen increased CGM prescribing as their initiative focus. She then wants to download a report that displays each practice's current prescribing rate in comparison.

Clara asks, "Can I compare our practices? So, Five of our seven are enrolled [in MCT2D] right now. Can I compare, like say we're going to try to increase our CGM usage? Can I pull up each one of our practices to compare where they're at with that?

I think this would be helpful to see where our improvement is. And then I could say, look at these practices, they are our top prescribers for CGMs, and then do the same with SGLT2s and GLPs"

FOCUS GROUPS





LOGGING IN



mct2d.org

michigandatacollaborative.org

LOGGING IN

MDC_PROJECT	
CQI: MCT2D	Legacy Patient Data Dashboard
COI: MCT2D 2 0	Patient Data Dashboard 2.0



Getting Started - MCT2D Patient Data Dashboard 2.0

Tutorial 1 of 3 - Developed September 3, 2024

Before we can show you features from the new Dashboard following homework assignments:

dashboard? Scan the QR or click the link in the chat.

Need help getting access to the

- 1. Request an MCT2D Patient Data Dashboard user account
- 2. Login to the MCT2D Patient Data Dashboard 2.0 via the Michigan Date. Collaborative (MDC).
- 3. Access the Dashboard User Guide PDF.

Noa Kim 6 steps 15 seconds

M Mct2D

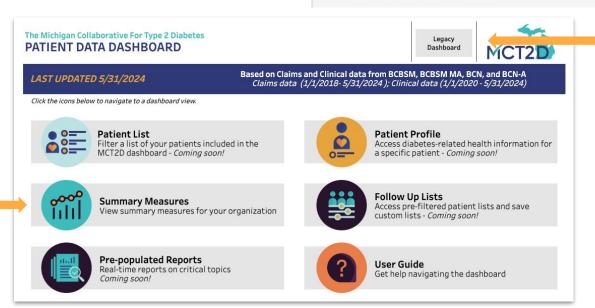


Landing Page

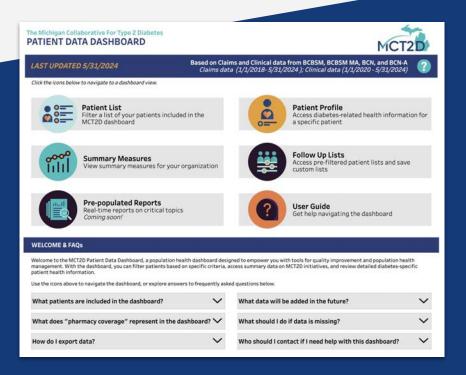
MDC_PROJECT

CQI: MCT2D Legacy Patient Data Dashboard

CQI: MCT2D 2.0 Patient Data Dashboard 2.0

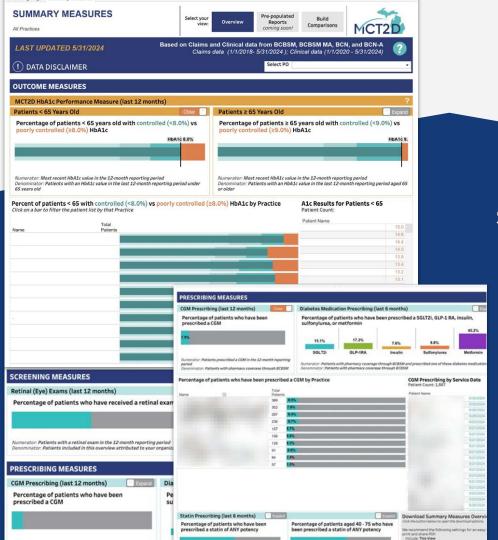


NEW DASHBOARD 2.0 FEATURES



Landing Page

- Removed attestation
- Updated data banner
- Improved way to navigate to pages
- Added FAQs



NEW DASHBOARD 2.0 FEATURES

Summary Measures Page

- Completely rebuilt to provide a high level overview of diabetes related measures
- Drilldowns to allow you to compare measures by practice and/or provider
- MCT2D performance measure
- Ability to easily download a PDF report

URES Pre-populated Select your Build Overview Reports view: Comparisons coming soon! 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) Select PO e Measure (last 12 months) Patients ≥ 65 Years Old 55 years old with controlled (<8.0%) vs Percentage of patients ≥ 65 years old with controlled (<9.0%) vs poorly controlled (≥9.0%) HbA1c HbA1c 8.0% ue in the 12-month reporting period Numerator: Most recent HbA1c value in the 12-month reporting period A1c value in the last 12-month reporting period under Denominator: Patients with an HbA1c value in the last 12-month reporting period aged 65 th controlled (<8.0%) vs poorly controlled (≥8.0%) HbA1c by Practice A1c Results for Patients < 65 Patient Count: list by that Practice Patient Name Patients 14.4 14.0

COMING NEXT

MCT2D performance Population

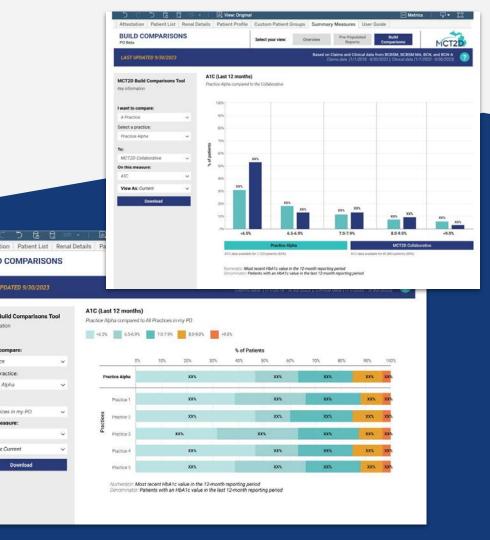
- Option to narrow the HbA1c measure population (current) to the MCT2D performance measure population (future).

NEW DASHBOARD 2.0 FEATURES

Dashboard 2.0 Tutorials 1. Getting Started Getting Started - MCT2D Patient Data Dashboard 2.0 Tutorial 1 of 3 - Developed September 3, 2024 Before we can show you features from the new Dashboard 2.0, you have the following homework assignments: 1. Request an MCT2D Patient Data Dashboard user account. 2. Login to the MCT2D Patient Data Dashboard 2.0 via the Michigan Data Collaborative (MDC). 3. Access the Dashboard User Guide PDF. 6 Steps 15 seconds M Mct2D Step 0 of 6 Get Started → Made with Scribe

Tutorials Page and Updates User Guide

www.mct2d.org/patient-data-dashboard



ractice:

Alpha

ices in my PO

: Current

DASHBOARD 2.1 ENHANCEMENTS

Build Comparisons Feature

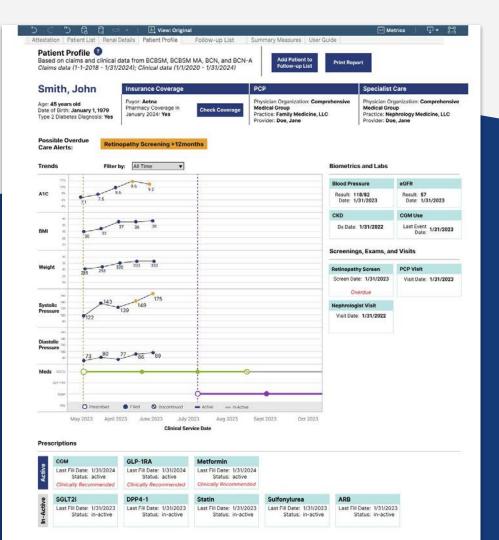
Reenvisioning of the legacy summary measures page as a tool to allow you to build a range of comparisons

URES Pre-populated Select your Build Overview Reports Comparisons coming soon! 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) Select PO e Measure (last 12 months) Patients ≥ 65 Years Old 55 years old with controlled (<8.0%) vs Percentage of patients ≥ 65 years old with controlled (<9.0%) vs poorly controlled (≥9.0%) HbA1c HbA1c 8.0% ue in the 12-month reporting period Numerator: Most recent HbA1c value in the 12-month reporting period A1c value in the last 12-month reporting period under Denominator: Patients with an HbA1c value in the last 12-month reporting period aged 65 th controlled (<8.0%) vs poorly controlled (≥8.0%) HbA1c by Practice A1c Results for Patients < 65 Patient Count: list by that Practice Patient Name Patients 14.4 14.0

DASHBOARD 2.2 ENHANCEMENTS

Pre-Populated Reports

- Trends! HEDIS measures and Med/CGM prescribing
- Comparisons! PO to
 Collaborative, provider and
 practice comparisons
- Detailed practice reports!

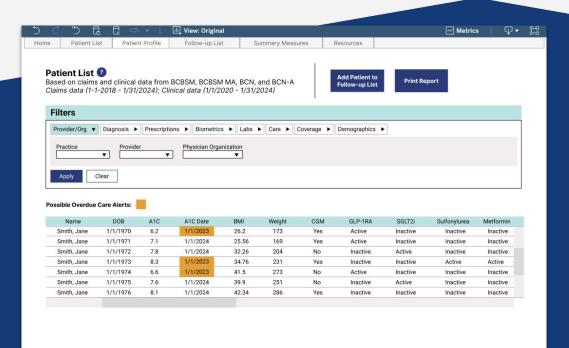


DASHBOARD 2.2 ENHANCEMENTS

Patient Profile

- Possible overdue care alerts
- Improved layout for biometrics, labs, and prescriptions

DASHBOARD 2.2 ENHANCEMENTS



Patient List

- Possible overdue care alerts
- Improved filter layout
- Updated columns



Care Lists 0

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





Patients with an A1C > 8.0% Name DOB A1C Date Smith, Jane 1/1/1970 8.2 1/1/2023 Smith, Jane 1/1/1971 8.1 1/1/2024 1/1/2024 Smith, Jane 1/1/1972 1/1/1973 8.3 1/1/2023 Smith, Jane Smith, Jane 1/1/1974 1/1/2023 Smith, Jane 1/1/1975 8.6 1/1/2024 Smith, Jane 1/1/1976 8.1 1/1/2024 This list includes patients with a reported A1C value over 8.0% in the last 6 months.

Name	DOB	Insulin Status	Pharmacy Coverage
Smith, Jane	1/1/1970	In-Active	No
Smith, Jane	1/1/1971	Active	Yes
Smith, Jane	1/1/1972	Active	No
Smith, Jane	1/1/1973	In-Active	Yes
Smith, Jane	1/1/1974	Active	Yes
Smith, Jane	1/1/1975	In-Active	Yes
Smith, Jane	1/1/1976	In-Active	Yes

Name	DOB	Retinopathy Screen Date
Smith, Jane	1/1/1970	1/1/2023
Smith, Jane	1/1/1971	1/1/2024
Smith, Jane	1/1/1972	1/1/2024
Smith, Jane	1/1/1973	1/1/2023
Smith, Jane	1/1/1974	1/1/2023
Smith, Jane	1/1/1975	1/1/2024
Smith, Jane	1/1/1976	1/1/2024

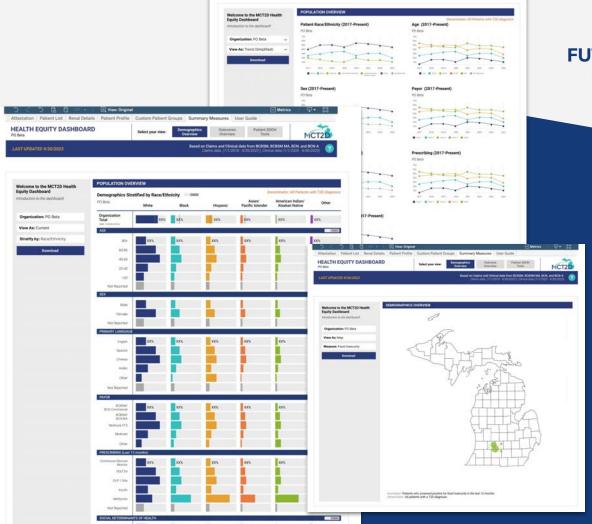
Name	DOB	A1C	BMI	
Smith, Jane	1/1/1970	6.2	25.56	
Smith, Jane	1/1/1971	7.1	32.67	
Smith, Jane	1/1/1972	7.8	41.07	
Smith, Jane	1/1/1973	8.3	33.36	
Smith, Jane	1/1/1974	6.6	44.01	
Smith, Jane	1/1/1975	7.6	37.74	
Smith, Jane	1/1/1976	8.1	28.73	

My Follow-up Lists | Select list Patients added from the Patient List DOB A1C A1C Date SGLT2i Date GLP-1RA Date **CGM Date** Name 1/1/2023 Smith, Jane 1/1/1970 1/1/2023 1/1/2023 1/1/2023 1/1/1971 1/1/2024 1/1/2024 1/1/2024 1/1/2024 Smith, Jane 8.8 1/1/2024 1/1/2024 1/1/2024 Smith, Jane 1/1/1972 1/1/2024 Smith, Jane 1/1/1973 8.3 1/1/2023 1/1/2023 1/1/2023 1/1/2023 Smith, Jane 1/1/1974 8.6 1/1/2023 1/1/2023 1/1/2023 1/1/2023 Smith, Jane 1/1/1975 8.6 1/1/2024 1/1/2024 1/1/2024 1/1/2024 Smith, Jane 1/1/1976 1/1/2024 1/1/2024 1/1/2024 1/1/2024

DASHBOARD 2.2 ENHANCEMENTS

Follow Up Care Lists

- Pre-filtered lists of patients
 based on key metrics
- Update based on available data
- Easy to download



FUTURE DASHBOARD ENHANCEMENTS

Social Determinants of Health

- Part of a broader health equity dashboard enhancement
- Focused on making available SDOH and demographics data as actionable as possible



Data Quality Work

Challenges

- 1. Completeness of lab reporting
- 2. Identification of of lab reporting LOINC Codes and CPT Codes
- Practice Identification numbers
- 4. Non-incentivized data field reporting
- 5. Units on weight



Partnering to Improve



Dashboard Users

- Reaching out to MCT2D when you notice something that is missing or incorrect.
- Showing your support for the Patient Data Dashboard to your Physician Organization.
- Suggesting way that MCT2D can improve the Patient Data Dashboard.

Physician Organizations

- Submitting relevant data even if not required by HEDIS.
- Ensuring internal verification processes are inplace for EMR data input.
- Sharing the LOINC and CPT codes that are submitted along with data.



Data Quality Enhancements

- Endocrinologist Attribution
 - Inclusion of endocrinologists in the patient data dashboard.



Q1 - 2025

Reduce Claims and Clinical Data Lag



Q1/Q2 - 2024

- PDCM Eligibility
 - Flag for if a patient has a PDCM benefit



Q4 - 2024

Incorporate Weight Unit of Measure



Q4 - 2025





Getting Access to the Dashboard



COI Admin Portal

View as PO ▼

Home Support

FAOs Account

MCT2D Admin

Users SCP Recruitment SCP/PCP Care Coordination Plans

Email

Tasks

VRR Metrics

PO Scorecard - 2024-25 Practice Scorecards - 24-25 Quarterly PO Reports

P0 Resources

Physicians Exempt from **CGM Criteria**

P0s Practices

People add new

Leave of Absence Assian new COI Role

Registrations Register for Fall 2024 Regional Meeting

Reports

PO Resources

MCT2D Overview

This one-page document gives a high level introduction to MCT2D. This would be a good document to share with people when introducing MCT2D for the first time.

Roles and Responsibilities- Practice

Level

This document gives an overview of

what practice roles exist within

MCT2D- the practice clinical

champion, practice liaison, and

participating physician, as well as the

associated responsibilities and time commitment for each of these roles.

Clinical Champion Requirements

This one-pager gives a high level overview of the clinical champion role. The video at the following link provides additional details: https://www.youtube.com/watch? v=_9UjzNJ5HQw

Roles and Responsibilities- Physician Level

This document gives an overview of what individual physicians are expected to do as part of their participation within MCT2D.

MDC User Access Request

This is the form that needs to be submitted to get a user access to the MDC Patient Data Dashboard. This needs to be submitted by an Acknowledger at the PO. The completed form should be emailed to mdc-accounts@med.umich.edu

Roles and Responsibilities- PO Level

This document gives a brief overview of the PO Admin Lead. PO Clinical Champion, and PO Data Contact roles and the responsibilities associated with these roles. PO Primary Contacts are not a specific role within the CQI, but receive all the same communications that PO Admin Leads do.

If you do not have access to the admin portal to download the form, either ask your PO clinical champion or email MCT2D.



and the second second		MCT2D User Account Request Form									
equired Data Elements" access is needed for more than one practice, please list ALL practices!											
Organization Name*	PO/Practice Access*	First Name*	Last Name*	Date of Birth	Email Address*	Phone Number*	Gender	Home Street Address (including City, State, Zip)	Uniqname (if known)	UMID (if known)	
If access is needed for more than one practice, please list ALL practices!											



Sending It To MDC

- The PO Acknowledger must be the person to send the completed form to MDC.
 - a. If you have access to the Admin Portal, you can lookup who your PO's acknowledger's are. The role is call "Your PO's Name Acknowledger"
 - i. For Example: "Michigan Medicine Acknowledger"
 - b. If you do not have access to the admin portal, ask you PO clinical champion, they will know.

2. Your PO Acknowledger will email the completed form to: mdc-accounts@med.umich.edu



Thank You!

Questions?

