

C17: Coverage Checker: Applying Human-centered Design to Develop a Tool for Insurance Coverage Navigation

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IHI Forum 2024

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Disclosure

None of the planners, presenters, or staff for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



Session Objectives

After attending this session, attendees will be able to:

- Describe the impact of insurance coverage complexity on the delivery of type 2 diabetes care.
- Evaluate methods to create a digital Minimum Viable Product that addresses barriers to coverage.
- Implement human-centered design approaches to addressing complex challenges in QI practice change.



**\$1.3
billion**

**in administrative costs
related to prior auth in 2023**

A top-down view of various medical instruments and a computer mouse arranged on a dark, reflective surface. The instruments include several pairs of surgical scissors, syringes with needles, scalpels, forceps, and cotton swabs. A beige computer mouse is positioned in the center, with its cord trailing off to the bottom. The text "Death by 1000 clicks" is overlaid in a large, light blue font, with "Death by" on the top line and "1000 clicks" on the bottom line. The mouse is placed directly under the word "1000".

Death by
1000 clicks

We're **human centered designers** embedded in a statewide quality improvement collaborative.



Michigan Collaborative for Type 2 Diabetes



We are a statewide, all patient, all payor, quality improvement organization, funded by Blue Cross Blue Shield of Michigan.

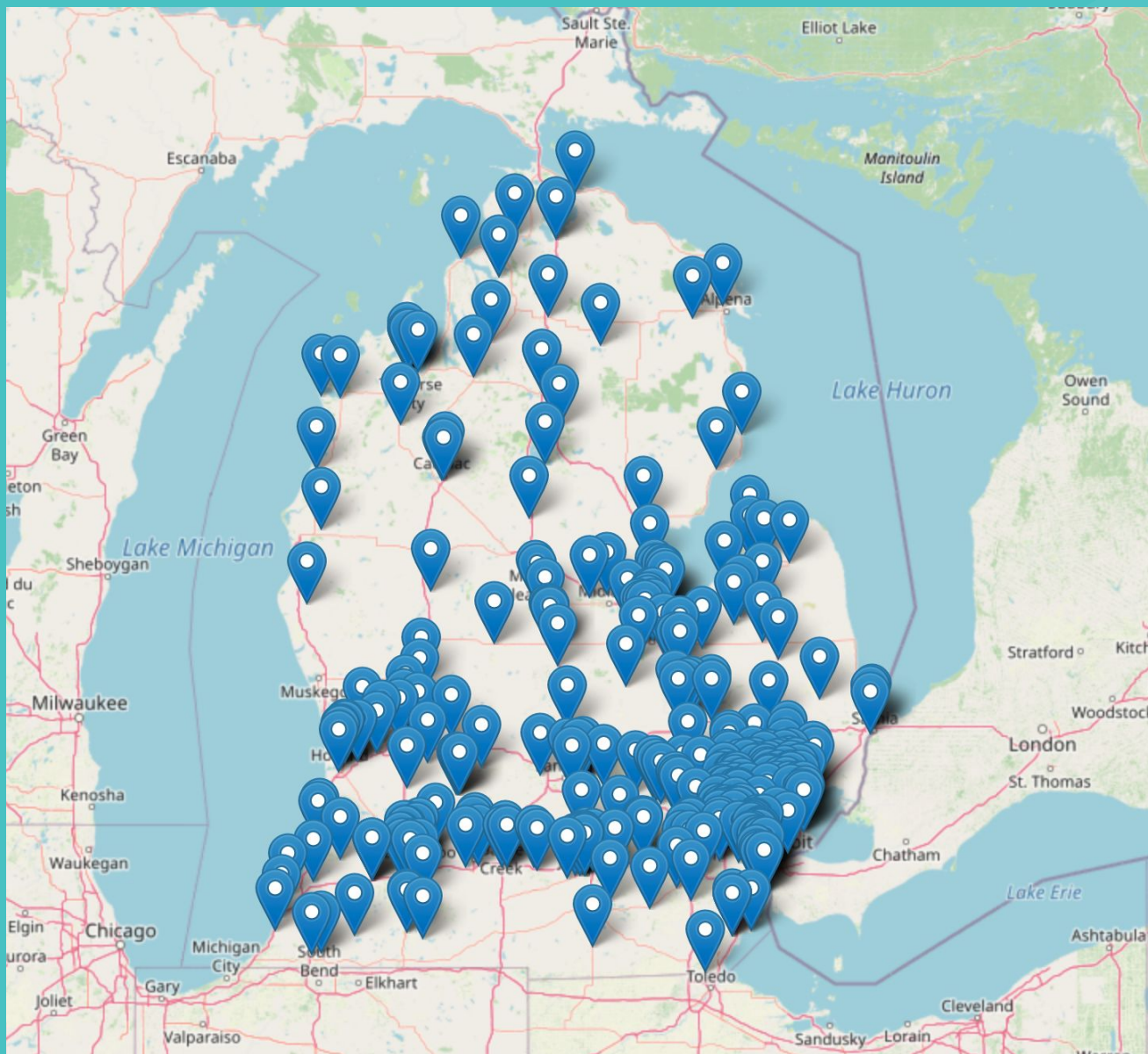


**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association



**UNIVERSITY OF
MICHIGAN**



24 of 30
Physician
Organizations



1,403
Physicians



395
Practices



188,914
Patients

The Michigan Collaborative for **TYPE 2 DIABETES**

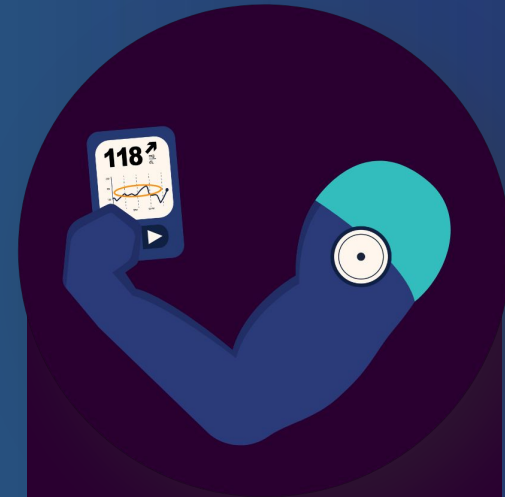
Our Current Focuses



Supporting Lower
Carbohydrate Eating
Patterns

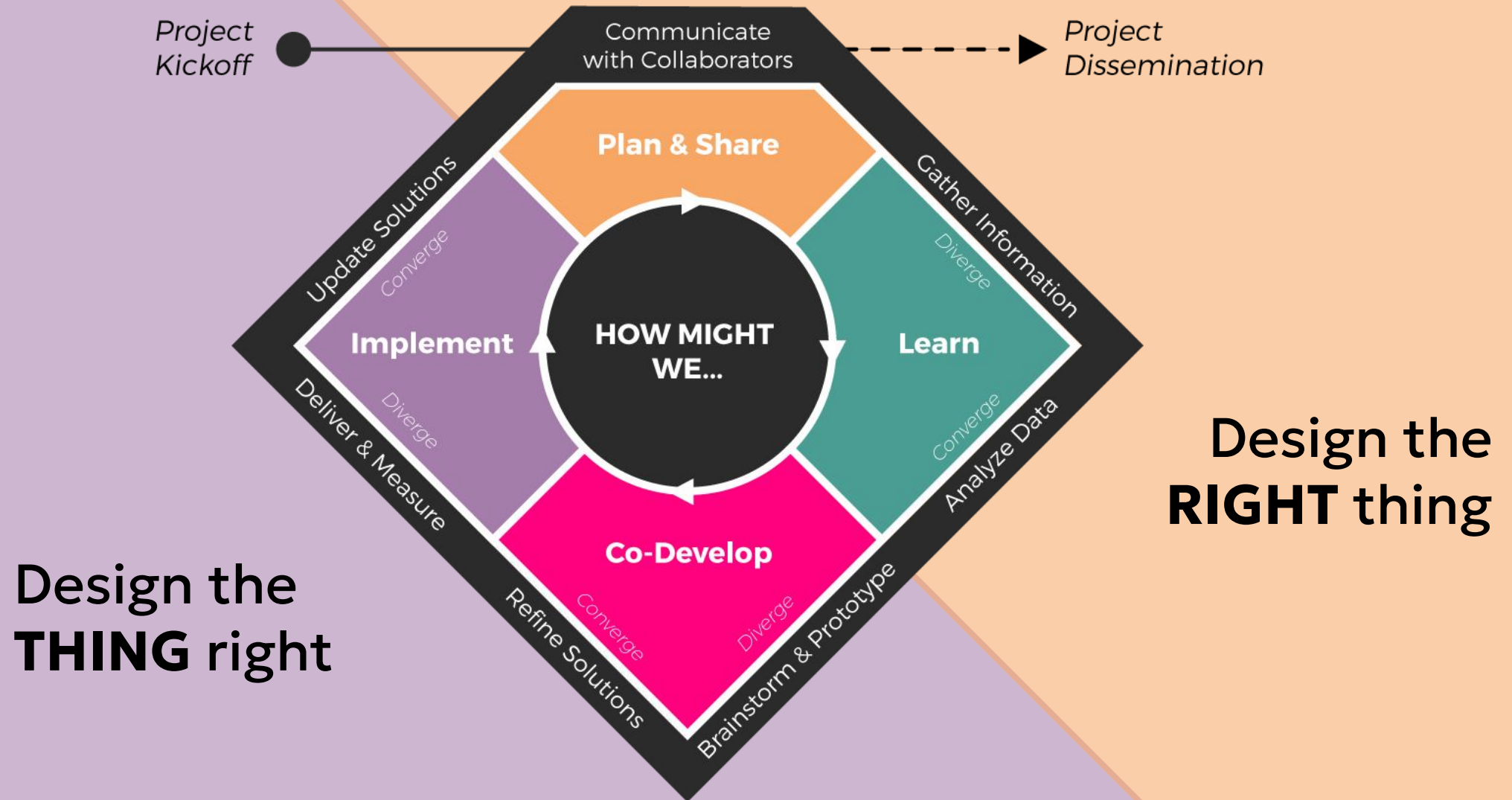


Promoting Guideline
Directed Medication
Prescribing



Expanding use of
Continuous Glucose
Monitoring (CGM)

Collaborative Improvement Design Model



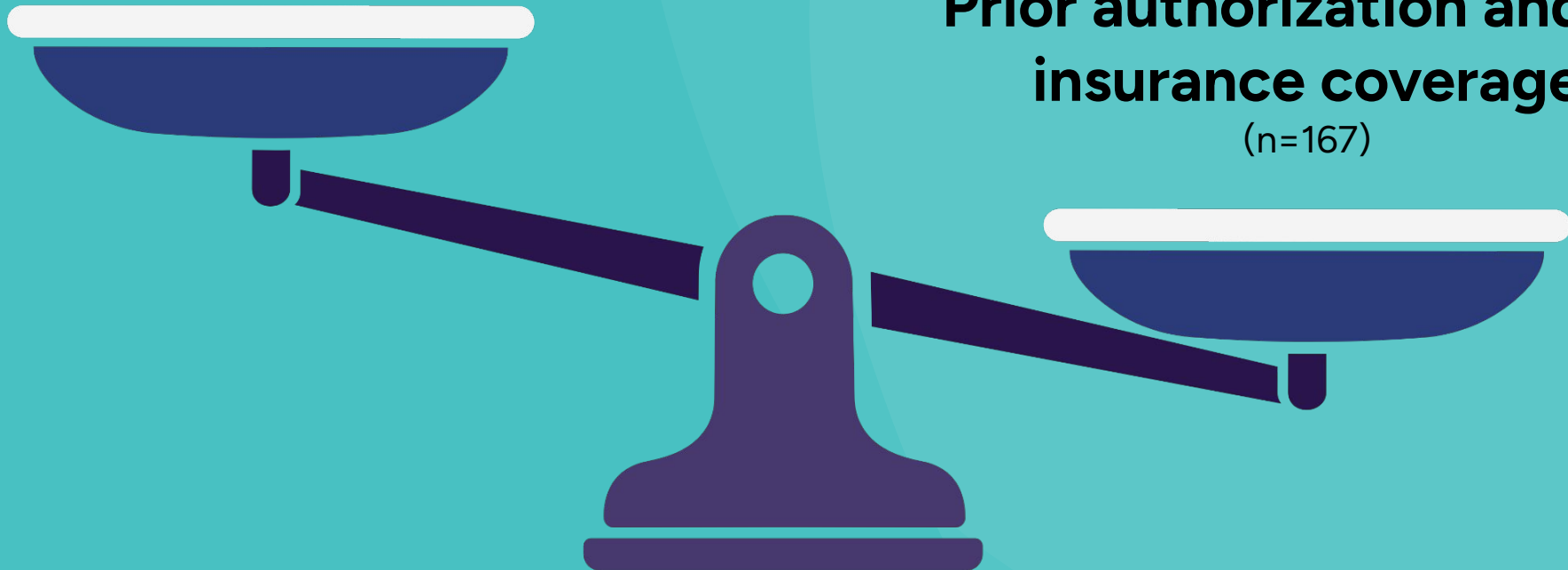
Learn: What are practices' biggest barrier to prescribing SGLT2i's and GLP-1 RAs?

18%

Prescribing knowledge
(n=36)

83%

**Prior authorization and/or
insurance coverage**
(n=167)



Coverage Guide

From version 1 to 90



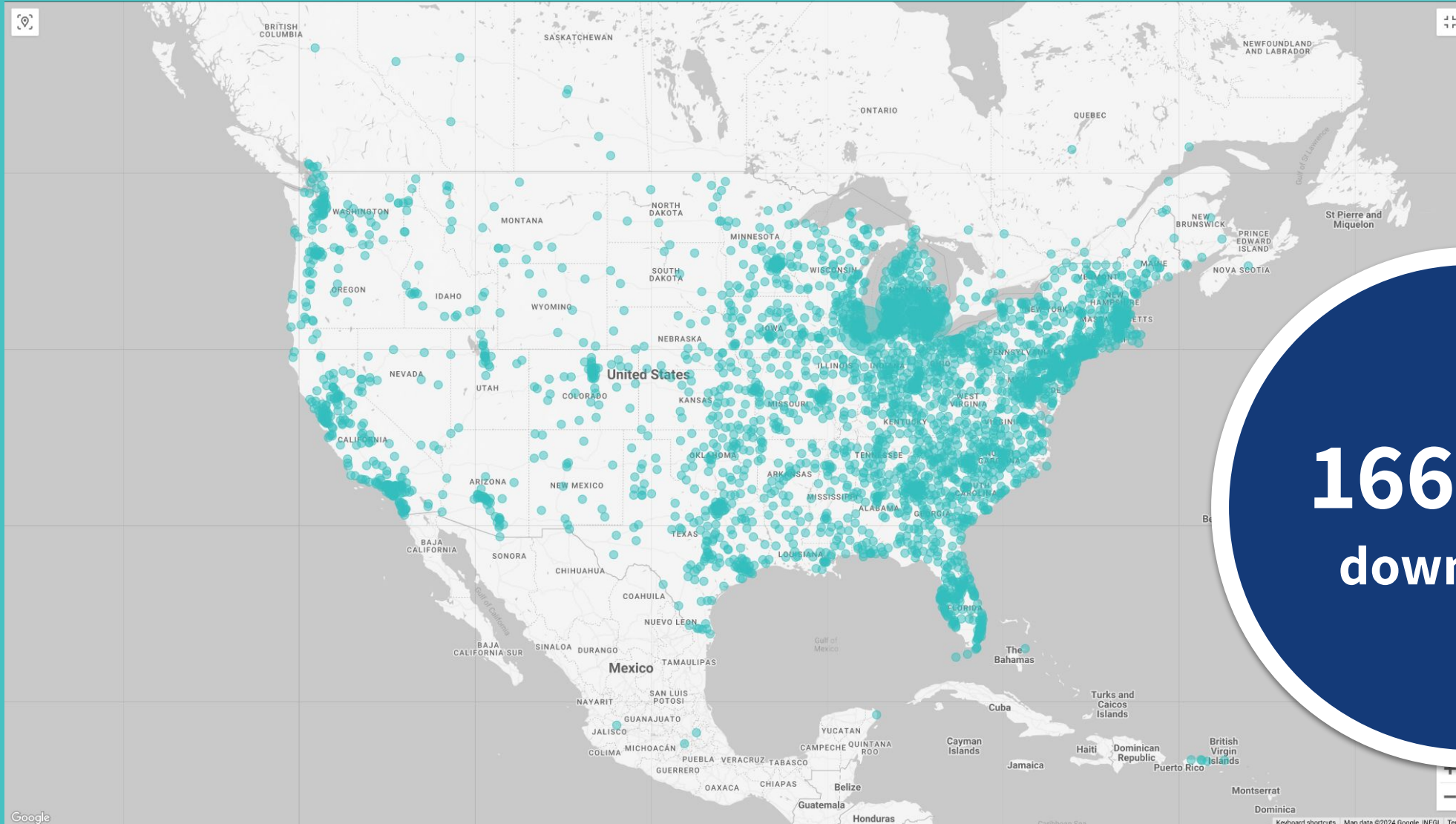
Nov 2021
Version
1



November 2021
Developed with MCT2D
Co-Director and Clinical
Pharmacy Lead,
Heidi Diez, PharmD

- + Updated quarterly
- + Expanded to include Anti-Obesity Med Coverage
- + Added Guide to Patient Assistance Programs

Learn: Validating the Solution



166,000
downloads



Learn: Payor and Manufacturer One-on-Ones

30+ hours

in 1-1 private calls with diabetes
drug and technology medical
representatives, payors, and
public plan medical leads

Learn: COVERAGE QUEST

COVERAGE QUEST

PATIENT
Frank (75-year-old male)
Humana Medicare Choice F

Diagnoses:
Type 2 Diabetes
Hypertension
Chronic Kidney Disease
Albuminuria
Stroke History
Heart Failure

Relevant Lab Work:
A1C - stable at 7.4%
eGFR - 35mL/min/1.73m²

Current Prescriptions:
1. atorvastatin
2. glucose blood meter and test strips
3. clopidogrel
4. famotidine
5. ferrous sulfate
6. lisartan
7. metformin
8. nifedipine
9. hydrochlorothiazide

Prescription written for clinically indicated Jardiance (empagliflozin)

Handwritten Notes:
- Utilize coverage trends for med therapies
- MA completes prior auth w/ all notes or clinic notes
- Preferred/alternative
- Script sent in w/in same class
- Script to covered medication sent to pharmacy
- Patient unwilling to provide financial info to manufacturer
- Send to care coordination to complete patient assistance
- Patient has not met their deductible - turn cost
- Screen pts for qualification of patient assistance
- PAP Guide for Medicare Part D
- Provide samples
- Encourage pts to fill w/ pharmacies about
- Patient forgets to complete application
- Medication not at Stock/ unavailable
- Patient medicated but follow up remains low
- Patient unwilling to pay high cost
- Suggests med to provider



Learn: COVERAGE QUEST

Coverage Quest: A fantasy exercise to map coverage barriers and opportunities for improvement for type 2 diabetes

Noa Kim, MSH, Larrea Young, MDes, Amy Kuehls, Lauren Oshman, MD, MPH, Heidi L. Diez, PharmD, BCACP, Jacqueline Rau, MISA, Jacob Weiss, MHS

Michigan Collaborative for Type 2 Diabetes (MCT2D)
(University of Michigan, Ann Arbor, MI) (2) Institute for Healthcare Policy and Innovation (IHPI), Ann Arbor, MI

BACKGROUND

Coverage Quest is a fantasy-themed **process mapping activity** for healthcare providers to identify barriers, best practices, and opportunities for improvement in insurance coverage for diabetes treatments. Process mapping is a widely accepted method to understand complex systems and processes, and guide the implementation of quality improvement interventions in a wide range of industries.

The Michigan Collaborative for Type 2 Diabetes (MCT2D) identified insurance coverage as a major barrier to quality care for type 2 diabetes patients in Michigan. Coverage is complex to navigate and frustrating for clinicians, leading to a reluctance to engage in quality improvement (QI) efforts. To address this, MCT2D created Coverage Quest, a 45-minute activity where 300+ practice champions collaboratively mapped their coverage processes and identified opportunities for improvement during the MCT2D regional meetings in April-May 2023.

MCT2D is a state-wide quality initiative supported by Blue Cross Blue Shield of Michigan that aims to improve the treatment of type 2 diabetes. The statewide collaborative is made up of: Over 1,400 physician members, representing 355 primary care practices, 26 endocrinology practices, and 14 nephrology practices from 24 of Michigan's 30 physician organizations.

AIM

Engage members in a conversation about the complexities of navigating insurance coverage and identify improvement opportunities that the collaborative can address at multiple levels.

Approaching quality improvement methods in **creative ways** can yield high levels of engagement and real-world solutions to complex quality problems.

Figure 5: Opportunities for improvement grouped by stakeholder and key themes with exemplar improvement statements

Patients			
Knowledge	Process	Resources	
Patient Homework & Accountability: Empower patients to collect information on their own insurance coverage, make calls to insurance and/or pharmacy and take an active role in finding and applying for cost assistance programs. (n=)	Patient Conversations: Engage patients in conversations about cost and other challenges with accessing these medications. (n=)	Connect to Assistance Programs: Have information available for patients on assistance programs that they can apply for if their prescription costs are too high. (n=)	
"Improve coverage/reduce out of pocket costs. Advocate with insurance companies."	"Patients to be more involved in the process/knowledgeable that these meds have coverage issues. I plan to discuss this with pts. When I send a med and encourage them to call us or the pharmacy."	"Look for additional assistance programs to help reduce copays in addition to initial out of pocket costs."	
Practices			
Knowledge	Process	Resources	
Care Team Education: Ensure the clinical	Develop a Workflow: Have a coverage	Prior Authorization Specialist: Identify a	



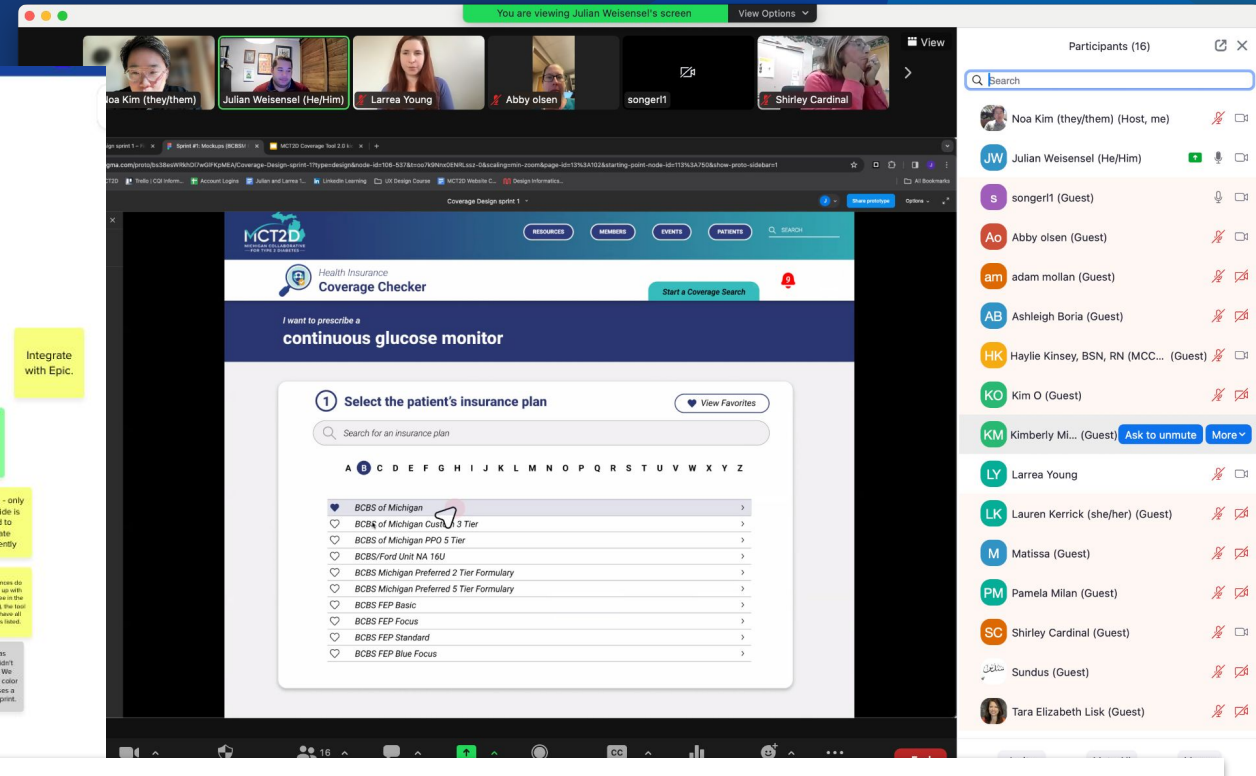
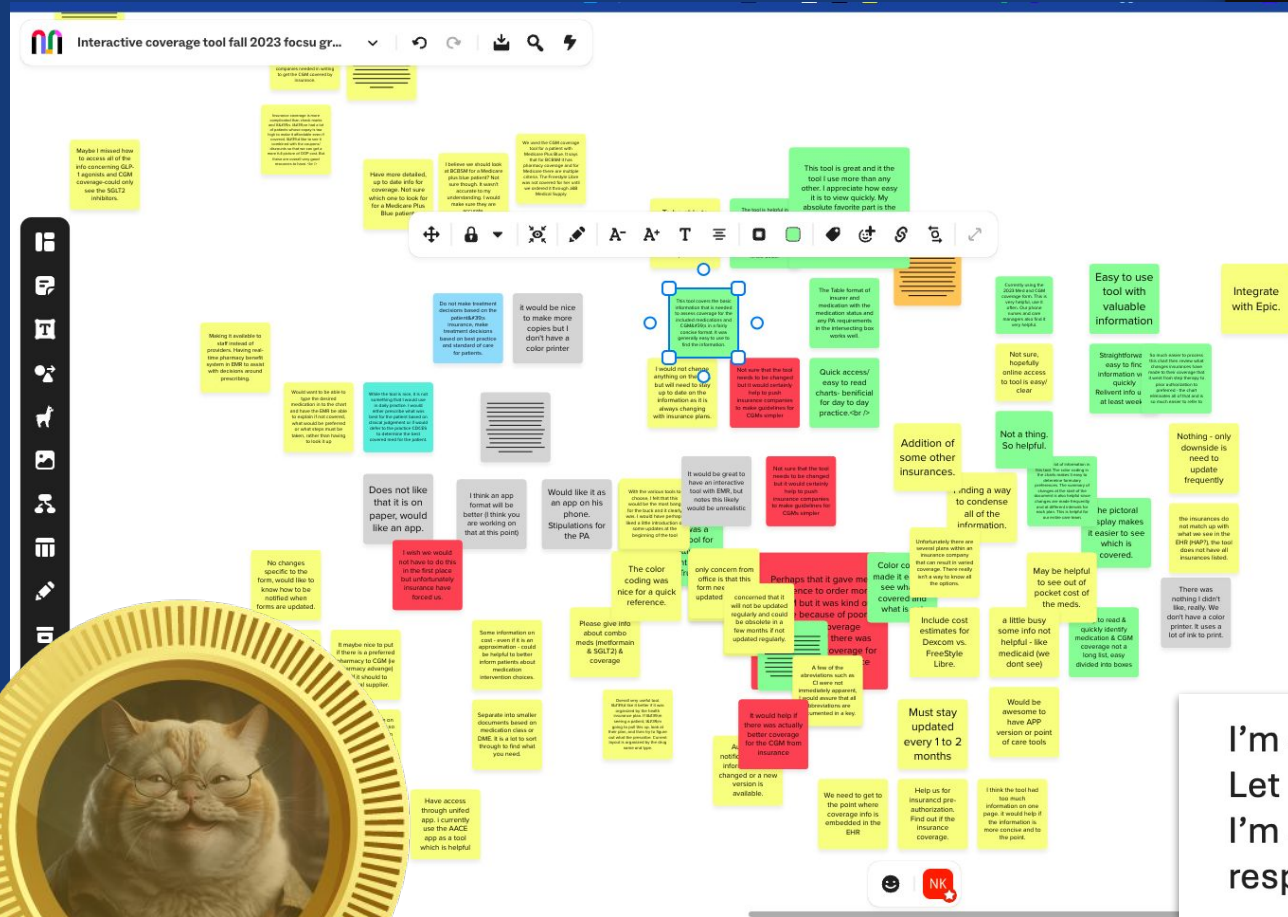
Learn:

COVERAGE QUEST

“Digital algorithm for point of care use for providers: insurance class, preferred options, details needed for PA.”

“Having formulary more accessible when prescribing meds.”

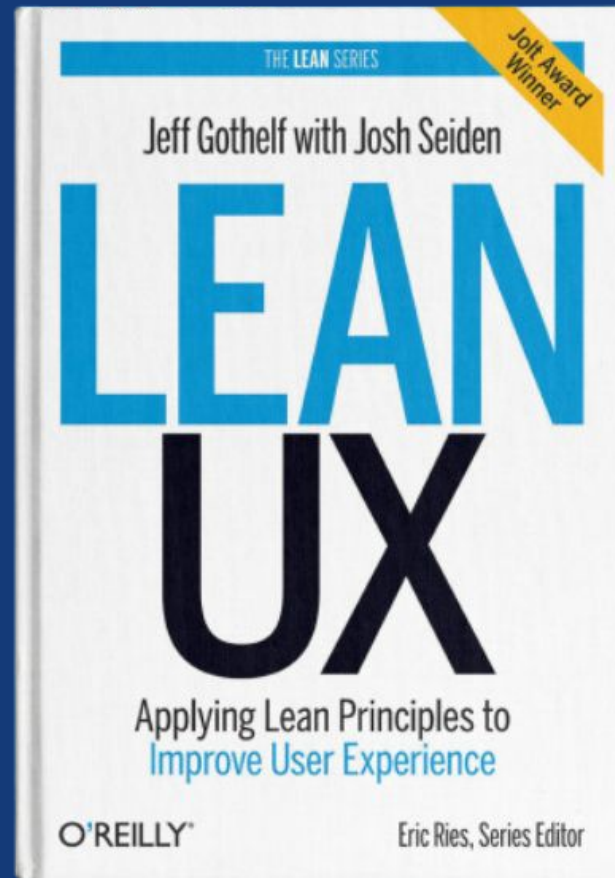
Co-Develop: Focus Groups



I'm so glad that I was a part of this project. I just submitted the survey. Let me know if you have any other questions. I'm always happy to help, but sometimes it takes me a few days to respond.



Thanks, Noa. You all at MCT2D are rockstars and we are so fortunate to have you advocating for us.

Co-Develop: Design Sprint






Share: MCT2D Coverage Checker


Health Insurance
Coverage Checker

Disclaimer: Currently the MCT2D Coverage Checker can be used to check coverage and prior authorization requirements for continuous glucose monitors for patients with BCBSM insurance plans. This data for the Coverage Checker is collected directly from medical policies and formularies by our team. We keep the data as correct and update as possible, however we can not guarantee accuracy. If you have questions or want to report an error, please click "Report an Error" on the bottom of the page.




I want to prescribe a
**continuous
glucose monitor**

Dexcom G6
Dexcom G7
Freestyle Libre 2
Freestyle Libre 3



I want to prescribe a
GLP-1 RA / GIP

Bydureon BCise
Mounjaro
Ozempic
Rybelsus
Trulicity
Victoza



I want to prescribe a
SGLT2i

Brenzavvy
Farigra
Jardiance
Invokana
Steglatro

Subscribe to the MCT2D
Newsletter

[Report an Error](#)



Feature: MCT2D Dot Phrase Generator

I want to prescribe a

continuous glucose monitor

Start a New Search

1 Select the patient's Michigan insurance plan

Commercial

Medicaid

Medicare

Medicare Advantage

PBM

Aetna Standard Plan	>
Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN)	>
HAP	>
Priority Optimized	>
Priority Traditional	>
United Traditional 3-Tier	>

Report an Error

Subscribe to the MCT2D Newsletter

Once per month we deliver news, updates,

EMAIL*

FIRST NAME

LAST NAME

JOB TITLE

PRACTICE NAME

Subscribe



Feature: Bypass PA Criteria

This patient may be eligible for CGM coverage under this insurance plan

③ Coverage Details



Order CGM through the pharmacy.

[Pharmacy Advantage](#) is the preferred pharmacy for HAP plans.

Preferred

Abbott Freestyle Libre 2 reader
Abbott Freestyle Libre 2 sensor
Abbott Freestyle Libre 3 sensor
Dexcom G6 Receiver
Dexcom G6 Sensor
Dexcom G6 Transmitter
Dexcom G7 Receiver
Dexcom G7 Sensor

✓ Bypass Prior Authorization

Insulin status is verified with an automatic lookback for insulin claims within the last six months.

✓ Prior Authorization





Feature: Know which DME supplier to use

Does the patient have a type 2 diabetes diagnosis? [ICD10 Glossary](#)

☒ Yes ☐ No

This patient may be eligible for CGM coverage under this insurance plan

③ Coverage Details

Order CGM through the pharmacy.

Note: MCT2D members who are UHC in-network providers can bypass PA and DME. If you have prescribing issues, contact UHC using [this form](#).

If the prescriber *is not* a member of MCT2D, order through DME.



Preferred DME Suppliers

DME Supplier	Use Parachute Health	Phone Number
AdaptHealth	Available on Parachute Health	1-844-727-6667
Advanced Diabetes Supply	Available on Parachute Health	1-866-422-4866
Byram	Available on Parachute Health	1-877-902-9726
Edgepark Medical Supplies	Available on Parachute Health	1-800-321-0591



Easy to Share and Discover

Patient Education

Share these patient-facing resources for new GLP-1 RA & GIP users.

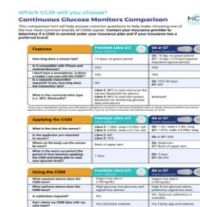
MCT2D Tools



Resources for Getting Started with Continuous Glucose Monitors: Patient Guide



Insurance Coverage Worksheet for Patients: What to Ask Your Insurance Company



Which CGM will you choose? Continuous Glucose Monitors Comparison

Upcoming Provider Events

01/16/2025, 04:00 PM EST
Patient Advisory Board (PAB) Meeting
Virtual | MCT2D

03/20/2025, 04:00 PM EDT
Patient Advisory Board (PAB) Meeting
Virtual | MCT2D

04/08/2025, 06:00 PM EDT
MCT2D Spring 2025 Regional Meeting (Livonia)
VisTaTech Center | MCT2D

Additional Actions:

[Sign Up to Receive Updates](#)

[Email This](#)

Implement, Learn:

10,545

searches

Users engage with the Coverage Checker for TWICE as long as the average page

100%

**would
recommend to a
colleague**

Limitations

Data completeness: Limited to the most common Michigan public and private health plans, excluding pharmacy carve outs.

External Barriers and limitations: GLP-1 RA shortages, high deductible plans, slow technological progress in DME prescribing

Supporting Patients During Incretin Mimetic Shortages



Incretin mimetics include Glucagon-Like Peptide-1 (GLP-1) and Glucose-Dependent Insulinotropic Polypeptide (GLP-1/GIP RA) Receptor Agonists. Shortages can cause a lot of extra work for your teams. Here are some tips to support your patients.

These recommendations are based on expert opinion and clinical data, where available. Use your own clinical judgement to make treatment decisions for your patients.

Switch options for incretin mimetics

- Switch to a lower dose of same medication, if available and supports patient's A1c goals.
- Switch to a different incretin mimetic medication.
 - Educate your patients on dose timing when switching incretin mimetic frequency:
 - **Weekly to daily:** Take 1st dose of DAILY medication **seven days** after last weekly dose.
 - **Daily to weekly:** Take 1st dose of WEEKLY medication **one day** after last daily dose.
 - Use dosing equivalency table below for patients without any GI tolerability concerns.

Equivalent therapeutic doses^{1,2}

For patients with history of moderate to severe GI side effects, consider starting at the **lowest therapeutic dose**.

Medication	Brand Name	Frequency	Equivalent Therapeutic Doses ^a				
Dulaglutide	Trulicity	Weekly	0.75 mg	1.5 mg	3* - 4.5 mg [†]		
Semaglutide (SQ)	Ozempic	Weekly		0.5 mg	1 mg [†]	2 mg	
Liraglutide	Victoza	Daily	1.2 mg	1.8 mg			
Oral Semaglutide	Rybelsus	Daily		7 mg [‡]	14 mg		
Tirzepatide	Mounjaro	Weekly				5 mg	7.5 - 15 mg

^a Sensitizing doses are excluded from the table, as they have no glycemic impact.

[‡] In patients with prior moderate to severe GI side effects, consider converting to lowest therapeutic dose.

[†] Select the lowest therapeutic dose of new injectable agent.

[‡] Experts recommend switching to 14 mg oral semaglutide.

Managing missed doses due to shortages^{2,3}

These tables help you decide what dose to restart when there has been an interruption in these commonly used incretin mimetics:

Liraglutide daily	Last dose given	
	1.2 mg	1.8 mg
If drug interruption is...	Then...	
1 - 2 doses	1.2 mg for 7 days	
3 doses or more	0.6 mg* for 7 days	

Dulaglutide	Last dose given	
	1.5 mg	3 mg or 4.5 mg
If drug interruption is...	Then...	
1 - 2 doses	Same dose	Same dose
3 - 4 doses ^a	Same dose	1.5 mg
5 doses or more	0.75 mg ^a	0.75 mg ^a

Semaglutide	Last dose given	
	1 mg	2 mg
If drug interruption is...	Then...	
1 - 2 doses	Same dose	Same dose
3 - 4 doses ^a	0.5 mg	1 mg
5 doses or more	0.25 mg ^a	0.25 mg ^a

Tirzepatide	Last dose given	
	5 mg	7.5 mg or higher
If drug interruption is...	Then...	
1 - 2 doses	Same dose	Same dose
3 - 4 doses ^a	Same dose	5 mg
5 doses or more	2.5 mg ^a	2.5 mg ^a

^a For patients with a history of severe GI side effects, restart at the lowest therapeutic dose, and in severely sensitive patients who have missed four doses, consider a sensitizing dose.

^{*} Dose is a sensitizing dose. This dose offers no glycemic impact, but lowers chance of GI side effects. Titrate based on labeled dosing instructions.

[†] Dulaglutide does NOT have a sensitizing dose.

References: 1. Almandoz JR. 2020. doi: 10.2337/cd19-0100, 2. Whitley HP. 2023 doi: 10.2337/cd23-0023, 3. <https://michmed.org/kqMdk>

Updated 10/31/24

Next Steps

- Launch of MCT2D Mobile App in Spring 2025 - Coverage Checker Lite
- Broaden scope of plans through data partnership with pharmacy benefit manager
- Strengthen quality of data through crowdsourcing
- Expand coverage tracking to diabetes prevention programs



Key Takeaways

- **Coverage navigation and prior authorization:** We can't ignore the roadblock across QI.
- **Paper Coverage Guide:** Start small and validate early and often.
- **Design Process:** Co-creating with end users and delivering those solutions builds trust. Trust lead to deeper engagement.
- **Coverage Checker:** A bespoke product can be achieved with limited bandwidth, in a short period of time, with special attention to:
 - Feature scoping
 - Transparent timeline and expectation management
 - Human-centered designers as leaders in QI

**Special thanks to the
MCT2D Design and
Informatics team**

Larrea Young,
Design Project Manager

Julian Weisensel,
Multimedia Designer

Ryan Carpus,
Senior Web Applications
Developer

Contact Us



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mct2d.org

What is a CQI?



1. Since **1997**, Statewide **collaborative quality initiatives**, **developed and executed by Michigan physician leaders**
2. **Funding and support** from BCBSM and their HMO subsidiary, Blue Care Network.
3. Promote partnerships with physicians, physician organizations, and hospitals to create **strong collaboration** and reward systems for health care transformation.
4. Rely on **data to drive evidence-based change** and improve the standard of care in Michigan

CQI Portfolio



MIMIND



M·TQIP



<https://cqis.org/>