Institute for Healthcare Improvement

MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

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

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Michigan Collaborative for Type 2 Diabetes

IHI Forum 2024
Tuesday, December 10, 2024

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

Death by
1000 clicks

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

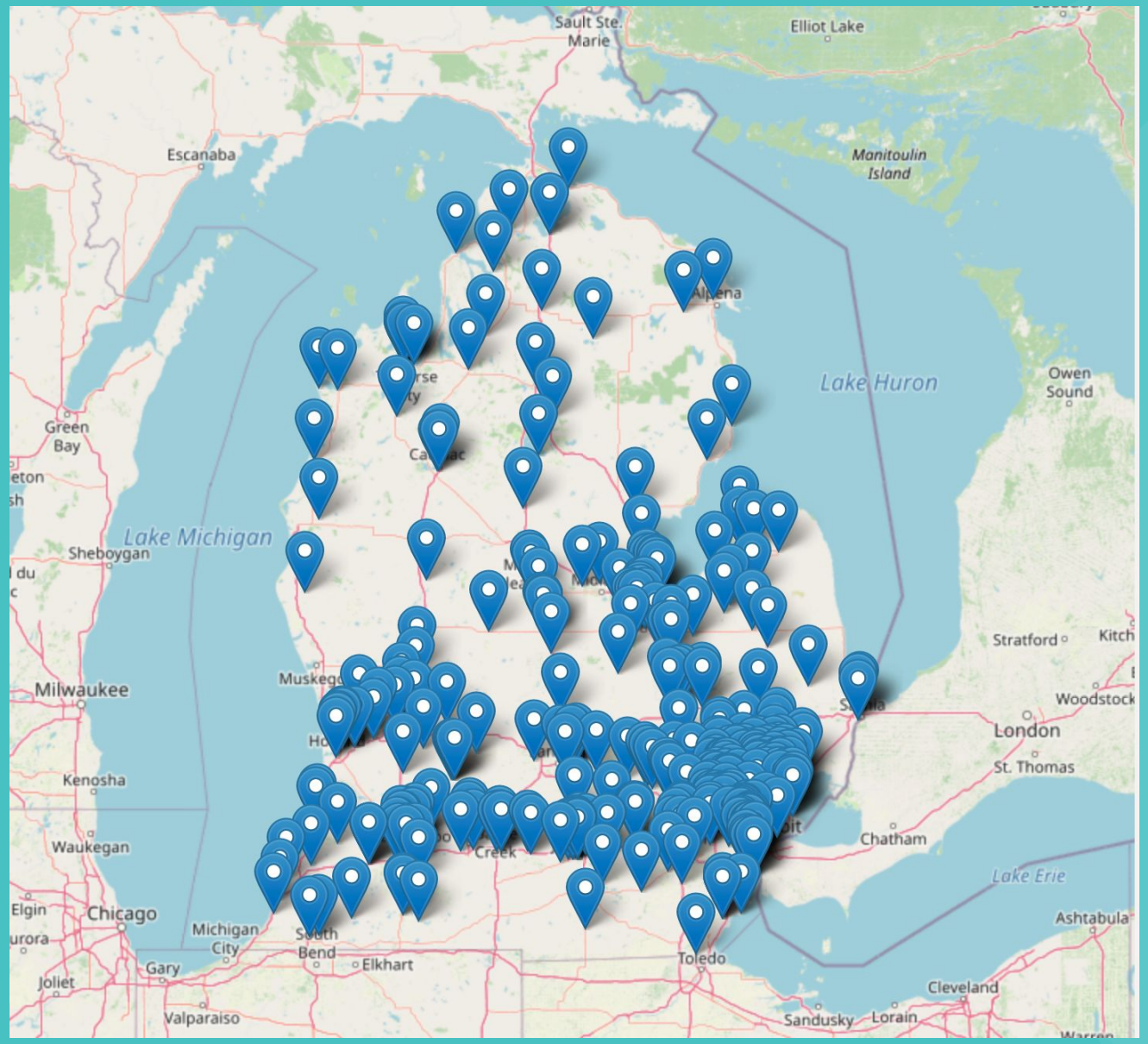
Michigan Collaborative for Type 2 Diabetes

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

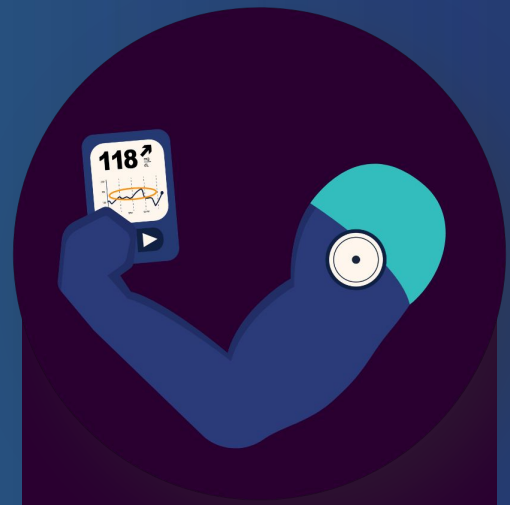
The Michigan Collaborative for

TYPE 2 DIABETES

Our Current Focuses

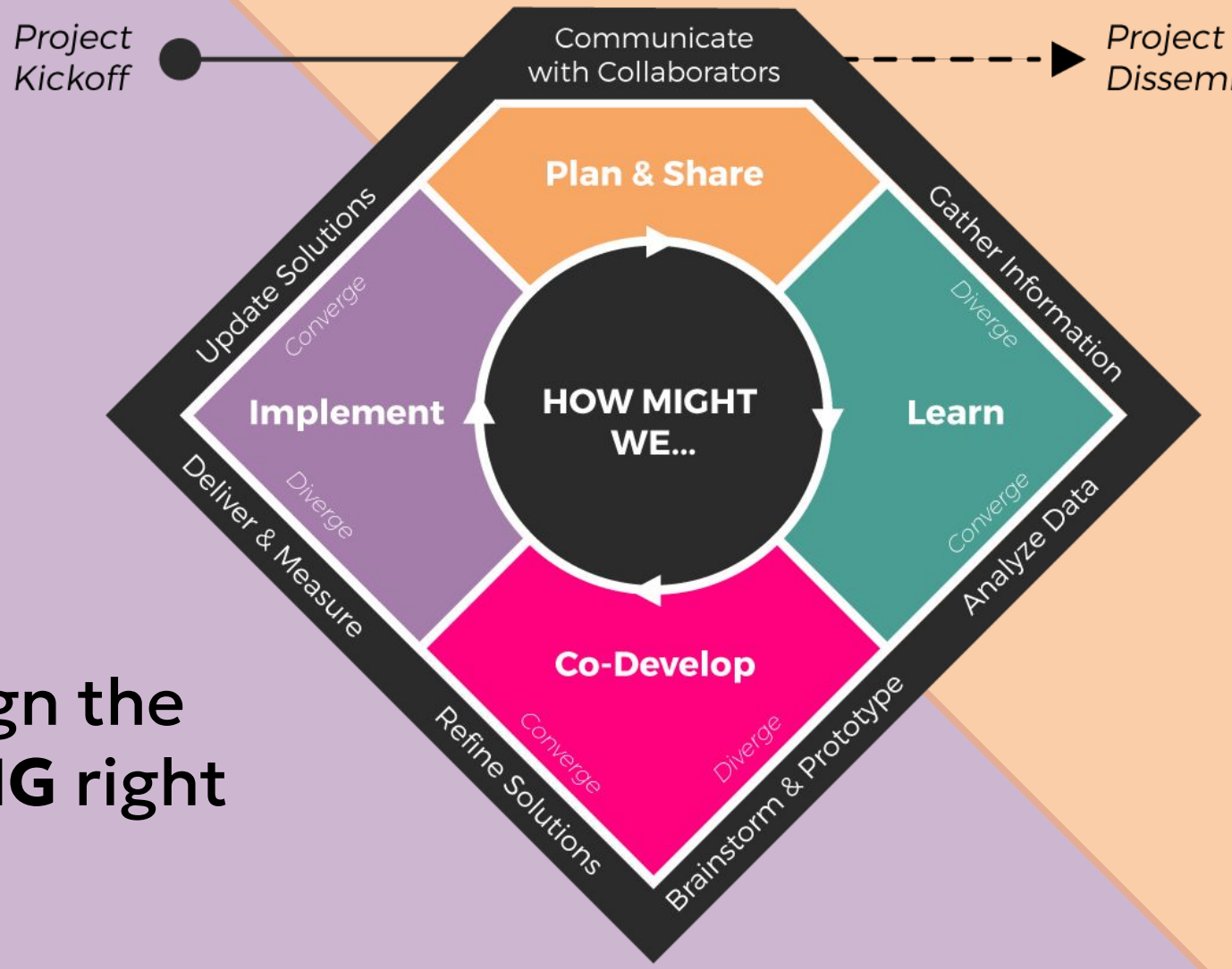
Supporting Lower Carbohydrate Eating Patterns

Promoting Guideline Directed Medication Prescribing



Expanding use of Continuous Glucose Monitoring (CGM)

Collaborative Improvement Design Model



Design the **RIGHT** thing

Design the **THING** right

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

18%

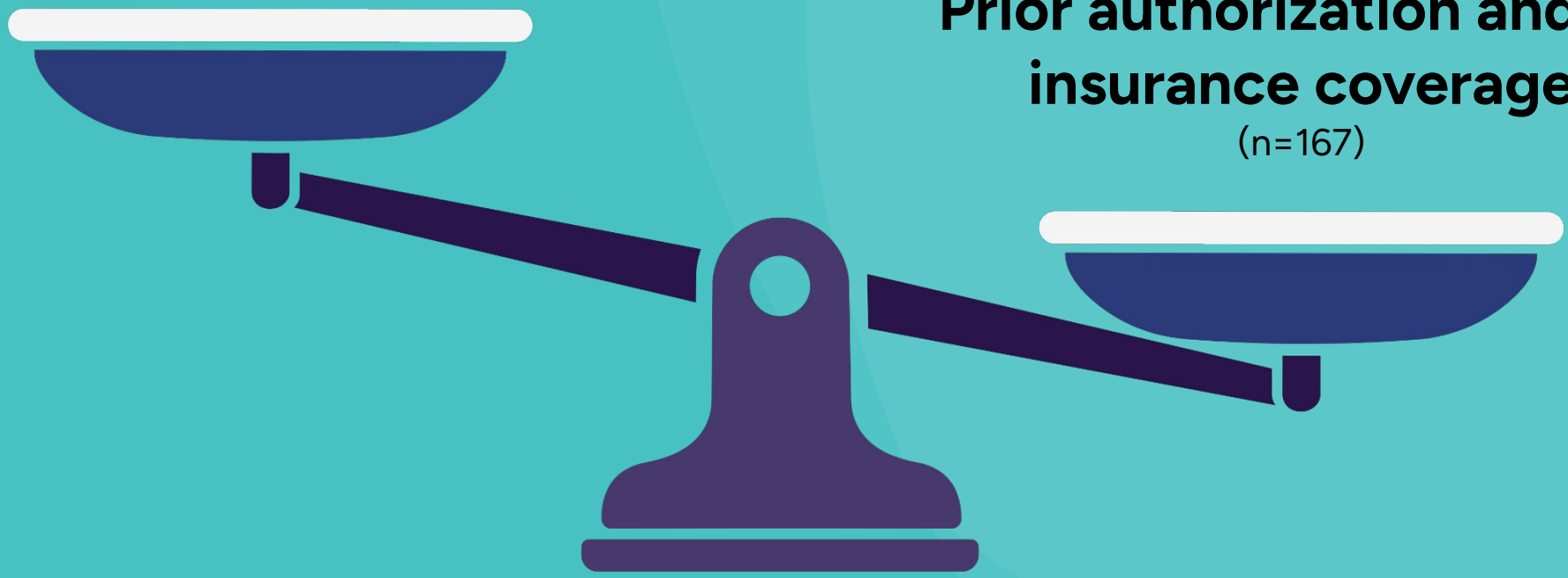
Prescribing knowledge

(n=36)

83%

Prior authorization and/or insurance coverage

(n=167)

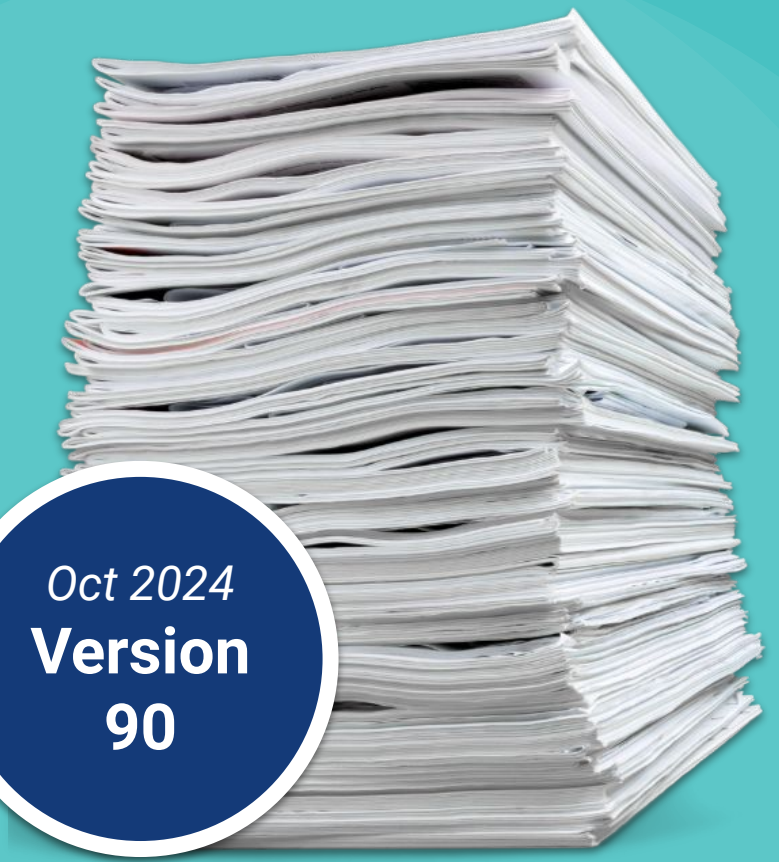


Co-Develop, Implement, Share:

Coverage Guide

From version 1 to 90

Nov 2021
Version 1

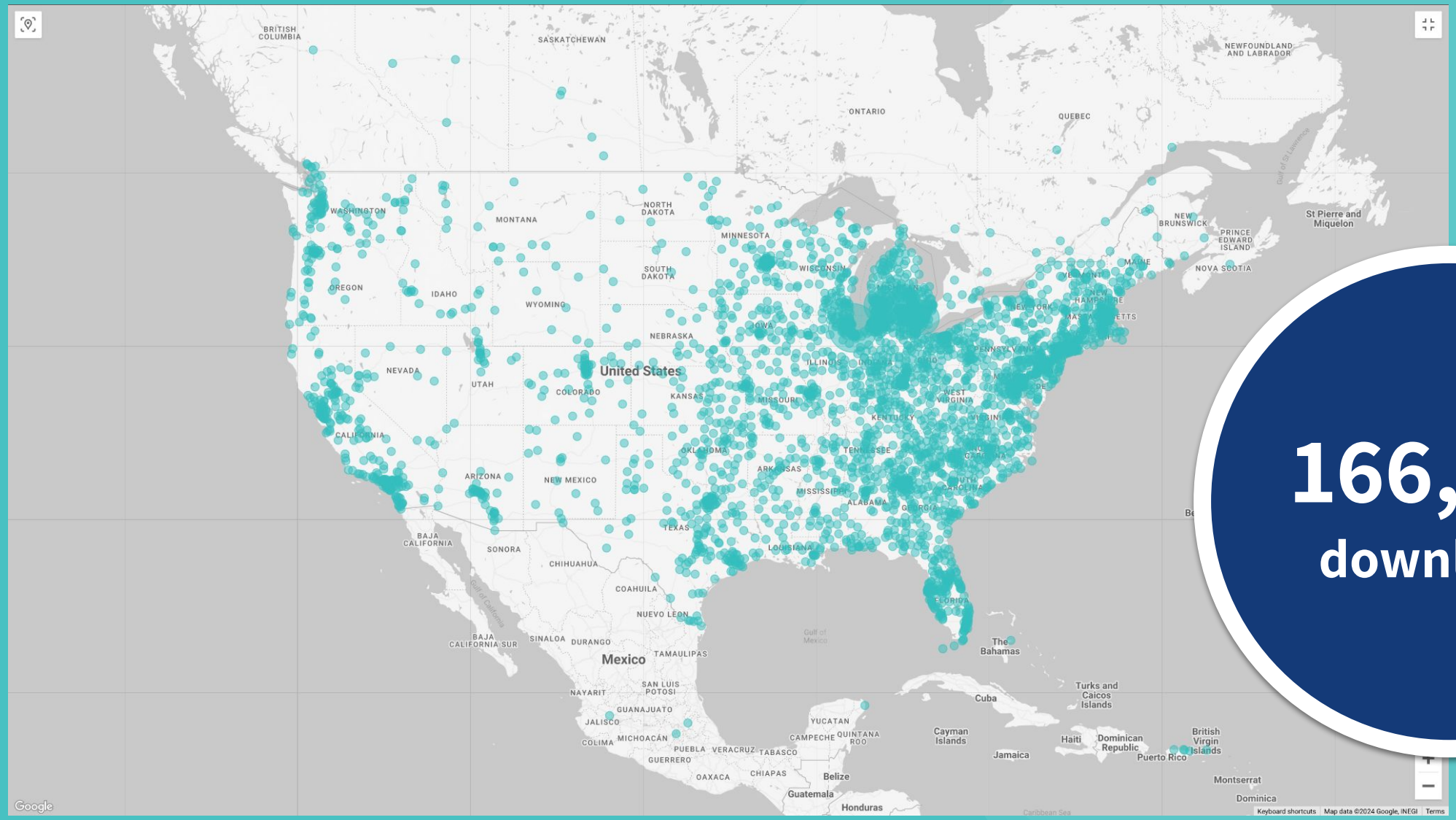


Oct 2024
Version 90

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

Image credit: Getty Images

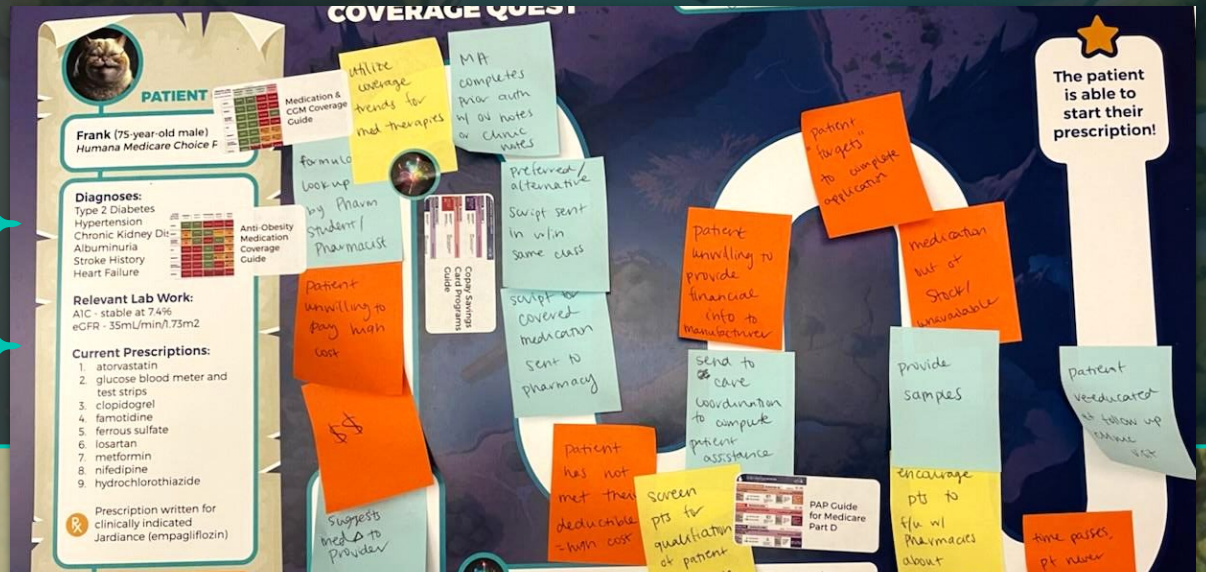
Learn: Payor and Manufacturer One-on-Ones

30+ hours

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

Learn:

COVERAGE QUEST



Learn:

COVERAGE QUEST

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

Noa Kim, MSI[1], Larrea Young, MDes[1], Amy Kuehls[1], Lauren Oshman, MD, MPH[1,2], Heidi L. Diez, PharmD, BCACP[1], Jacqueline Rau, MHSA[1], Jacob Reiss, MHSA[1]

Michigan Collaborative for Type 2 Diabetes (MCT2D)
(1) 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=) *"Improve coverage/reduce out of pocket costs. Advocate with insurance companies."*	**Patient Conversations:** Engage patients in conversations about cost and other challenges with accessing these medications. (n=) *"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."*	**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=) *"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

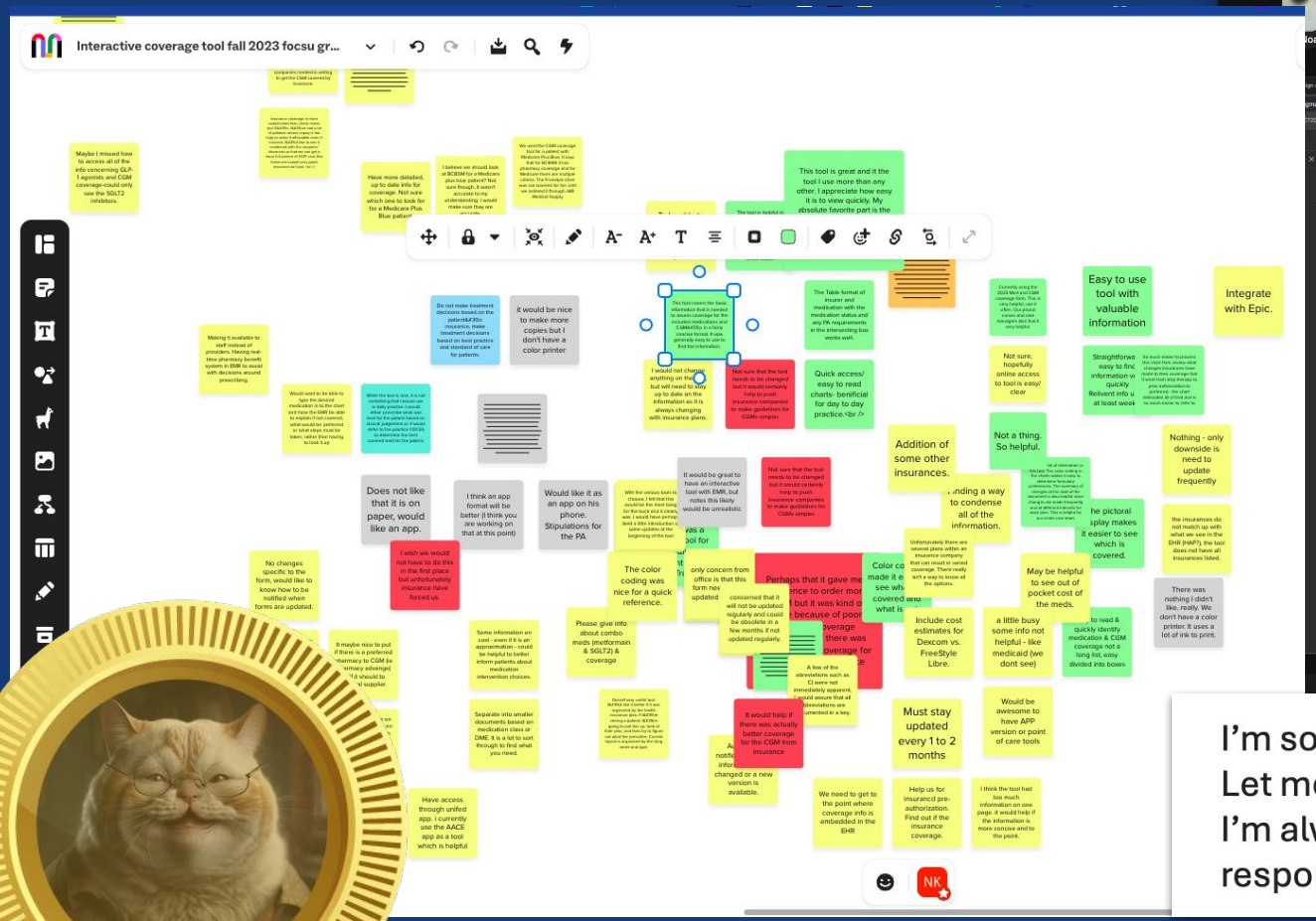
Learn:

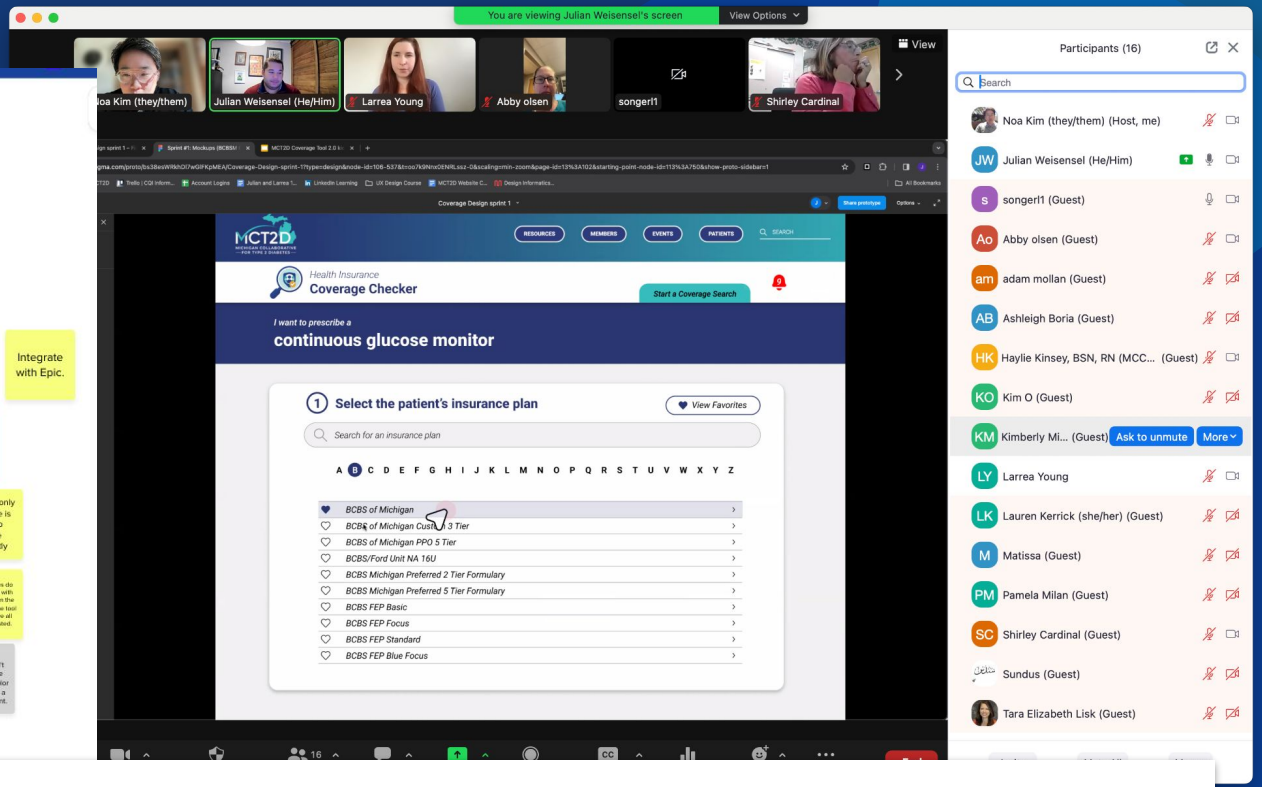
COVERAGE QUEST

“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

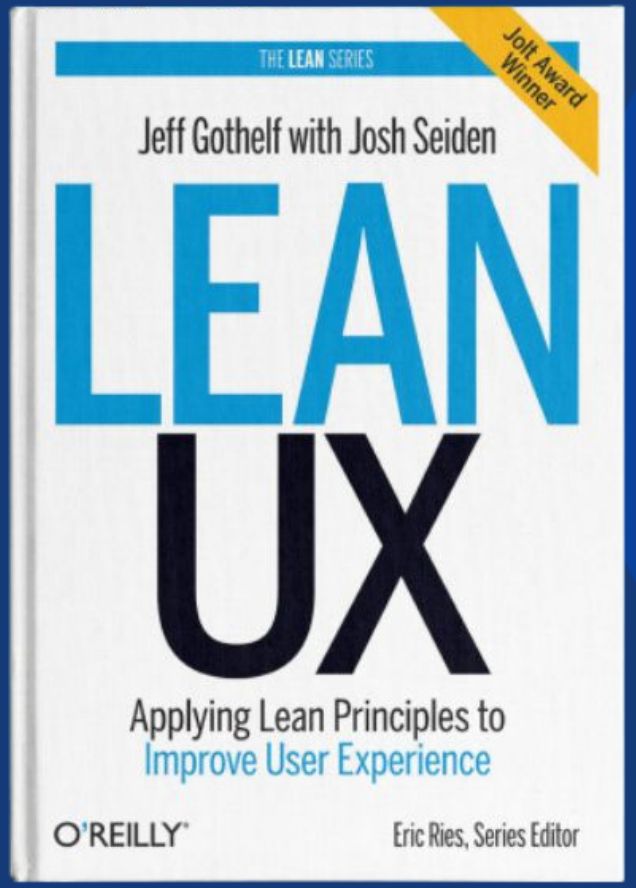




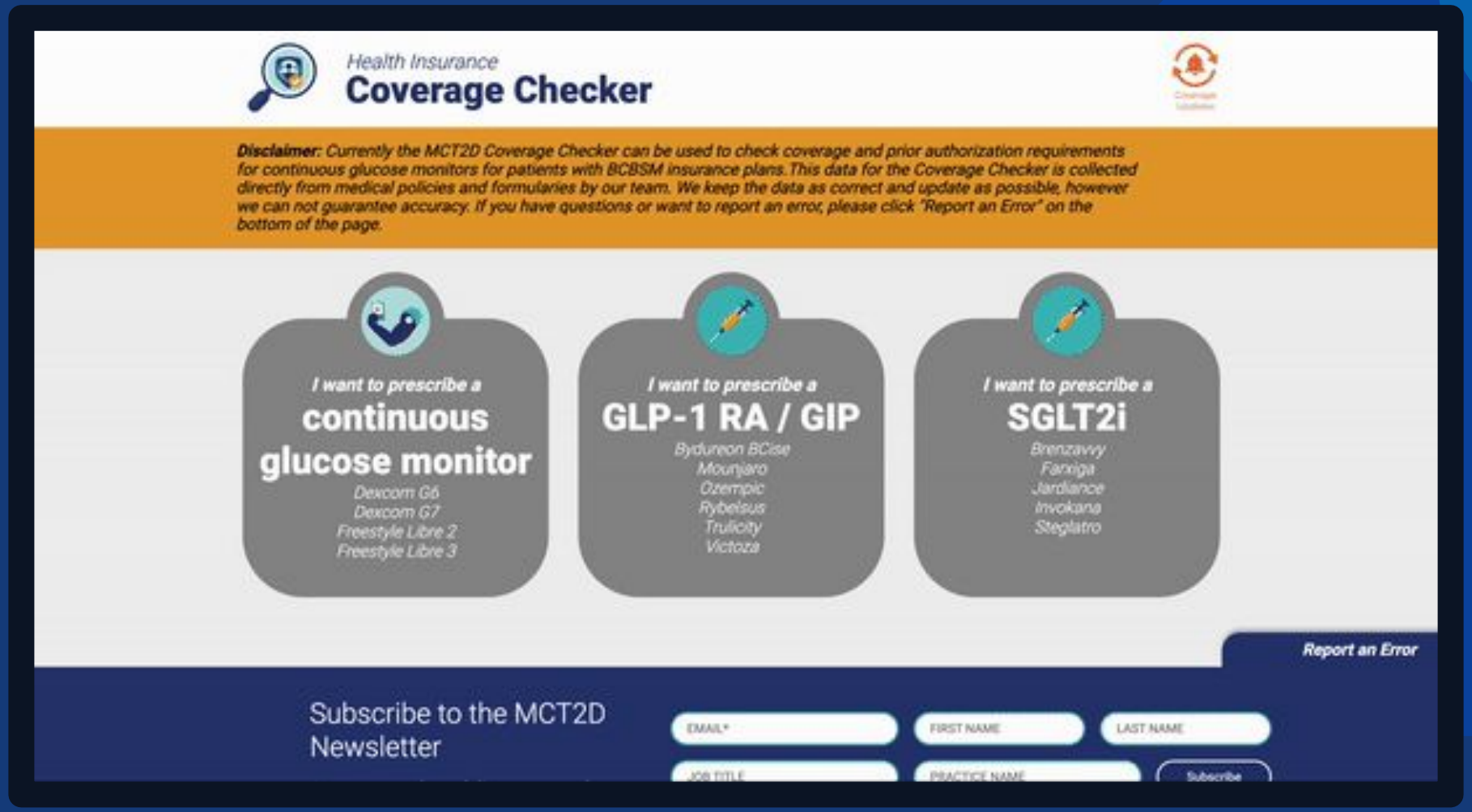
I'm so glad that I was a part of this project. I just submitted the survey. Let me know if you have any other questions.
I'm always happy to help, but sometimes it takes me a few days to respond.

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

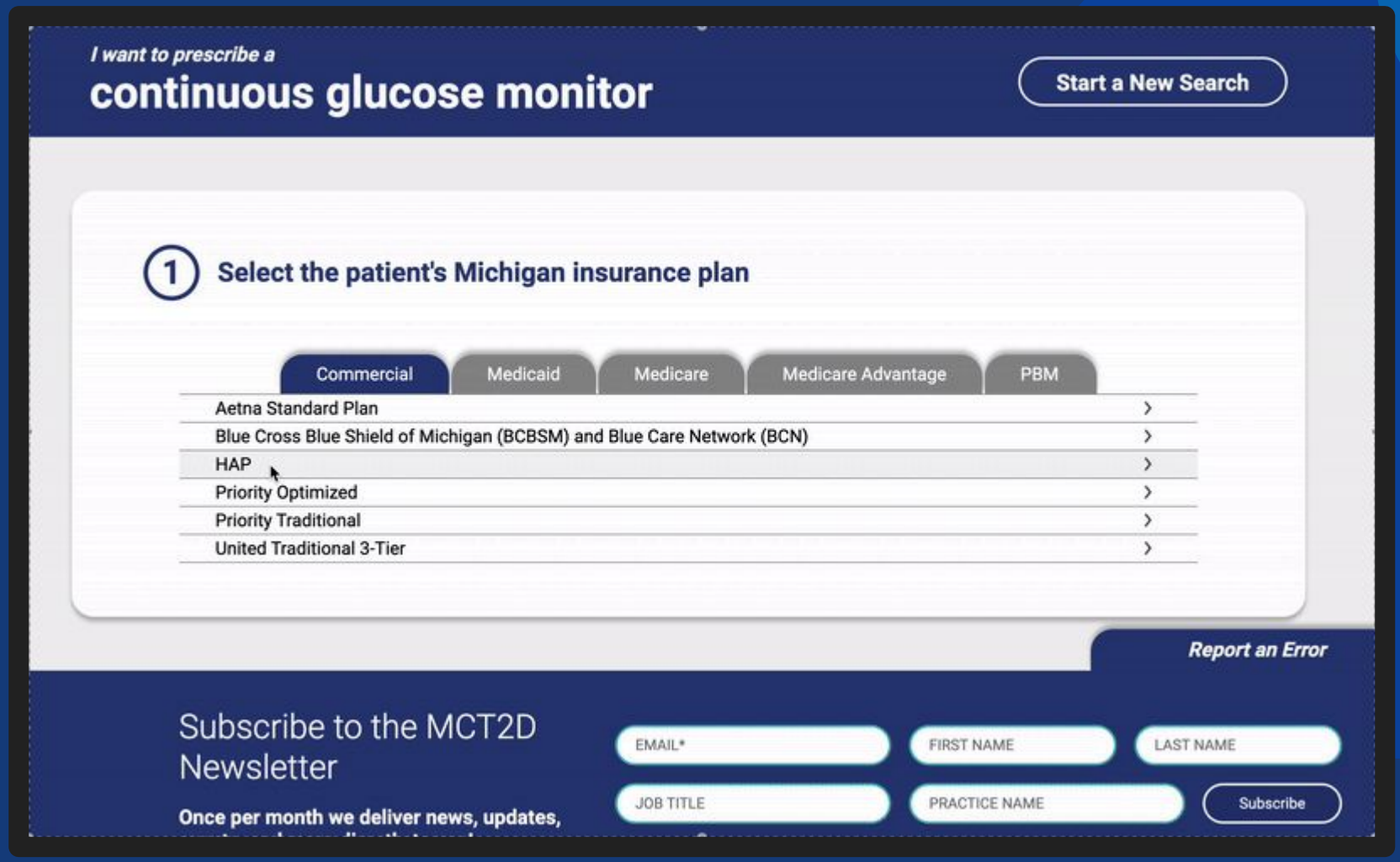
Co-Develop: Design Sprint



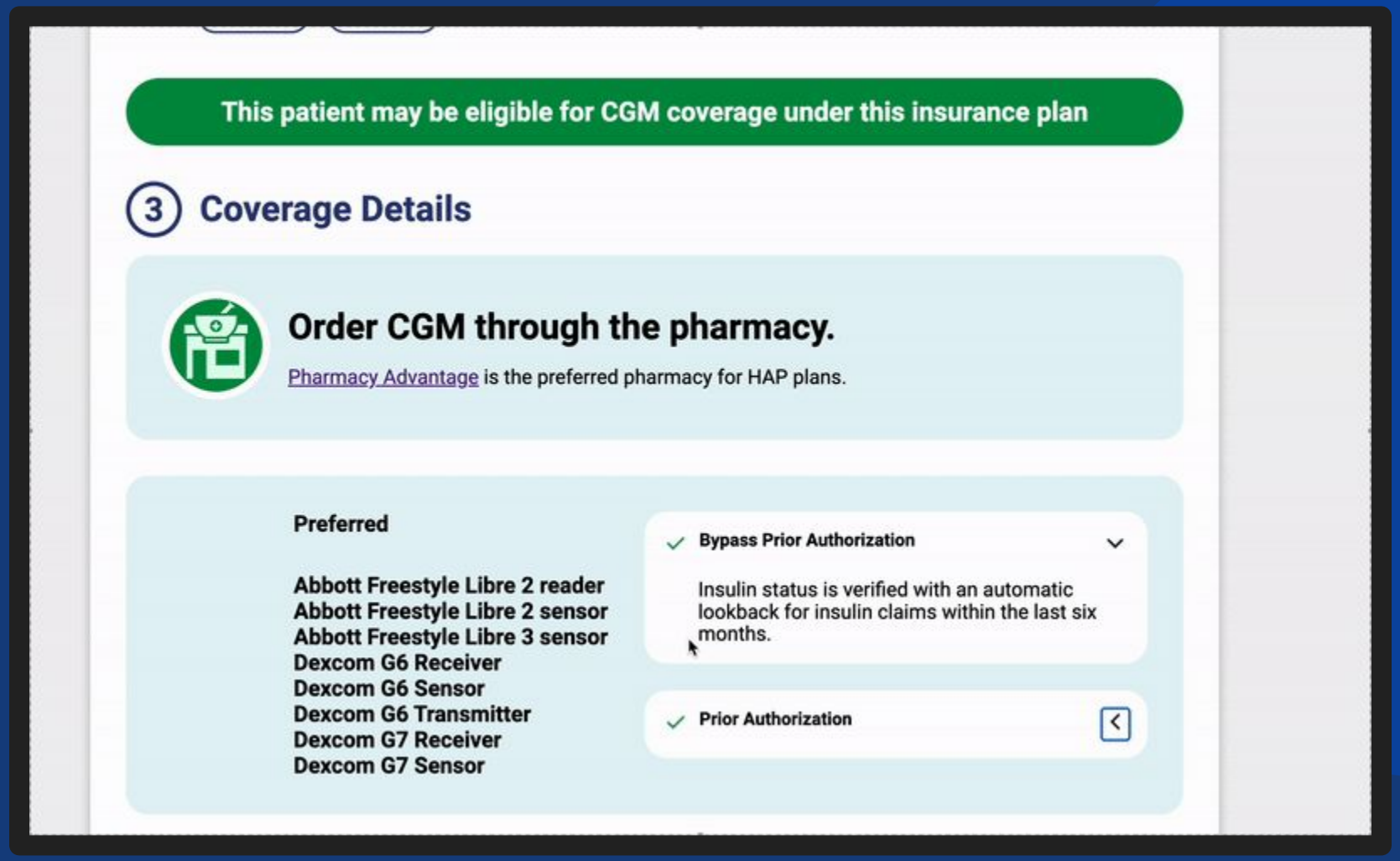
Share: MCT2D Coverage Checker



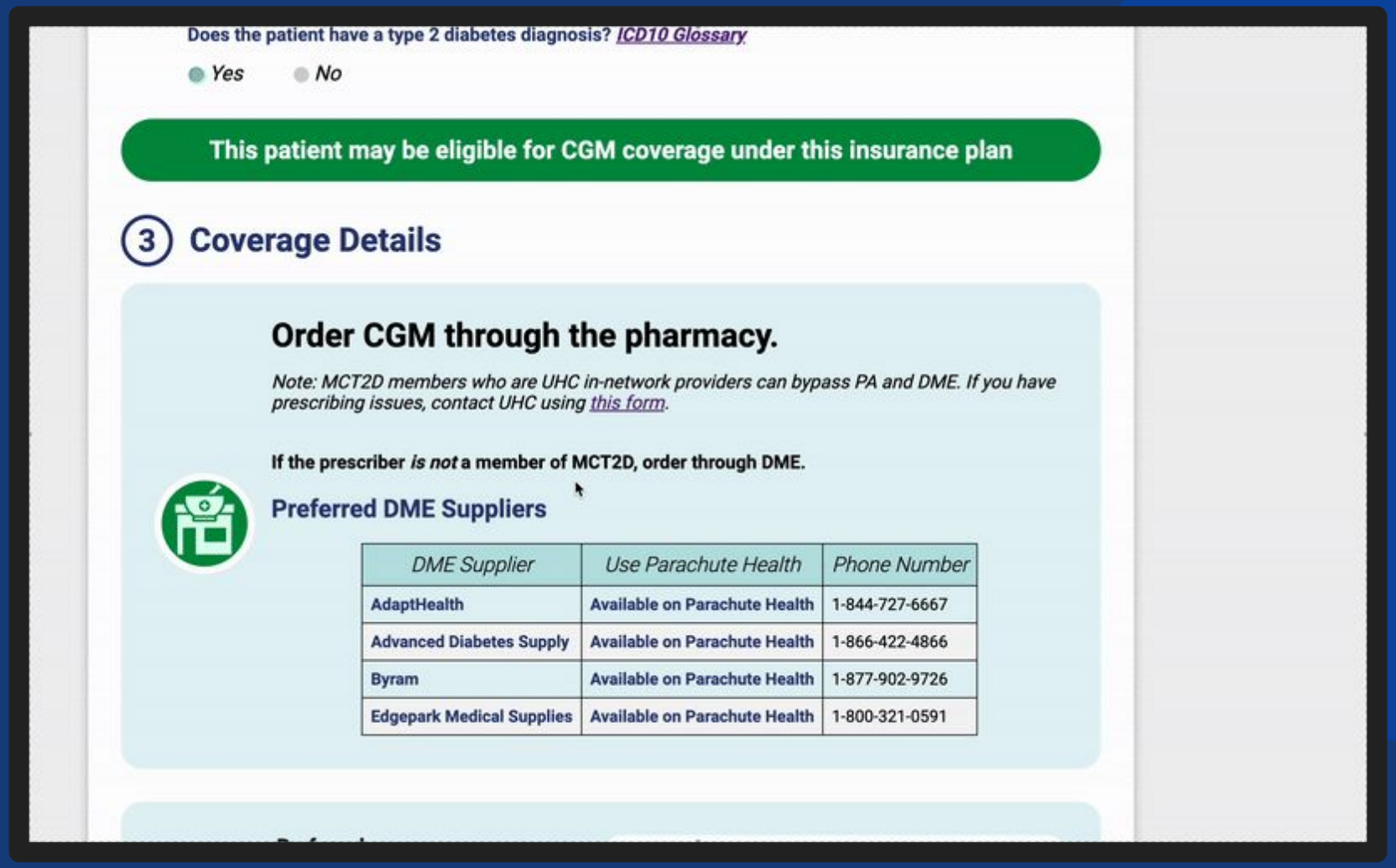
Feature: MCT2D Dot Phrase Generator



Feature: Bypass PA Criteria



Feature: Know which DME supplier to use



Easy to Share and Discover

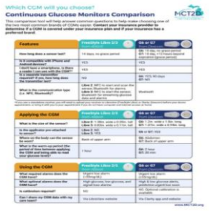
Patient Education

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

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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

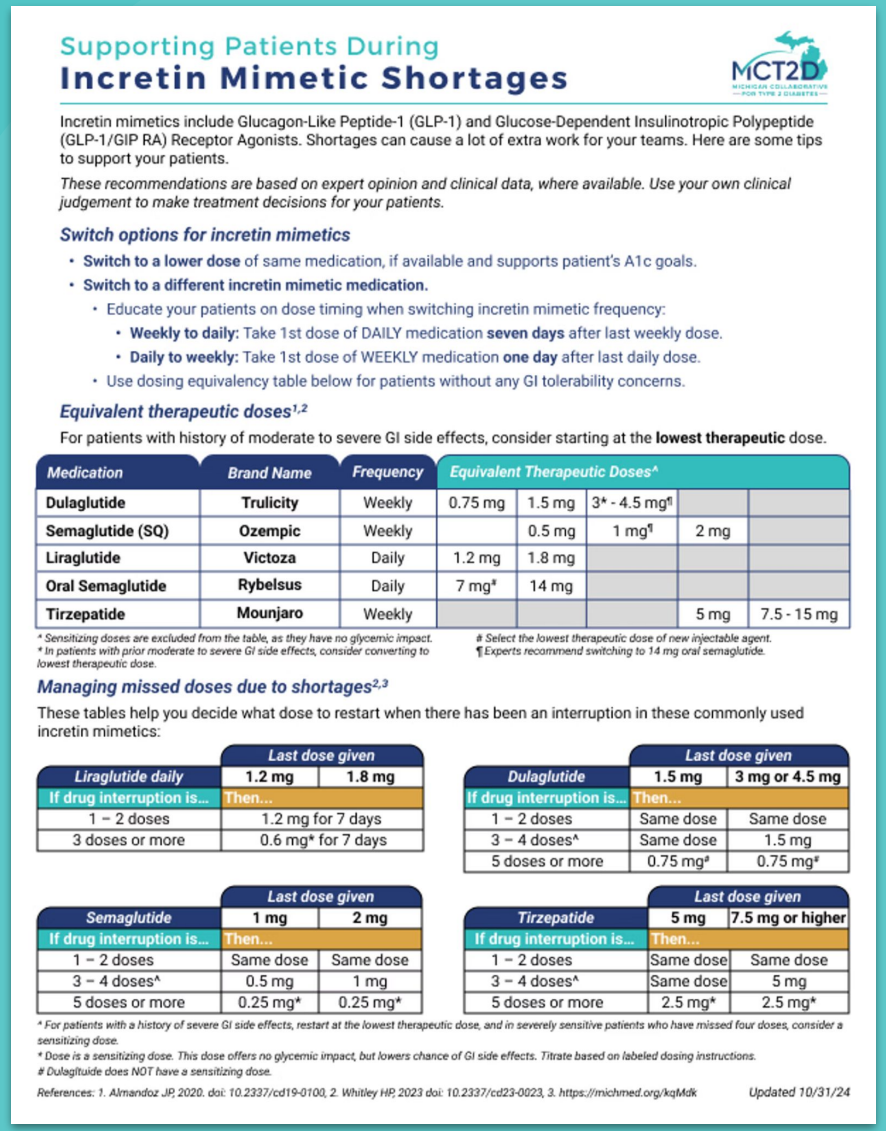
100%

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

MCT2D Michigan Collaborative for Type 2 Diabetes

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^*				
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

** 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*	
If drug interruption is...	1.2 mg	1.8 mg
	Then...	
1 – 2 doses	1.2 mg for 7 days	
3 doses or more	0.6 mg* for 7 days	

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

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

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

** 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 JP, 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

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MCT2D
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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

https://cqis.org/