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

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BACKGROUND

Coverage Quest is a fantasy-themed **process mapping activity** for healthcare providers to identify barriers, best practices, and opportunities for improvement in navigating 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 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 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 across multiple stakeholder roles.

Figure 1. Coverage Quest Game Board

Figure 2. Coverage Quest "levels" and game pieces

METHODS

Participants were given a packet of materials including a game board *(figure 1)*, sticky notes in 3 colors, labels representing different MCT2D coverage navigation resources, instructions, and a magic wand sticker. Participants used these materials to work individually or in small groups on a 45-minute process mapping activity.

This activity included four "levels" where content was added and two designated discussion periods *(figure 2)*. Participants used the different colors of sticky notes to map each step of helping a patient who couldn't pick up their diabetes medication due to a high copay *(figure 3)*. Barriers they might encounter and best practices they might use during the process were also added. Finally, they identified one area they wanted to improve, and wrote an accompanying statement of improvement. Completed coverage maps were collected for analysis *(figure 4)*.
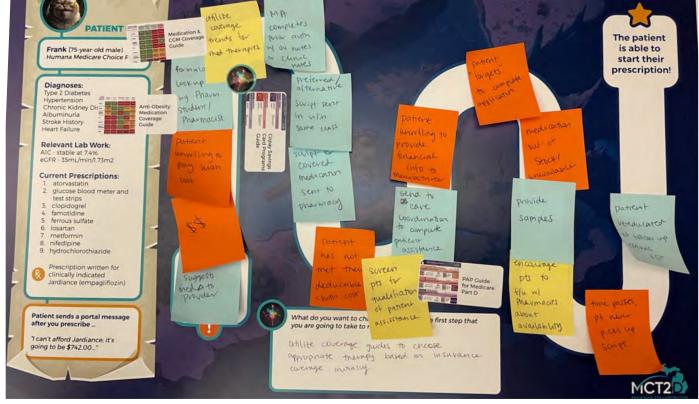

Figure 3. A participant adding content to their map

Figure 4. A completed coverage map

A thematic analysis of the barriers, best practices, and statements of improvement included in participants' coverage maps was conducted through pair-coding by three MCT2D team members. This analysis revealed **20 opportunities for improvement** that fit into three key themes: **knowledge** (e.g., understanding the prior authorization submission process), **process** (e.g., standardized clinic workflows for insurance coverage), and **resources** (e.g., cost and staff time). These opportunities for improvement were mapped into four groups representing key stakeholders in making improvements in each opportunity area: patients, practices, quality improvement organizations, and public and private organizations *(figure 5)*.

RESULTS

Coverage Quest was received positively and resulted in **162 detailed coverage maps that provided valuable data including 20 opportunities for improvement that have informed MCT2D's targeted QI efforts** to address coverage barriers. Since Coverage Quest, MCT2D has kicked off or expanded work in several of these opportunity areas, including:

- **Developing Coverage Checker,** a centralized digital coverage tool to show preferred medications, how to bypass prior authorization (prior auth), prior auth criteria, auto-generated EHR documentation, and links to formularies.
- **Conducting practice site visits** to offer hands-on support in improving prescribing workflows.
- **Providing additional point-of-care resources** including the MCT2D app, patient worksheets, copay coupon guides, and more.

"I enjoyed thinking through the process in full. I didn't like realizing how much I don't know about the entire process."

"It was helpful to look at the challenges through a different lens, and find creative solutions."

MCT2D
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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 insurance coverage by making calls to their insurance company and/or pharmacy and taking an active role in finding and applying for cost assistance programs. (12%) *"Empowering patients to reach out to insurance companies using insurance coverage worksheet."*	**Patient Conversations:** Engage patients in conversations about cost and other challenges with accessing these medications. (4%) *"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. (4%) *"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 team is trained on how to navigate the coverage process. (6%) *"Better education to all staff on the criteria for coverage to limit delays in treatment."* *"Provide resources to the providers about coverage and the role of documentation."*	**Develop a Workflow:** Have a coverage workflow detailing who is responsible for what and when, so every staff member is clear on their roles and responsibilities related to coverage. (10%) *"Clarify roles - who is following up on this?"*	**Prior Authorization Specialist:** Identify a dedicated staff member who can help submit prior auths, making the process faster and easier. (6%) *"Get dedicated staff for prior authorizations in offices so there is less delay for patients."*
	Utilize EHR Smartphrases: Implement text shortcuts for coverage requirements to ensure that all required information is documented in the EHR. (9%) *"Create a smartphrase for EHR that includes the information that is important for coverage."*	**Implement Coverage Tools:** Utilize common digital support platforms to make the process quicker and easier. (e.g., Covermymeds, Parachute Health) (3%) *"Get Parachute set up to help with diabetes DME processing for CGM."*
	Involve the Pharmacist: Increase pharmacy referrals, involve the pharmacist in the process, and build relationships with local pharmacies. (8%) *"Work with clinical partners to increase the number of ambulatory pharmacy referrals."*	**Centralize Resources:** Create centralized resources like pharmacists, community health workers, EHR enhancements, and prior auth specialists for shared services. (2%) *"Create a job for someone who can assist with coverage, update providers with the latest resources, and put them into the resource binders at the offices."*

Quality Improvement Organizations (e.g., MCT2D)

Knowledge	Process	Resources
Share Information on Insurance Coverage and Changes: Share links to formularies along with timely, clear, and actionable information on coverage changes/updates. (2%) *"Having formulary more accessible when prescribing meds."*	**Individualized Practice/Provider Support:** Provide direct support and outreach to practices to understand their coverage process barriers, and foster provider buy-in to process improvements through guidance and troubleshooting. (1%) *"Meet with providers about Rx/CGM work flow."*	**Provide Point-of-Care Tools:** create and distribute tools to assist practices, such as insurance guides, cost assistance guides, and patient worksheets. (8%) *"Utilize coverage guides to choose appropriate therapy based on insurance coverage initially."*
Insurance Advocacy: create opportunities for QI participants to engage in direct to payor and policymaker advocacy and share strategies for effective advocacy. (3%) *"Improve coverage/reduce out of pocket costs. Advocate with insurance companies."*	*"Open communication and fill in gaps to better organize process."*	**Digital Coverage Checker:** Leverage technology and data to provide a digital way to quickly check up to date coverage information. *"Digital algorithm for point of care use for providers: insurance class, preferred options, details needed for prior auth."*

Public & Private Organizations (e.g., EHRs, public & private insurers, pharmaceutical companies)

Knowledge	Process	Resources
Transparent Requirements: Work to increase clarity around coverage requirements and limit the number of formulary changes throughout the year. (3%) *"Universal formulary across all medicare. No formulary changes mid year."*	**Policy Change:** Implement policies that reform and streamline complex coverage hurdles like prior auths. (e.g., auto-approvals based on claims) (6%) *"System (insurances) needs to change, we do not have time and resources to do all this."*	**EHR Enhancements:** Design tools that integrate coverage information directly into the EHR. (7%) *"Eliminate barriers for physicians by having EMR auto populate the covered medications for the patient."*
	Improved Communication: Respond quickly to questions from patients and providers related to coverage. (1%) *"Responsiveness of insurance companies."*	**Reduce Costs:** Lower drug and copay costs and expand patient cost assistance programs. (4%) *"Coupon copay cards that apply to medicare patients."*