

Nephrology VBR: Year 1 (Cohort 2)

Value based reimbursement for nephrologists will begin at the same time as other specialist value-based reimbursement- 3/1/2023. Nephrologists who participate in MCT2D and meet the below requirements will receive 5% VBR. Considering the start date of the VBR, the below will be a mix of retrospective and prospective measures. Unless there is a specific deadline listed, the activities will need to be completed prior to 11/30/23. All items must be completed to continue earning VBR.

Requirement	Responsibility	Due Date
Submit name of clinical champion and practice liaison (due 1/15/2023)	Clinical Champion	1/15/2023
Participate in an onboarding call with the MCT2D nephrology program directors.	Clinical Champion	3/31/2023
Attend Spring 2023 regional meeting. Attendees: PCP practices, nephrology practices, endocrinology practices.	Clinical Champion	April/May 2023
Attend nephrologist clinical champion meeting- occurring in Fall 2023	Clinical Champion	October/November 2023
Complete Practice Change Readiness Assessment (due 3/1/2023- estimated 20 minutes to complete)	Practice	3/1/2023
Complete brief self-reflection exercise on the quality initiatives (Coordinating Center will distribute a template)	Each physician	11/30/2023
Respond to requests from the coordinating center and your physician organization related to MCT2D related work in a timely way (either 3 days or as specified)	Practice	Ongoing
Present on your site's implementation of the quality improvement initiatives at a collaborative meeting, regional meeting, or conference call, if requested	Practice	Ongoing

Maintain a Log of Interventions

MCT2D will not ask for a formal submission from individual practices for information related to quality improvement logs. This VBR requirement is to ensure that physician organizations are getting the information that they need from participating practices in order to respond to questions on the PO level quality improvement logs, and to ensure that practices are documenting changes made related to MCT2D work. If a PO has had a difficult time getting responses and answers from a practice regarding their MCT2D work, they could let us know and we would reach out to the practice and remind them of this expectation.

Regional Meeting Attendance

Clinical champions must attend the spring of specialist practices must attend meetings in person each year. If the clinical champion is unable to attend, a delegate may be sent in their place. The delegate should be someone with a clinical background from the practice. If the clinical champion or a delegate cannot attend, the clinical champion may watch a recording of the regional meetings and respond to questions to demonstrate viewing and understanding of the meeting. However, there is a three-strike policy on regional meetings. If a clinical champion or delegate does not attend and the video needs to be viewed instead, this is one strike. If the clinical champion or delegate does not attend and the video is not viewed at all, this is an additional strike. Three strikes mean that the practice will no longer be able to participate in MCT2D.

Present on Implementation at MCT2D Meetings

If asked, sites are required to present at an MCT2D regional meeting, collaborative wide meeting, or learning community event about their progress and operationalization of the MCT2D initiatives. It is not expected that every site will be asked, but this requirement is built into the expectations in order to ensure best practice sharing and set the expectation that practices and POs will be asked to contribute in this way. Practices will be asked at minimum one month in advance of any virtual meeting and two months in advance of any in person meetings. The MCT2D coordinating centers will collaborate with the PO and practice to ensure feasibility.