

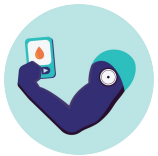

# PO Monthly Call

October 2026

**Monday, October 12th at 11am**
**Wednesday, October 14th at 2pm**

# Agenda

1. PCP Regional Meeting and Specialist Clinical Champions Meeting Reminders
2. Regional Meeting Registrations
3. Patient Statin Survey Reminder
4. uACR Process Survey Announcement
5. Admin Portal Office Hours and Focus Group
6. Announcing Selected Site Support Visits
7. Performance Measure Updates
8. Upcoming Learning Community Event





# Fall PCP Regional Meetings

- Taking place on Thursday, October 22nd and Wednesday, November 11th
- Registration opened in early September
- Agenda
  - 6:00pm-6:30pm: MCT2D Updates
  - 6:30pm-7:00pm: Presentation from Prism Health and NKFM on Collaboration to Improve uACR Screening
  - 7:00pm-7:30pm: 2026-2027 VBR Year and Upcoming Performance Measures
  - 7:30pm-7:45pm: Statin Use in Type 2 Diabetes
  - 7:45pm-8:00pm: Medicare Bridge Program
- **SPECIALISTS ARE NOT REQUIRED TO ATTEND**
- **Registration is through Zoom. It is updated on the portal on Wednesdays and Fridays.**

# How to Check Regional Meeting Registrations




**Near the bottom of the navigation column**

## Registration Overview - Fall 2026

There are 6 practices, listed below, not yet registered for the regional meeting.

Click here to copy this email list to your clipboard.

**Demo Practice and Clinical Champion Names**

### Required but not registered - 6

| Practice | Region | Clinical Champion | Email | Cohort |
|---|---|---|---|---|
| Maple Grove Family Medicine, PLLC | Bluegill - Grand Rapids | Dana Mercer | dmercer@maplegrovefm.example.com | Cohort 1 PCP |
| Riverbend Primary Care | Bluegill - Grand Rapids | Elena Hart | ehart@riverbendpc.example.com | 2024 PCP |
| Northfield Internal Medicine Associates | Bluegill - Grand Rapids | Marcus Lee | mlee@northfieldim.example.com | Cohort 2 PCP |
| Harborview Family Health | Grey Wolf - Kalamazoo | Tessa Monroe | tmonroe@harborviewfh.example.com | Cohort 1 PCP |
| Summit Valley Medical Specialists, PLC | Bluegill - Grand Rapids | Priya Nolan | pnolan@summitvalleymed.example.com | Cohort 2 PCP |
| Pinebrook Internal Medicine PLC | Bluegill - Grand Rapids | Lauren Pike | lpike@pinebrookmed.example.com | Cohort 2 PCP |

### Registered - 5

| Practice | Region | Clinical Champion | Email | Cohort | Notes |
|---|---|---|---|---|---|
| Lakeshore Clinic, PC | Sleeping Bear Dunes - Traverse City | Megan Ellis | mellis@lakeshoreclinic.example.com | Cohort 2 PCP | Registered: Megan Ellis |
| Cedar Family Practice, PC | Sleeping Bear Dunes - Traverse City | Hannah Brooks | hbrooks@cedarfp.example.com | Cohort 1 PCP | Registered: Hannah Brooks |
| Willow Tree Medical Associates | Bluegill - Grand Rapids | Nicole Turner | nturner@willowtreemed.example.com | Cohort 1 PCP | Registered: Nicole Turner |
| Westhaven Internal Medicine PLLC | Bluegill - Grand Rapids | Olivia Chen | ochen@westhavenim.example.com | 2024 PCP | Registered: Olivia Chen |
| Great Lakes Primary Care Partners | Bluegill - Grand Rapids | Rachel Foster | rfoster@glpcp.example.com | Cohort 2 PCP | Registered: Rachel Foster |

# Fall Specialist Clinical Champion Meetings

- Endocrinology Clinical Champion Meeting scheduled for Thursday, November 5th, 5:30pm-7:30pm
  - Calendar invites have been sent for this meeting.
  - Topics will include: review of dietary approaches survey results, final update on CGM Interpretation measure, presentation from MCT2D dietitian on dietary counseling during endocrinology visits.
- Nephrology Clinical Champion Meeting scheduled for Tuesday, November 10th, 6pm-8pm
  - Calendar invites have been sent for this meeting.
  - Topics will include: review of CKM survey results, final update on nephrology uACR measure.
- Registration not required, meeting invites have been sent to calendars.

# Statin Survey

- Was sent out out on September 1st. Available until December 15th.
- Practices are required to collect 5 patient surveys from patients with any insurance type who are NOT currently taking a statin.
- MCT2D has created a flyer that practices can use to distribute the survey to patients.
- Patients are compensated $15 for completing the survey.
- Goal is to better understand the experiences, perspectives, and preferences of people with type 2 diabetes.
- There are options available for surveys to be mailed or completed by phone via a form submitted by the practice.

**Scoring**

**15** - Practice submits 5 surveys by 12/15/2026

**7** - Practice submits between 3-4 surveys by 12/15/2026

**0** - Practice submits 2 or less surveys by 12/15/2026

# Survey Submission Tracking

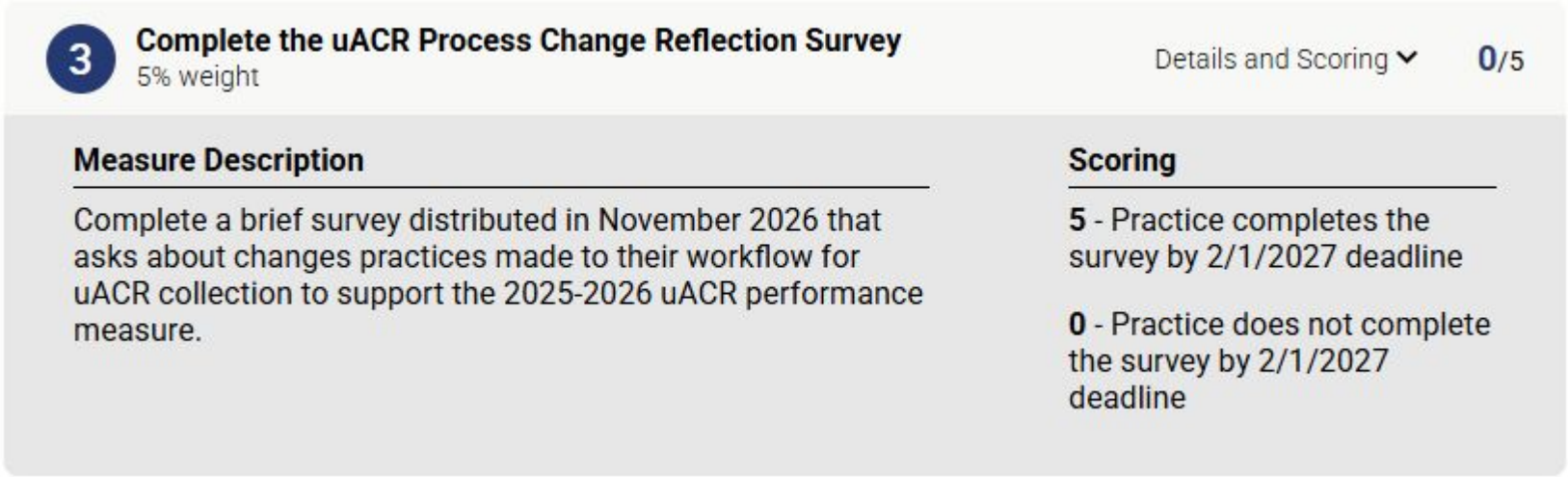
Tracking is available on the MCT2D Admin Portal under each individual practice's scorecard and is updated automatically.

Each practice will receive an automated email after all 5 surveys have been received.



# uACR Process Survey

Primary Care Practices will be asked to report the process changes they made to support increasing uACR testing, related to the performance metric. We plan to review which workflow and process changes are correlated with higher increases in performance.



**3** **Complete the uACR Process Change Reflection Survey**
5% weight

Details and Scoring 0/5

**Measure Description**

Complete a brief survey distributed in November 2026 that asks about changes practices made to their workflow for uACR collection to support the 2025-2026 uACR performance measure.

**Scoring**

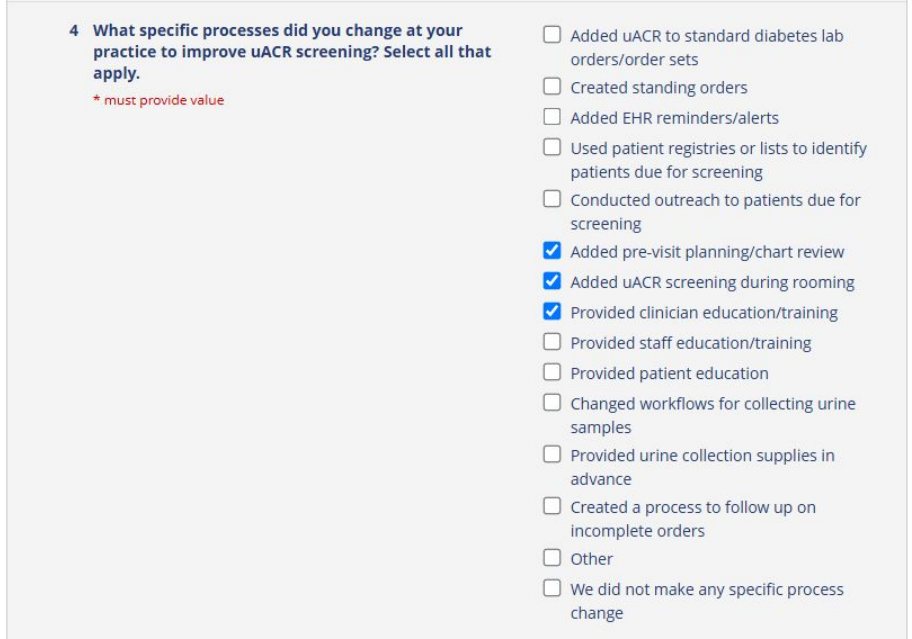
**5** - Practice completes the survey by 2/1/2027 deadline

**0** - Practice does not complete the survey by 2/1/2027 deadline

**Distribution planned for early November**

# uACR Process Survey

- Only one survey per practice is required.
- The survey system will send out unique survey links to each practice so only one survey per practice can be submitted.
- The survey should take less than 15 minutes to complete.
- There is one slightly confusing question that we will discuss now.



**4** **What specific processes did you change at your practice to improve uACR screening? Select all that apply.**

* must provide value

- [ ] Added uACR to standard diabetes lab orders/order sets
- [ ] Created standing orders
- [ ] Added EHR reminders/alerts
- [ ] Used patient registries or lists to identify patients due for screening
- [ ] Conducted outreach to patients due for screening
- [x] Added pre-visit planning/chart review
- [x] Added uACR screening during rooming
- [x] Provided clinician education/training
- [ ] Provided staff education/training
- [ ] Provided patient education
- [ ] Changed workflows for collecting urine samples
- [ ] Provided urine collection supplies in advance
- [ ] Created a process to follow up on incomplete orders
- [ ] Other
- [ ] We did not make any specific process change

**4A** **Of the above changes selected in question 4, please rank which you think had the biggest impact on the uACR screening rate. You selected 3 process change(s). Rank only the changes shown below, beginning with 1 for the biggest impact and continuing consecutively through 3. Assign each change a different rank.**

**Ranks 4 through 14 should be left blank.**

| (One selection allowed per column) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Added pre-visit planning/chart review** * must provide value | ◉ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| reset | | | | | | | | | | | | | | |
| **Added uACR screening during rooming** * must provide value | ○ | ◉ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| reset | | | | | | | | | | | | | | |
| **Provided clinician education/training** * must provide value | ○ | ○ | ◉ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| reset | | | | | | | | | | | | | | |

# Admin Portal Office Hours + Feedback Session

## Bi-Monthly Admin Portal Support Office Hours

**Register on Calendly**
***michmed.org/jjzmM***

**Upcoming:**

- Wed, November 4, 2PM - 2:30PM
- Fri, November 20, 1:30PM - 2PM
- Tue, December 8, 4:30PM - 5PM
- Mon, December 21, 9:30AM- 10AM

## Admin Portal Feedback Session

Sign up for a 30-minute feedback session

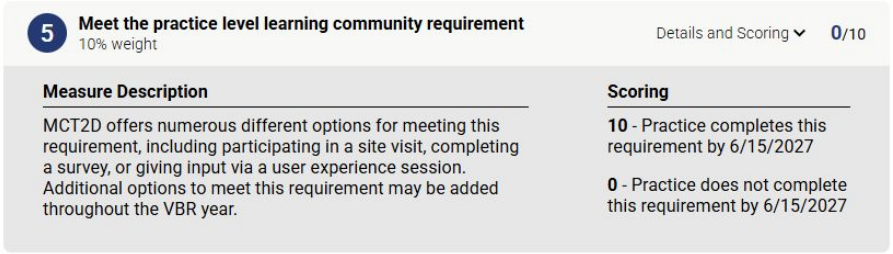
***michmed.org/By92M***

# Selected Site Support Visits

- 10/07: MHP Associated Endocrinologists
- 10/23: Bloomfield Endocrinology Center
- 11/5: Blue Sky Health
- 11/12: Praveen Modi
- 11/19: Corewell Grosse Pointe

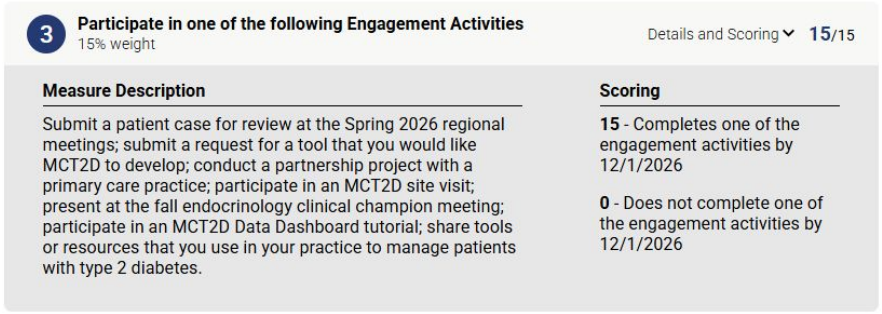
We received 18 completed site visit applications. Selections were made based on when the practice and MCT2D were available, and trying to select a mix of practice demographics.

## Primary Care




**Physicians that attend the site visit will also fulfill their physician level learning community requirement.**

## Specialists



# PCP uACR Performance (through 7/31/2026)

With duplicates removed, population limited to patients with two diagnoses of T2D in the previous 2 years, and rolling 12 month claims period.

- Baseline Performance:
  - Average: 72.65%
  - Range: 11.90% - 100.00%
- Current Performance:
  - Average:  67.06%
  - Range: 17.33% - 89.74%

**26**

**Practices already meeting their performance target**

**23**

**Practices “on track” to meet their performance target**

**273**

**Practices not on track to meet their performance target**

# Final Score Calculation

The following criteria that were not in the original measure definition will be applied to the denominator to help practices meet performance:

- Duplicates manually removed
- Patients must have two diagnoses of T2D in previous two years
- 12 month rolling claims lookback criteria applied
- Only patient attributed to participating providers included.

# Patient Data Dashboard Will Differ

- Due to the changes on the last slide, the PDF reports will differ from the Patient Data Dashboard (PDD).
- PDF reports will be the source of truth for final performance for this year.
- The Patient Data Dashboard will be updated with these changes starting with the new performance year (January 1st).
- Because of this, there may be patient in the patient list on the dashboard that are no longer in your denominator.
- We will discuss performance adjudication on the next slide.

# Adjudicating Final Rates

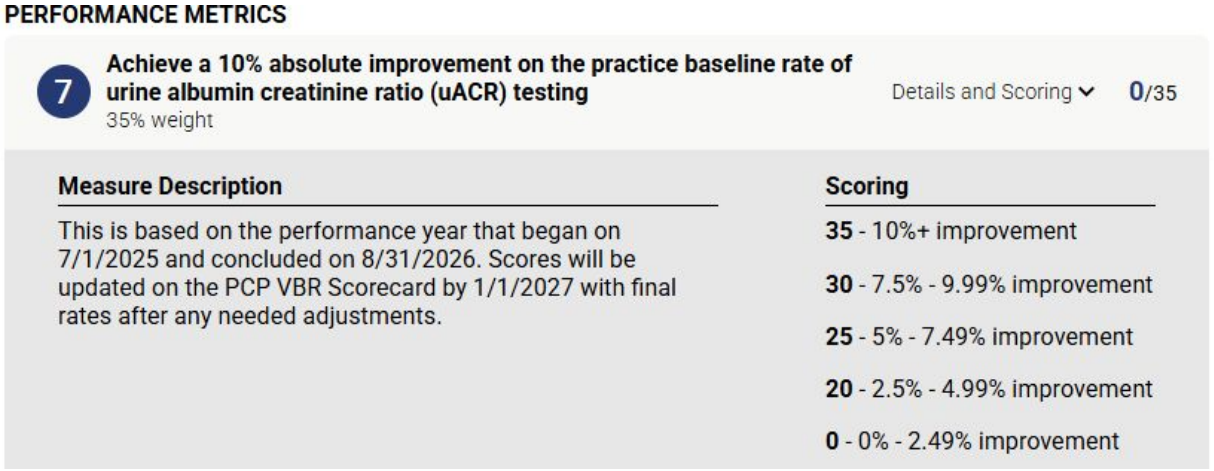
1. **10/31/26:** Final measurement data available to MCT2D
2. **Early November:** Final performance reports distributed
3. **Late December:** Second data refresh used to capture additional uACRs from the measurement period
4. **Beginning January:** Practices that did not meet the measure may submit a secure adjudication form with patient records. MCT2D can provide final denominator patient lists upon request.
5. **June 15:** Final performance due to BCBSM

Practices who met the top tier of the measure are not eligible for adjudication as there is no functional benefit to the practice.

# Current PCP Performance Measure - uACR

## Scoring

Will be scored on the 2026-2027 VBR scorecard, with reimbursement starting on 9/1/2027, representing 35 points or 35% of the PCP scorecard.



# A Practice Can Still Earn Full 105% VBR

If participation measures are met, only 2.5% uACR improvement may be needed.

| uACR Performance Measure | |
|---|---|
| 35 points | 10%+ improvement |
| 30 points | 7.5% to 9.99% improvement |
| 25 points | 5% to 7.49% improvement |
| **20 points** | **2.5% to 4.99% improvement** ★ |
| 0 points | 0% to 2.49% improvement |

**+**

**Participation Points**

Points from all other scorecard participation measures

(Varies by practice based on performance in each measure)

**=**

**Scorecard Points Totals**

**105% VBR eligibility**
85+ points

**103% VBR eligibility**
70 to < 85 points

**102% VBR eligibility**
55 to < 70 points

**If a practice meets all participation measures on the scorecard, it can still earn the full 105% VBR by improving only 2.5% on the uACR measure.**

**20 uACR points** (2.5% to 4.99% improvement) **+** **Participation points** (from other scorecard measures) **=** **85+ total points** (105% VBR eligibility)

# Performance Measure Changes for 2027 - All Four Measures

- **Moving to a calendar year measurement period (1/1/2027-12/31/2027)**
- **Narrowing denominator to patients who have had two T2D diagnoses in previous 2 years**
  - For performance measures only
  - General dashboard will use broader inclusion criteria
- **12 month rolling claims lookback for uACR measure**
- **Only patient attributed to participating physicians or APPs are included.**



MCT2D

VOTE SUMMARY

# Steering Committee Decisions

## 1 Baseline period

Choose the 12-month period used to calculate each practice's baseline rate and performance target.

then

## 2 Dashboard transition

After selecting the baseline, choose when the dashboard stops displaying the prior year and switches to the new year.

**Decision 2 depends on Decision 1**

The committee voted on the baseline first, then voted on the display options that applied to that baseline.

DECISION 1

# Baseline Vote

## Which 12-month period should MCT2D use to calculate each practice's baseline rate and performance target?

### OPTION 1

### November 1-October 31

Baseline and goal rates available at the start of the new performance year

| | |
|---|---|
| **Main advantage** | Practices know their baseline and target before Jan. 1. |
| **Main trade off** | The baseline period does not align with the calendar-year performance period. |

OR

### OPTION 2

### January 1-December 31

Baseline and goal rates available in February, two months after the new performance year begins.

| | |
|---|---|
| **Main advantage** | The baseline and performance period use the same calendar year and A1c measure prior year performance become new year baseline. |
| **Main trade off** | Practices begin the performance year before receiving their baseline and target rates. |

DECISION 2

# Dashboard Transition

**The baseline, target, and final prior-year performance all become available in February. First new-year performance arrives in March.**

| Display option | February dashboard (data through 12/31) | March dashboard (data through 01/31) | PDF Report Roles |
|---|---|---|---|
| Switch in February | New baseline and target, with no current-year performance yet | Add first month of new-year performance | Relies on the February PDF report for prior-year final performance through 12/31. |
| Switch in March  | Final prior-year performance through Dec. 31 | New baseline and target, and first month of performance | Relies on the February PDF report for new year baseline and goal rate. |

LEARNING COMMUNITY EVENT




October 23, 2026

# An Overview of Diabetes Self-Management Education and Support

*Speaker*

**Pam Milan, MBA, RDN, CDCES**

MCT2D

# Next PO Call Dates

**Monday, November 9th at 11am**

**Wednesday, November 11th at 2pm**