



March PO Monthly Call

03/10/2025

03/12/2025

AGENDA

- 1. Spring Regional Meeting Reminders**
- 2. Endocrinology Posters**
- 3. 2025-2026 Endocrinology and Nephrology VBR Scorecards Available**
- 4. EMR Efficiency Workgroup**
- 5. Quarterly PO Reports**
- 6. Upcoming MCT2D Learning Community Event**
- 7. March Patient Data Dashboard Enhancements**
- 8. 211 Survey**
- 9. PO monthly calls next month cancelled due to the regional meetings**

Regional Meeting Registration Open

- Distributed on 2/4/2025
- All PCP, Endocrinology, and Nephrology clinical champions required to attend
- Please ensure that your practices **register by March 25th**
- Spring meetings will continue to be held in-person and fall meetings will be held virtually

Regional Meetings



Blue Jay
(Livonia)

04/08/2025
06:00 PM

VisaTech
Center



Badger
(Ann Arbor)

04/10/2025
06:00 PM

Webers



Black Bear
(Troy)

04/15/2025
06:00 PM

Somerset Inn



Grey Wolf
(Kalamazoo)

04/22/2025
06:00 PM

John E.
Fetzer Center



Bluegill
(Grand Rapids)

04/23/2025
06:00 PM

Venues at
Calvin



Riverwalk Pier
(Saginaw)

05/07/2025
06:00 PM

Horizons
Conference
Center



Sleeping Bear
Dunes
(Traverse City)

05/08/2025
06:00 PM

Great Wolf
Lodge TC

Endocrinology Posters

Thank you to all the practices who submitted their endocrinology care collaboration posters! You may hear back from us with a few questions regarding your poster.

For those of you who have not yet submitted, in order to receive any credit for the posters, they need to be submitted by the **end of this week, March 14th!** You would have received an email earlier this morning if your poster still needs to be sent in.

We are excited to share all this great work at the regional meetings!

Endocrinology + Primary Care Practices
Care Coordination Projects

Collective and
Diabetes Consultants

Stonebrooke Family
Physicians

Expanding Continuous Glucose Monitoring (CGM) Use in Primary Care

Abdul Al-Kassab MD on behalf of EDC and Ronald Bellasario MD
on behalf of Stonebrooke Family Physicians

The Challenge
Patients with Type 2 Diabetes, especially those on insulin were not checking their sugar on a regular basis and not benefiting from the established technology of continuous glucose monitoring (CGM).

Root Causes

1. Lack of knowledge about the devices and the insurance coverage for it
2. Fear of newer technology by patient and provider
3. Perceived initial bias regarding application and complexity of use

Importance
Data has shown that increased frequency/utilization of glucose monitoring data is associated with improved glucose control/A1C and therefore reduced diabetic related complications.
Also, finger stick glucose does not provide an integrate profile of the blood sugar during the day (time and target) which is the appropriate metric to look at in addition to A1C.

Goals
Our goal was to expand the use of CGM by 10-15% per quarter initially targeting people on multiple insulin injections a day and monitoring the effect on their A1C.

Current State
We increased the use of CGM by patients with type 2 diabetes and on insulin from an estimated 15% at baseline to 28% during the follow up period.
This increase was driven primarily by offering CGMs to patients who were seen by our practice.

Successes
We had a good success in the majority of patients. To begin with, those who had smartphones embraced the technology quickly. Others required a reader to utilize the CGM. The majority of patients thought the technology was an eye opener for them.

Barriers

- Insurance coverage for CGMs
- The training for the CGM
- Follow up shortly after the initiation of CGM

Recommendations

- Expand the adoption of CGM preferably directly generated by the PCP.
- Streamline the training process of the CGM to the patient upon initiation.
- Maintain patient adherence to the use of CGM

Figure 1: CGM tracing of a 60 year old man with type 2 diabetes showing a distinct pattern of marked elevation after lunch and dinner. Patient used to check sugar finger sticks in the morning showing good control but A1C remained high. The use of CGM identified the explanation for this discrepancy.

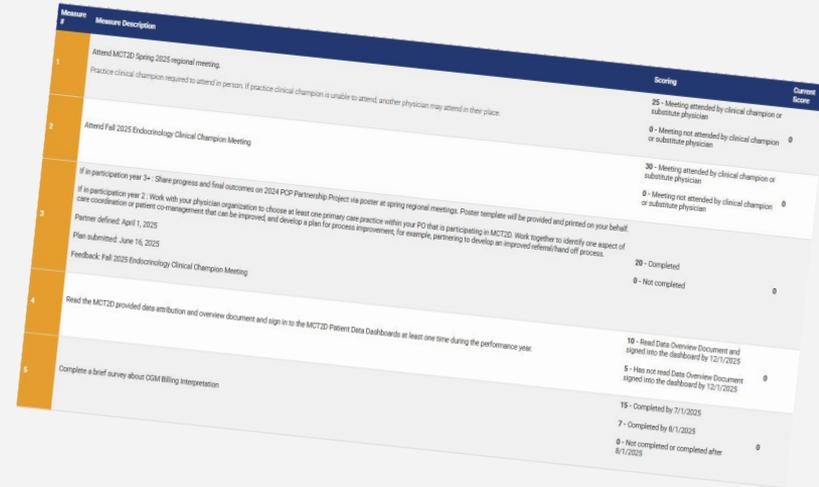
Figure 2: This is the CGM profile of a 70 year old man on insulin. On the left panel, the patient's baseline A1C is 8.5. On the right panel, the patient's A1C after 24 hours of CGM data shows a marked improvement to 7.8. The use of CGM allowed targeting the intervention points to make the improvements.

2025-2026 SCP Scorecards on Portal

The 2025 endocrinology and nephrology practice scorecards are now available in the admin portal. These are viewable under “SCP Scorecards 25-26” in the left hand sidebar menu.

For continuing endocrinologists and nephrologists, these scorecards only represent the participation measures.

We will be adding performance measures pending BCBSM sign off on the measures and the addition of endocrinology attribution into the dashboard at the end of the month.



Measure #	Measure Description	Scoring	Current Score
1	Attend MCT2D Spring 2025 regional meeting. Practice clinical champion required to attend in person. If practice clinical champion is unable to attend, another physician may attend in their place.	25 - Meeting attended by clinical champion or substitute physician 0 - Meeting not attended by clinical champion or substitute physician	0
2	Attend Fall 2025 Endocrinology Clinical Champion Meeting	30 - Meeting attended by clinical champion or substitute physician 0 - Meeting not attended by clinical champion or substitute physician	0
3	If in participation year 3+ - Share progress and final outcomes on 2024 PCP Partnership Project via poster at spring regional meetings. Poster template will be provided and printed on your behalf. If in participation year 2 - Work with your physician organization to choose at least one primary care practice within your PCP that is participating in MCT2D. Work together to identify one aspect of care coordination or patient co-management that can be improved and develop a plan for process improvement, for example, partnering to develop an improved referral hand-off process. Poster defined: April 1, 2025 Plan submitted: June 16, 2025 Feedback: Fall 2025 Endocrinology Clinical Champion Meeting	20 - Completed 0 - Not completed	0
4	Read the MCT2D provided data attribution and overview document and sign in to the MCT2D Patient Data Dashboards at least one time during the performance year.	10 - Read Data Overview Document and signed into the dashboard by 12/1/2025 5 - Has not read Data Overview Document signed into the dashboard by 12/1/2025	0
5	Complete a brief survey about CGM Billing Interpretation	15 - Completed by 7/1/2025 7 - Completed by 8/1/2025 0 - Not completed or completed after 8/1/2025	0

EMR Efficiency Workgroup



If you are interested in participating in the EMR Efficiency Workgroup, please email ccteam@mct2d.org by 3/14. Please include the following:

- Your EMR
- What you hope to get out of participating in the workgroup

Performance Measures Reports

- Available through the Admin Portal as of 02/20
- Email from coordinating center sent on 02/20 explaining nuances of the reports
- Contain data through 9/30/2024
- Report may not match the patient data dashboard exactly. The reports are the source of truth.

Data release estimates: We anticipate practices will receive the following data releases on the MCT2D Patient Data Dashboard to run improvement cycles and improve performance:

- January 2025 (data through November 2024 in dashboard)
 - **February 2025 - Progress Report Sent with data through 09/31/2024**
- March 2025 (data through January 2025 in dashboard)
- April 2025 (data through February 2025 in dashboard)
 - **April 2025 - Progress Report Sent with data through 01/31/2025**
- June 2025 (data through April 2025 in dashboard)
 - **July 2025 (data through May 2025) July 2025 - Final Score Report Sent**

Next MCT2D Learning Community Event



Incretin Mimetics Nutritional Considerations and More

Dr. Andrew Kraftson

Friday, March 28th, 12pm-1pm

Will cover muscle wasting, dehydration, disordered eating, and other topics.

March Patient Data Dashboard Enhancements

1) 2025 Diabetes Medication Updates

2) Display Symbols in Numerical Lab Values for eGFR

3) Addition of Endocrinologist Attribution

Endocrinologist Attribution

- Participating endocrinologist practices will now show up in the dashboard and the respective providers will be associated with those practices.
- Endocrinologists may now request access to the patient data dashboard.

Patient attribution is accomplished in two ways:

1. A custom MCT2D attribution model for patients with BCBSM/BCN Insurance
2. The Active Care Relationship (ACRs) files that your POs sent to MIHIN.



MCT2D Attribution Model

A patient is attributed to a PGIP endocrinologist if they:

- 1) See the specialist on two or more occasions in an ambulatory setting within two years with the most recent visit having been within the last 395 days
- 2) With both of those visits having had a primary or secondary billing diagnosis of type 2 diabetes, and at least one of the two visits had T2D as the primary diagnosis.

Details

- The purpose of this model is to use BCBSM and BCN claims to determine a patient's relationship with an endocrinologist.
 - This ensures that we are at least attributed BCBSM/BCN patients if a PO has not agreed to share all payer data with MCT2D.
- Patients who see an endocrinologist once are not attributed to them. For the purposes of measuring type 2 diabetes performance and assigning VBR, we felt that the specialist does not have the opportunity to make ongoing management decisions about the patient's care.
- A provider assigned to a patient using this model will be shown in the dashboard as that patient's "Endocrinologist."

Active Care Relationship (ACRs)

- The Active Care Relationship system (ACRs) are files that your POs send to the Michigan Health Information Network (MiHIN) that state that one of your providers has an relationship with a specific patient.
- Each PO controls the criteria they use to determine if one of their providers has a relationship with a patient.
- The ACRs files that MiHIN receives are passed along to MDC for every PO that signed the letter allowing MCT2D to use all payer PPQC data. MDC then uses these files to attribute patients to providers without the need of having claims files.
- Thus, patients will be attributed to endocrinologists in your PO if your PO has stated in it's ACRs file that a given endocrinologist has an active care relationship with the patient.
- ACRs files do not specify provider specialty. Therefore, a provider assigned to a patient using this model will be shown in the dashboard simply as a "Provider" for that patient.
- MiHIN considers ACRs files active for 90 days. The most recent file does not simply become the only file in use. Thus, from the time a PO removes a patient from it's ACRs file, it will take 90 days to be reflected at MiHIN and subsequently at MDC.

Michigan 211

Within the next couple of weeks, we will be distributing a survey to the POs to understand your experience with Michigan 211 and your interest in being able to refer patients to 211 via the EMR.

Your feedback from this survey will help us determine how we move forward with a 211 partnership.

Please look out for this in your inbox within the next couple of weeks.



April PO Calls

There will be no April PO calls due to the regional meetings. You will see cancellations sent to your calendar this week.