

# MCT2D PO Monthly Call

5/8 at 11am  
5/10 at 2pm



# Agenda

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- Collaborative Wide Meeting
- Annual PO calls
- Best Practices Searchable Database
- Upcoming Meetings
  - Patient Advisory Board
  - Steering Committee
- Regional Meeting Recap
- Data Dashboard Updates
- Coverage Change Reminders
- Advocacy Group
- MCT2D Reminders
- PO Scorecard- Marc Cohen, BCBSM



# Collaborative Wide Meeting

**Friday, June 16th, 2023**

**8am-5pm**

*8am-12pm MCT2D*

*12pm-1pm Lunch*

*1pm-5pm INHALE*

**Location:** Lansing Community College West Campus

Registration Open Until June 2nd

Attendance: PO Administrative Leads and Clinical Champions,  
practice attendees optional



Time	Presentation Title	Speaker
8am-8:30am	Welcome & Review of Quality Data	Lauren Oshman, MD MCT2D Program Director
8:30am-9:15am	Health Equity and Social Determinants of Health	Sheryl Kelly MSHIELD Equity Advisor  Matthias Kirch MSHIELD Health Informatics Specialist  Jordan Greene MSHIELD Engagement Specialist
9:15am-9:45am	Health Equity within MCT2D: Vision and Goals	Lauren Oshman, MD MCT2D Program Director
9:45am-11am	CGM Panel and Discussion  10 minutes: Heidi Intro 30 minutes: Panel 15 minutes: Questions for Panel 20 minutes: Discussion amongst groups 10 minutes: regroup and discuss	Heidi Diez, PharmD MCT2D Co-Program Director  Panelists: Kelsey Mapes, RN Alma Family Practice  Saira Sundus, MD Endocrine Consultants of Mid-Michigan  Connie McDonald, RN Ascension Medical Group Primary Healthcare  Bobby Pabici, PharmD Lakeland
11am-12pm	Keynote Speaker- TBD	Keynote Speaker - TBD

# Annual PO Check in Calls

Beginning in July 2023, in lieu of the QI logs that were submitted in 2022, MCT2D will begin conducting annual check in calls with the POs. On these calls, we will discuss how participation in the program has been going for you and your participating sites and address any questions or areas of uncertainty.

MCT2D will send out a link for a Calendly sign up the week of 5/22. Sign up will be first come first-served with three dates available each month. We would ask that the administrative lead from each PO attend at minimum- other PO contacts and the clinical champion are welcome to join as well.

# MCT2D Regional Meeting Recap

## Blue Jay (Livonia)

Avg. Score: **4.65 Spring 2023**

Avg. Score: 4.65 Fall 2022

## Badger (Ann Arbor)

Avg. Score: **4.40 Spring 2023**

Avg. Score: 4.26 Fall 2022

## Black Bear (Troy)

Avg. Score: **4.30 Spring 2023** - 40 responses

Avg. Score: 4.59 Fall 2022 - 22 responses

## Grey Wolf (Kalamazoo)

Avg. Score: **4.82 Spring 2023**

Avg. Score: 4.55 Fall 2022

## Bluegill (Grand Rapids)

Avg. Score: **4.55 Spring 2023**

Avg. Score: 4.23 Fall 2022

# Posters designed by members

## Ditch the Sticks

Managing your blood sugar just got easier!



- Here are 4 reasons to talk to your care team about getting a Continuous Glucose Monitor
- 1 No more routine blood sugar logs and finger pokes
  - 2 Know your blood sugar around the clock
  - 3 Get notified when your blood sugar is too low or too high
  - 4 Easier to manage your diabetes

Designed by  
**JAMES HARRIS**  
 Michigan State University  
 East Lansing, Michigan

### MANAGING YOUR TYPE 2 DIABETES

**DIET**  
Talk to your healthcare team about lowering your carbohydrate intake to lower your blood sugar. Make sure to include high-quality protein sources and snacks!

**IDENTIFY YOUR GOALS**  
What is your goal weight and hemoglobin A1C? A general recommendation is to maintain an A1C of less than 7%.

**ATTEND APPOINTMENTS**  
If you miss an appointment, call your care team to reschedule. An regular follow-up is important. Talk to your provider regularly about your health.

**BLOOD GLUCOSE MONITORING**  
Use a glucometer or continuous glucose monitor (CGM) as recommended by your care team. Monitoring your blood sugar will help you manage your diabetes!

**EXERCISE DAILY**  
Work your way up to at least 30 minutes of daily exercise. This could be walking, playing a sport, or even doing household chores.

**TAKE MEDICATIONS AS PRESCRIBED**  
Many different medications can be used to help manage your diabetes. Work with your care team to determine which medications are best for you and how to minimize side effects.

**ENGAGE IN YOUR CARE**  
Consider joining a diabetes support group or seeing a dietitian. This will provide you with additional support to help you succeed!

**STAY HYDRATED**  
Drink plenty of water daily. Limit your consumption of high sugar, high caffeine, and alcoholic beverages.

Designed by  
**WENDY PRITCHETT**  
 Michigan State University

### YOUR role in your DIABETES MANAGEMENT

*"Do something today that your future self will thank you for!"*

- Routine A1C testing (as ordered)**  
Goal is less than 7%
- Lowering your carbohydrate intake**
- Move your body**
- Take medication as prescribed**
- Stay up to date on your eye exams, routine foot and dental care**

Talk to your care team for more details!

Designed by  
**KATEY ANGELO, RN, MSN**  
 Michigan State University

### DIABETES AND YOUR HEMOGLOBIN A1C

It's More Than Just a Number

What is an A1C?	Why check my A1C?	What is the goal A1C?
A blood test that measures your average blood sugar over the past 3 months.	Your provider checks your A1C to see how well you're managing your blood sugar control.	7% or less. Ask your provider for your specific goal A1C.

**What complications occur from having a high A1C?**

- Neuropathy & Tingling, Foot pain
- Heart Disease, Wood kidney damage, Stroke
- Hearing Loss
- Kidney Disease
- Blurred Vision, Blindness, Cataracts

**What can I do to improve my A1C?**

- Get Right!**  
Lower carbohydrates and sugar in your diet. Increase your healthy fats and protein.
- Get Moving!**  
Be active, exercise regularly.
- Medications**  
Take your medications as prescribed.
- Monitor Your Blood Sugar**  
at home as directed by your provider.
- Questions?**  
Talk to your care team about any concerns that you have about side effects and costs of your medications.

It is important to talk to your care team about any plans to change your diet or exercise regimen.

Ask your provider about getting your A1C checked today!

Designed by  
**ALICIA BROWN, BSN, RN**  
 Michigan State University

## YOU HAVE THE POWER TO BEAT DIABETES

# YOU vs DIABETES

WORK WITH YOUR DIABETES CARE TEAM

Designed by  
**STEPHANIE LUCAS, MD**

## Brighten Your Day with 30 Minutes of Activity!

Being active makes your body more sensitive to insulin, the hormone that allows your cells to turn blood sugar into energy.

This can help you manage your diabetes. Make sure to energize your day with 30 minutes of movement.

Designed by  
**JAMIE NETTLETON, RN, BSN**

## Diabetes Management

It's a lot to juggle, but you've got this!

Ask your care team about new ways to help manage your diabetes.

Icons: DIET, EXERCISE, MEDICATION, REDUCING STRESS, MEDICAL CARE

Designed by  
**WENDY PRITCHETT, MSN**

## Leave those high carb white foods in the clouds and take a bite out of the rainbow!

Did you know eating less carbohydrates can help you manage your type 2 diabetes?

Want to learn more about a low carb lifestyle? Ask your doctor or care team!

Designed by  
**JAMIE NETTLETON, RN, BSN**

# MCT2D Regional Meeting Recap

## Coverage Quest Quotes

“It was interactive and I think it made everyone involved. I liked it, nothing to dislike.”

“I thought this was very creative and a great way to aide in discussion amongst the group.”

“Made us look at the bigger picture and what was needed in the problem areas.”

“Enjoyable, fun change up from a powerpoint. Good collaboration between people at the table.”

“Clever, thought provoking!”

“It was fun and informative. It presented new ideas to improve current practices.”

“Honestly, at first I did not want to participate but then I actually found it useful. Good job! Very creative.”

## General Quotes

“Fast paced, enthusiastic presenters, and interactive game”

“This is my first MCT2D meeting. The information provided seems very helpful to our providers. The length is appropriate, the agenda/presentations were well planned.”

“Liked the presentations, posters, coverage quest, and networking”



# Future Meeting Topic Suggestions

- Workflows on getting CGM covered and management
- Understand how medicare part D works re copays, costs, deductibles as medicare beneficially seems to have a different plan
- Advocacy/voices
- High cholesterol and diabetes / fad diet or keto w/diabetes
- More updates on coverage

# MCT2D Steering Committee Meeting

## Agenda Topics

- September 2023- August 2024 PCP VBR Review
  - o Will keep regional meeting attendance, all levels of learning community VBR
  - o Will discuss other meaningful measures as sites enter Y3 of participation in MCT2D
- Fall Regional Meeting Planning
  - o Want to get additional input from steering committee on regional meetings moving forward
  - o Will pull all the responses on future meeting topic requests and discuss with the steering committee
- Update on data progress
  - o Status of Medicaid DUA
  - o Status on implementation of all payor clinical data

# May Patient Advisory Board Meeting

1. Review New Patient Facing Tools
  - a. Starting an SGLT2i and GLP-1RA
  - b. Starting a Low Carb Diet
2. Designing the Patient Advisory Board logo
3. Announce Medicare and Medicaid changes to CGM coverage for T2D
4. Introduce Policy Advocacy Group (next slide) and discuss patient involvement
5. Solicit future PAB meeting topics that they are interested in

# Best Practices Database

Launching best practices database by **Wednesday, May 8th**. Will send an accompanying newsletter with directions on how to use it and examples.

Will allow practices to search by following criteria along with a specific search term (e.g. CGM, medication, prior authorization):

- If practice has a care manager, embedded pharmacist, dietitian, advanced practice provider
- Practice size
- Practice location (urban, suburban, rural)
- Percentage of patients on Medicaid, non-English speaking, who have technical limitations, are food insecure

# Example

Searched for sites who have advanced practice providers, are employed by a hospital based clinic, using the text “CGM”

## Results

Has Advanced Practice Providers: Yes, Practice Configuration: Employed, hospital based clinic, Text: CGM, Your search came up with 13 best practice records. Click a record number to view a practice's response to the Best Practice survey.

Clear search

Care Manager/Diabetes Educator Reviewing Monthly CGM Data

Educated Staff on CGM Benefits + MAs for Prior Auth

CDCES Educating Providers and Patients on CGM

Diabetes Educator Identified Good Candidates for CGMs

Ensuring Providers Are Comfortable With CGMs

Care Manager Discussing CGMs with Patients

Diabetes Education Notifying Providers When CGM Reports Are Loaded

Having Patients Travel to Another Site for CGM Upload

Developed Smart Set for Patient Education

Care Managers Having Resources Readily Available

# Example

Reports that have been viewed will turn orange.

## Results

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Having Patients Travel to Another Site for CGM Upload

Show Demographics

“Show Demographics” will show the full list of practice demographics for a record, not just those used in the search criteria.

# Example

Practices that have agreed to talk to other sites about the best practice they submitted will show an option to “Contact Practice”. Filling out the information there will send a notification to MCT2D, who will link the two practices together for a discussion, which will count towards the practice level learning community requirement.

## **Diabetes Education Notifying Providers When CGM Reports Are Loaded**

The practice that submitted this response indicated they would be ok with receiving followup communications regarding their response. Would you like to be put in touch with this practice to discuss their best practices?

Contact Practice

Show Demographics

# June Data Dashboard Update

## 1. Blue Care Network Claims

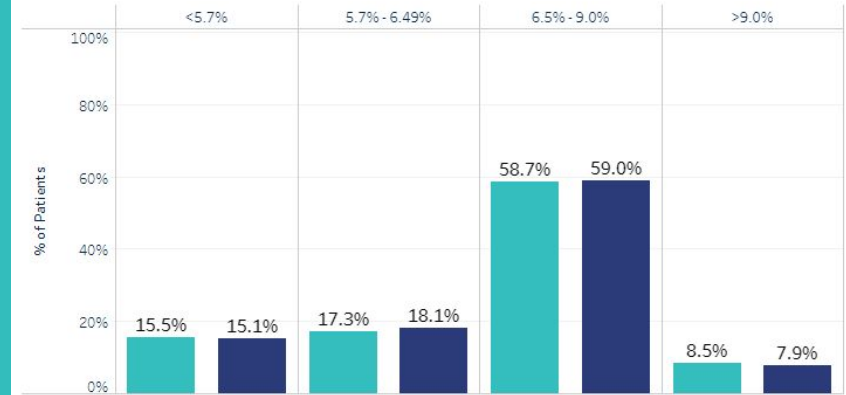
BCN Clinical and Claims data will be added to the dashboards

## 2. A1C Summary Statistics Update

Will be changing the A1C buckets to the right to:  
6.5%<=, 6.6%-6.9, 7%-7.99%, 8%-9.0%, 9%>

### A1C (Last 12 Months)

PO - EPSILON (5)  
compared to Collaborative  
July 1, 2021 - June 30, 2022



Note:



# Medicare CGM Coverage Changes



MCT2D  
MIDWEST CENTER FOR TYPE 2 DIABETES

APRIL 16, 2023

WAVE GOODBYE TO 3X DAILY INSULIN  
REQUIREMENT FOR CGM-MEDICARE COVERAGE

As of April 16, 2023, individuals with type 2 diabetes will no longer need to meet the “three times daily insulin administration” requirement, opening up coverage for all who are “insulin treated.” Even further, coverage will be expanded to those with non-insulin treated diabetes who have “a history of problematic hypoglycemia.”

Medicare defines problematic hypoglycemia as follows:

- 1.) AT LEAST TWO Level 2 hypoglycemic events (glucose  $<54\text{mg/dL}$ ), with at least two previous medication adjustments and/or modifications to the treatment plan prior to the most recent Level 2 event (glucose  $<54\text{mg/dL}$ )
- OR
- 2.) AT LEAST ONE Level 3 hypoglycemic event (glucose  $<54\text{mg/dL}$  associated with altered mental and/or physical state), with documentation in the medical record that the patient required third party assistance for treatment.

Additionally, in order to get CGMs covered, clinicians must also now document:

- 1.) “the beneficiary (or the beneficiary’s caregiver) has received appropriate training in the use of the device as evidenced by a prescription,” and
- 2.) “the CGM is being prescribed in accordance with FDA indications for use”

# Medicaid CGM Coverage Changes

Issued: May 1, 2023

Effective: June 1, 2023

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS)

[Link to Final  
Bulletin](#)

## **Revised Standards of Coverage**

Personal use CGMS are covered for beneficiaries with diabetes when all the following are met:

- The beneficiary is under the care of one of the following:
  - An endocrinologist; or
  - A physician or non-physician practitioner (nurse practitioner, physician assistant or clinical nurse specialist) who is managing the beneficiary's diabetes.
- The beneficiary has diabetes requiring the administering of insulin or is currently using an insulin pump.
- The beneficiary or their caregiver is educated on the use of the device and is willing and able to use the CGMS.

## **Revised Prior Authorization**

Prior authorization is not required for the following if standards of coverage and documentation requirements are met:

- Type I diabetes.
- Diabetes in pregnancy, childbirth, and the puerperium period (insulin or non-insulin treated).

Prior authorization is required for all other conditions and clinical scenarios where use of CGMS may be beneficial, including but not limited to Type II diabetes.

# Policy Advocacy Group

An MCT2D patient and clinician collective, focused on:

**Policy awareness. Advocacy & Input. System change.**

- We are 1000+ member strong, representing 28 POs and 330 practices across the state and a network of 20+ patient advisors
- Medicare CGM policy - Effective April 16
- Michigan Medicaid CGM policy - Pending May 1st
- Medicaid and Anti-Obesity Medication Talk next week

Email Noa Kim at [cczu@med.umich.edu](mailto:cczu@med.umich.edu) if you are interested in being involved!

# MCT2D Reminders

Upcoming Learning Community Events  
All VBR Due on June 1  
Data Refresh



# Learning Community Events offered in Q2 2023

Event Date	Event Title	Presenter
Monday, <b>May 22nd</b> , 2023 12pm-1pm	Cardiology and MCT2D	Dr. Devraj Sukul
Friday, <b>June 9th</b> , 2023 12pm-1pm	Panel: Implementing MCT2D Initiatives	Mary Wilson, NP Jessica Siewert, RD Jennifer Becker, NP Tiffini Jones, RN Arshad Aqil, MD Connie McDonald, RN

**Will plan to send out reminder emails to all clinical champions and PO leads the week before each event!**

# PCP VBR Requirements

All Due on June 1, 2023

Pending Requirements

210 of 305

Practice Level  
Learning Community

Reminders Sent to  
PO Leads:  
5/5

5/18  
5/29  
5/31

513 of 956

Physician Level Learning  
Community

Reminders Sent to PO  
Leads:  
5/5

5/18  
5/29  
5/31

58 of 76

Case Summaries-  
Cohort 2 Only

5/18 and 5/31 to practice  
clinical champions

5/15 and 5/25 to PO  
leads

# PCP VBR Requirements

## Pending Requirements

Any sites who missed their regional meeting will need to view the recording and answer the associated questions. As a reminder, not attending in person will count towards 1 of the 3 strikes for regional meeting attendance that practices can have before they can no longer earn VBR for MCT2D participation.

Clinical champions along with the PO leads who missed regional meetings will be contacted by 5/18 at the latest with a link to the recording and questions that will need to be completed by the 6/1 deadline.

# July PO Workgroup Meetings

Monday, July 10th at 11am

*Led by Jackie*

OR

Wednesday, July 12th, at 2pm

*Led by Jake*