



PO Monthly Call

March 2026

Monday, March 9th at 11am
Wednesday, March 11th at 2pm

Agenda

1. Spring 2026 Regional Meeting Registration
2. Race and Ethnicity Reports
3. Upcoming MCT2D Focus Groups
4. A1C Report Distributed
5. Specialist VBR 3/1/2026-2/28/2027
6. Data Dashboard Updates
7. New Practice Learning Community VBR Requirement
8. Upcoming New Tools
9. March Learning Community Event - Updates to ADA Standard of Care



MCT2D Spring Regional Meetings



VisTaTech Center, Livonia
Tuesday, 4/7/26, 6pm-8pm



Prince Conference Center, Grand Rapids
Tuesday, 4/23/26, 6pm-8pm



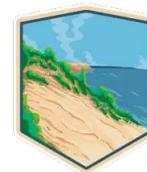
Weber's Inn, Ann Arbor
Thursday, 4/9/26, 6pm-8pm



Horizons Conference Center, Saginaw
Wednesday, 5/6/26, 6pm-8pm



Somerset Inn, Troy
Tuesday, 4/14/26, 6pm-8pm



Hagerty Conference Center, Traverse City
Thursday, 5/7/26, 6pm-8pm



Fetzer Center, Kalamazoo
Tuesday, 4/22/26, 6pm-8pm

Spring Regional Meeting Tentative Agenda

Time	Presentation Title	Speaker
6:00pm - 6:30pm	Clinical Updates in Type 2 Diabetes	Lauren Oshman, MD MCT2D Program Director Heidi Diez, PharmD MCT2D Co-Program Director
6:30pm-6:50pm	Introducing the MCT2D Prediabetes Initiative	Larrea Young, MDes MCT2D Program Manager
6:50pm - 7:10pm	Future Performance Measures	Lauren Oshman, MD MCT2D Program Director Heidi Diez, PharmD MCT2D Co-Program Director
7:10pm-7:35pm	Case Studies in Nephrology	Mike Heung, MD MCT2D Nephrology Program Director
7:35pm - 8:00pm	Case Studies in Endocrinology	Kara Mizokami-Stout, MD MCT2D Nephrology Program Director

Spring Regional Meeting Registration

- Registration for spring regional meetings will open within the week.
- Reminder: PCP, Endocrinologist, and Nephrologist clinical champions are required to attend.
- Please ensure that all primary care, endocrinology, and nephrology clinical champions have registered **by March 16th**.
- If a Clinical Champion is unable to attend the meeting, they can send an alternate in their place.
 - For endocrinology and nephrology practices, the alternate must be another physician.
 - For PCP practices, any other clinician in the practice can serve as an alternate.

Checking Registration

On the lefthand sidebar menu on the Admin Portal, click “Registrations”.

This will show you both who has already registered for each of the practices, and who has not yet registered.

Registration Overview - Spring 2026

There are 5 practices, listed below, not yet registered for the regional meeting.

[Click here](#) to copy this email list to your clipboard.

Required but not registered - 5

Practice	Region	Clinical Champion	Email
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Race and Ethnicity uACR Report

- **A Race & Ethnicity uACR Screening Report is in development with plans to release by 3/17.**
- A PO-level snapshot showing how uACR screening performance varies by race and ethnicity within your eligible measure population.
- The report summarizes data completeness (how many patients have race/ethnicity recorded), the size of your uACR measure population, and baseline screening rates by race and by ethnicity to help identify potential gaps and opportunities for targeted improvement.
- Designed to support equity-informed QI planning and local outreach, while protecting privacy through small-cell suppression and reporting only at the PO level.
- Report will be reviewed and **discussed at PO Focus Group taking place on 3/27**, so please closely review the report if you are participating in this focus group.

MCT2D uACR Screening Care for All Report

Physician Organization Name



This report is part of MCT2D's goal to improve care for all patients. It includes a snapshot of your MCT2D patient race and ethnicity data to give your organization a general overview of what data MCT2D has received, and to explore how it can support QI work on MCT2D's PCP and Nephrology uACR screening measures. The information is provided for reference only, and its use is at each PO's discretion.

Total patients at your PO with race and/or ethnicity data reported

1,426

(xx% of patients included in the MCT2D patient Data Dashboard)

Percent of patients at your PO who selected each race and ethnicity category (patients are allowed to select more than one category, therefore percentage totals may be greater than 100%)

Race Categories	Ethnicity Categories		
American Indian and Alaska Native	X% (XX)	Hispanic or Latino	X% (XX)
Asian	X% (XX)	Not Hispanic or Latino	X% (XX)
Black or African American	X% (XX)	MENA*	X% (XX)
Native Hawaiian and Other Pacific Islander	X% (XX)	Ethnicity Uncategorized or Unknown	X% (XX)
White	X% (XX)		
Race Uncategorized or Unknown	X% (XX)		

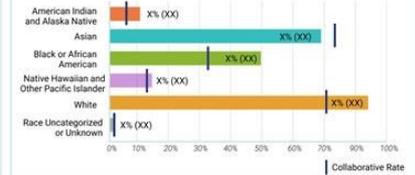
*Middle Eastern or North African

Total patients at your PO with race and/or ethnicity data included in PCP and Nephrology uACR measure population

875

(xx% of patients included your uACR measure population)

Baseline uACR screening rates for patients with race data that are included in your measure population (patients are allowed to select more than one category and each category is counted as 1)



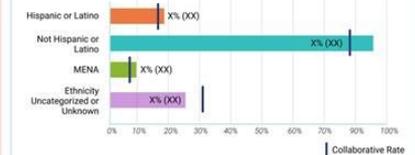
Please Note!

When generating this report MCT2D followed CMS guidelines and has suppressed data with a cell size of <11 to protect individuals from being identifiable.

This report only includes data aggregated at the Collaborative and PO level. No data is displayed at the practice, physician, or patient level.

Race and Ethnicity categories were determined by MSIELD and MDC based on current best practices.

Baseline uACR screening rates for patients with ethnicity data that are included in your performance population



Practice Level Focus Group: 3/12 at Noon

- Hosting a practice level focus group to get feedback on the MCT2D Admin Portal
- Participating in the focus group meets the practice level learning community requirement
- Following launch of prediabetes, we will be focusing on a redesign of the Admin Portal to make it more user friendly and easy to navigate

A1C Progress Report #2

- A1C Progress Report #2 was distributed in late February with data through 11/30/2025
- Please make sure you have downloaded the most recent version of the report, which is from 3/2/2026 as we had to make a few corrections to the data which caused scores to fluctuate
- POs and practice level users were made aware of these changes via email
- Updated A1C reporting will be available with the MCT2D Patient Data Dashboard updates on 03/31/2026 (data through 01/31/2026) and 04/30/2026 (data through 02/28/2026)
- Final A1C Progress Report progress report with final scores available July 2026

Endocrinology VBR Measures (3/1/2026-2/28/2027)

Measure #	Weight	Measurement Level	Measure Description	Points
VBR Measures				
1	25%	Practice	Attend MCT2D Spring 2026 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.	
			Meeting attended by clinical champion or substitute physician	25
			Meeting not attended live but viewed a recording of the meeting and completed a quiz on the content.	10
			Meeting not attended	0
2	25%	Practice	Attend Fall 2026 Endocrinology Clinical Champion Meeting.	
			Meeting attended by clinical champion or substitute physician	25
			Meeting not attended live but attended a makeup session with the MCT2D nephrology program directors.	10
		Meeting not attended	0	
3	15%	Practice	Participate in one of the following Engagement Activities: <ul style="list-style-type: none"> - Submit a patient case for review at the Spring 2026 regional meetings - Submit a request for a tool that you would like MCT2D to develop - Conduct a partnership project with a primary care practice - Participate in an MCT2D site visit - Present at the fall endocrinology clinical champion meeting - Participate in an MCT2D Data Dashboard tutorial - Share tools or resources that you use in your practice to manage patients with type 2 diabetes. 	
			Completes one of the engagement activities by 12/1/2026.	15
			Does not complete one of the engagement activities by 12/1/2026.	0
4	10%	Practice	Complete a survey distributed by MCT2D on current practice patterns.	
			Completes the survey by 8/1/2026	10
			Completes the survey by 9/1/2026	5
		Does not complete or completes after 9/1/2026	0	

Endocrinology VBR Measures (3/1/2026-2/28/2027)

5	25%	Practice	<p>Increase billing of continuous glucose monitor (CGM) interpretation (CPT: 95251) for patients on a CGM by an absolute 5%, up to the collaborative wide (PCP and endocrinology practices) 95th percentile benchmark of 89.59%. Practices with a baseline rate between 84.59%-89.59% only need to improve to 89.59%. Practices that are already at or above the 95th percentile benchmark of 89.59% will be asked to repeat performance throughout the measurement period.</p> <p>Measurement Period for CGM device claims: July 1, 2025- June 30, 2026 Measurement Period for 95251 billing: July 1, 2025- August 31, 2026</p>	
			Practices improve to target rate	25
			Improved but didnt meet target	10
			Did not improve	0

- CGM Interpretation Progress Reports distributed in April!

Nephrology VBR Measures (3/1/2026-2/28/2027)

Measure #	Weight	Measurement Level	Measure Description	Points
VBR Measures				
1	25%	Practice	Attend MCT2D Spring 2026 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.	
			Meeting attended by clinical champion or substitute physician	25
			Meeting not attended live but viewed a recording of the meeting and completed a quiz on the content.	10
			Meeting not attended	0
2	25%	Practice	Attend Fall 2026 Nephrology Clinical Champion Meeting.	
			Meeting attended by clinical champion or substitute physician	25
			Meeting not attended live but attended a makeup session with the MCT2D nephrology program directors.	10
			Meeting not attended	0
3	15%	Practice	Participate in one of the following Engagement Activities: - Submit a patient case for review at the Spring 2026 regional meetings - Submit a request for a tool that you would like MCT2D to develop - Conduct a partnership project with a primary care practice - Participate in an MCT2D site visit - Present at the fall nephrology clinical champion meeting - Participate in an MCT2D Data Dashboard tutorial	
			Completes one of the engagement activities by 12/1/2026.	15
			Does not complete one of the engagement activities by 12/1/2026.	0
4	10%	Practice	Complete a survey distributed by MCT2D on current practice patterns.	
			Completes the survey by 8/1/2026	10
			Completes the survey by 9/1/2026	5
			Does not complete or completes after 9/1/2026	0

Nephrology VBR Measures (3/1/2026-2/28/2027)

5	25%	Practice	<p>For all adult patients aged 18-85 who meet the criteria to be included in the MCT2D Data Registry who are attributed to a participating nephrology practice who have at least one claim in the last 14 months received by MCT2D, meet the following criteria:</p> <ul style="list-style-type: none"> • Improve absolute performance on the measure by 5% (e.g. if baseline performance is 49.22%, increasing performance to 54.22% or higher) for patients receiving a urine albumin creatinine ratio test in the past 14 months as assessed by a claim for a urine Albumin Creatinine Ratio test or a urine Albumin Creatinine Ratio result in the clinical (PPQC supplemental files) data. <i>Practices with a baseline rate between 85%-90% only need to improve to 90%. Practices who have a baseline rate of >90% will be asked to repeat a rate of at least 90% during the measurement year.</i> <p>Baseline Time Period: January 1, 2024 – February 28, 2025 Measurement Period: July 1, 2025- August 31, 2026</p>	
			Practice improved to target rate	25
			Improved but did not meet target	10
			Did not improve	0

- uACR Screening Progress Reports distributed in April!

Engagement Measure

Endocrinology Practice Engagement Activities

In order to complete the engagement VBR requirement, each practice must complete one of the below activities:

Endocrinology Case Form 2026

Collect and review de-identified endocrinology patient cases that highlight atypical diabetes diagnoses, care coordination challenges, and opportunities to improve interdisciplinary communication and management.

[View Forms](#)

[Add Case](#)

MCT2D Tool Request Form 2026

Collect and summarize requests for new tools or resources that would support MCT2D's mission.

[View Forms](#)

[Add Tool Request](#)

MCT2D PCP Partnership Form 2026

Share details on a partnership project between your endocrinology practice and a PCP practice. This can be a new project, or an expansion of the previous partnership project.

[View Forms](#)

[Add Form](#)

Submit a tool or resource

Submit a tool or resource that your practice has created that supports care of patients with type 2 diabetes. Please email to ccteam@mct2d.org.

[Send Email](#)

Engagement Measure (continued)

Participate in an MCT2D site visit

Participate in an MCT2D site visit. Email ccteam@mct2d.org if you are interested in a site visit.

[Send Email](#)

Fall 2026 Endocrinology Clinical Champion Meeting

Present at the Fall 2026 Endocrinology Clinical Champion Meeting. Email ccteam@mct2d.org if you are interested.

[Send Email](#)

MCT2D Data Dashboard tutorial

Participate in an MCT2D Data Dashboard tutorial. Please email jereiss@med.umich.edu to set up a dashboard tutorial.

[Send Email](#)

Data Dashboard Updates

- Next updates to the dashboard will be 03/31/2026 (data through 01/31/2026) and 04/30/2026 (data through 02/28/2026)
- **March Enhancements:** Adding new 2026 diabetes medications, capturing additional patients with T2D at the encounter level, eGFR being added to the summary measures page, & updating data completeness report to be more accurate.
- PCP uACR, Nephrology uACR, and Endocrinology CGM Interpretation reports will be distributed in April based off the March release
- **Upcoming Enhancements:** Updated Patient List and Patient Profile coming coming in May- one unified dashboard!
 - Note: No major changes to the dashboard in the March release

Home Patient List Patient Profile Care Lists Summary Measures User Guide Metrics

Patient Profile PO Beta

Add Patient to Follow-up List Download Report

MCT2D

LAST UPDATED 9/30/2023

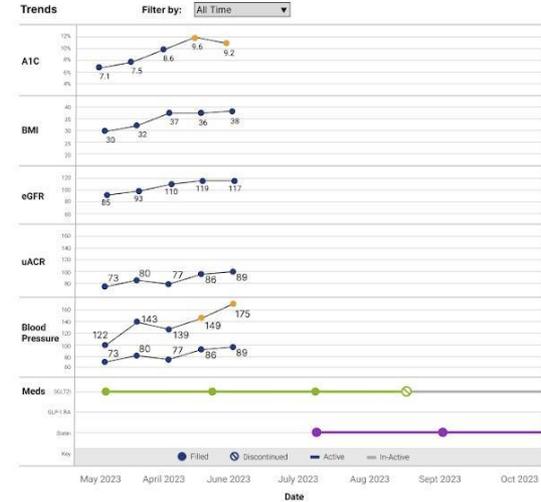
Based on Claims and Clinical data from BCBSM MA, BCN, and BCN-A
Claims data (1/1/2016 - 9/30/2023), Clinical data (1/1/2020 - 9/30/2023)

Find patient (hit enter key to apply)

Smith, John

Sex: Male
 Race/Ethnicity: White
 Age: 45 years old
 Date of Birth: January 1, 1979

Insurance Coverage	Primary Care Physician	Specialist Care
Insurance Type: Commercial Pharmacy Coverage: Yes	PO: Comprehensive Medical Group Practice: Family Medicine, LLC Physician: Doe, Jane	Physician Organization: Comprehensive Medical Group Practice: Nephrology Medicine, LLC Provider: Doe, Jane



Biometrics and Labs

A1C	eGFR
Result: 9.2 Date: 1/31/2023 <i>Possibly Overdue</i>	Result: 57 Date: 1/31/2023
uACR	Blood Pressure
Result: Normal Date: 1/31/2023	Result: 118/82 Date: 1/31/2023
CKD	T2D
Dx Date: 1/31/2022	Dx Date: 1/31/2022

Screenings, Exams, and Visits

Retinopathy Screen	Nephrologist Visit
Screen Date: 1/31/2023	Visit Date: 1/31/2023 Physician: Doe, Jane

Possible Overdue Care Alerts:

- ▲ A1C >12 Months
- uACR >12 Months

Prescriptions

Active	CGM	Incretin Mimetic	Metformin	
	Last Fill Date: 1/31/2024 Status: active	Last Fill Date: 1/31/2024 Status: active	Last Fill Date: 1/31/2024 Status: active	
In-Active	SGLT2i	Statin	Sulfonyleurea	ACEI/ARB
	Last Fill Date: 1/31/2023 Status: In-active			



New Practice Level Learning Community Option: Implement an MCT2D Tool

- New practice level learning community option: Implementation of an MCT2D Tool
- Complete a brief form about a tool that you have implemented or are planning to implement in the near future
- Option will be available in the next few weeks via the Admin Portal- will notify practices via email.

Getting Started on a Low Carb Lifestyle for Type 2 Diabetes

What is a low carb lifestyle? A low carb lifestyle limits your intake of carbohydrates (carb) from foods like bread, pasta, rice, potatoes and other starchy vegetables, sweets, baked goods, sugary beverages, and fruits and emphasizes proteins, non-starchy vegetables, and healthy fats.

Very Low Carbohydrate (Ketogenic) Less than 50 grams of carbs per day

Low Carbohydrate 50-100 grams of carbs per day

High Carbohydrate (Diabetic American Diet) 225-325 grams of carbs per day

Meal with ~10g of carbs
4.5 oz Grilled Fish or Chicken 10 carbs
2 cups Mixed Salad 10 carbs
1 oz Feta Cheese and Olives 10 carbs
2 tbsp Ranch Dressing 10 carbs
1/2 Avocado

Meal with ~47g of carbs
1/2 cup Brown Rice 23 carbs
1/2 cup Black Beans 4.5 oz Steak 49 carbs
1.5 cup Grilled Vegetables 10g carbs

Meal with
2 small Potatoes 4 carbs
4 oz Mozzarella 1/2 cup Cheese 12 carb

Clinician Decision Aid
Guideline Directed Medical Therapy for T2D
SGLT2 inhibitors and Incretin mimetics are first-line treatments for T2D in patients with cardiovascular disease. This aid is meant to support the use of GLP-1/GIP receptor agonists and SGLT2 inhibitors, alongside your own clinical judgment, to guide patient-centered diabetes treatment.
Recommend lifestyle change with reduced carb intake and weight loss if indicated. Promote diabetes self-management education and support (DSMES) upon diagnosis.

ALL PATIENTS WITH T2D
CLINICAL GOAL To reduce cardiovascular risk independent of A1C in high risk patients

Established ASCVD* Shared Decision Making (SGLP-1 RA or SGLT2)
Empagliflozin, Triclistat, Victoza or Involis, Jardiance

Heart Failure* Empagliflozin

CKD* On maximum tolerated dose of ACE/ARB
Empagliflozin, Jardiance
Triclistat, Victoza or Involis, Jardiance
Empagliflozin

CLINICAL GOAL To achieve and sustain glycemic control and promote weight loss.

Glycemic Lowering Metformin (About 1% A1C lowering, weight neutral)

Weight Lowering Set weight loss goals and engage in shared decision making for therapeutic interventions

For additional glycemic lowering and low hypoglycemia risk
Glycemic lowering categories (in A1C lowering)
Very High (>1.5%) Empagliflozin, Triclistat (2.4-3 mg)
High (~1%) Ribiclistat, Triclistat (1.8 mg), Victoza, SGLT2
Moderate (~0.6%) DPP-4
Very High (>1.5%) Empagliflozin, Triclistat (2.4-3 mg)
High (~1%) Ribiclistat, Triclistat (1.8 mg), Victoza, SGLT2
Moderate (~0.6%) DPP-4
DPP-4 and metformin are weight neutral

The benefits of a low carb lifestyle
WEIGHT LOSS, REDUCED BLOOD PRESSURE, REDUCED HUNGER & CRAVINGS, BLOOD SUGAR

What are carbs? Carbs (i.e., carbohydrates) are a nutrient that is broken down by the body into sugar (glucose). There are 3 types of nutrients: carbs, fat, and protein.

What is blood sugar (or blood glucose)? Blood sugar is the level of sugar in your blood after your body breaks down nutrients into glucose for energy.

Updated April 2023
The American Diabetes Association supports individualized eating plans for people with T2D, ensuring your carbohydrate count helps you control blood sugar and reduce medication.

IF A1C is above target, consider the following:
• Additional agent (based on glycemic weight lowering, and comorbidity needs)
• Initiation of a CGM
• Referral or re-referral to DSMES

FDA Labeled (preferred) **OP Label** **No Evidence - low cost (see footnote 7)**

Consider use in high risk patients: ADA Standards gives a weaker recommendation for use in high risk patients. Consider use in high risk patients with the following:
1. Additional agent (based on glycemic weight lowering, and comorbidity needs)
2. Initiation of a CGM
3. Referral or re-referral to DSMES

Diagnosis of CKD (eGFR < 60) and/or presence of albuminuria: Determine baseline eGFR. Data for use from secondary outcomes of CVT2 T2D trials for glycemic control and cardiovascular risk reduction. Consider referral to nephrology.

When using GLP-1 and/or SGLT2: Monitor for side effects such as nausea, constipation, or dehydration. Consider referral to nephrology if eGFR < 30 or if there is a significant decline in renal function.

Diagnosis of HF: Consider use in high risk patients. Consider use in high risk patients with the following:
1. Additional agent (based on glycemic weight lowering, and comorbidity needs)
2. Initiation of a CGM
3. Referral or re-referral to DSMES

Additional Glycemic Agents: Consider use in high risk patients with the following:
1. Additional agent (based on glycemic weight lowering, and comorbidity needs)
2. Initiation of a CGM
3. Referral or re-referral to DSMES

Additional Glycemic Agents: Consider use in high risk patients with the following:
1. Additional agent (based on glycemic weight lowering, and comorbidity needs)
2. Initiation of a CGM
3. Referral or re-referral to DSMES

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New Tools- Available by Regional Meetings

Over-The-Counter Continuous Glucose Monitors (CGM) Comparison

This comparison tool will help patients decide which of the two most common brands of over-the-counter (OTC) continuous glucose monitors (CGM) is the best option for them. CGM technology is always improving so be sure to consult with your healthcare provider.

Who It's For	Dexcom Stelo	Abbott Lingo
Patient population	<ul style="list-style-type: none"> Adults (18+ years) not on insulin who have been diagnosed with type 2 diabetes or prediabetes and are not at risk for hypoglycemia Those interested in tracking their glucose 	<ul style="list-style-type: none"> Adults (18+ years) not on insulin Do NOT use if you have problematic hypoglycemia
Cost	<ul style="list-style-type: none"> \$99 for 2 sensors for 1-month 10% discount with 1-month subscription, 15% discount with 3-month subscription 	<ul style="list-style-type: none"> \$49 for 1 sensor (14 days) \$89 for 4-week plan (save 3%), \$249 for 6-week plan (save 15%)
HSA/FSA eligible?	Yes	Yes
Where to purchase	stelo.com or Amazon	hellolingo.com or Amazon

Sensor Hardware & Wearability	Dexcom Stelo	Abbott Lingo
Sensor size	Same size as Dexcom G7 (3 stacked quarters)	Same size as Libre 2 (2 stacked quarters)
Wear Location	Back of upper arm	Back of upper arm
Grace period	12 hours	None
Warm up time	30 minutes	60 minutes
Wear time	Up to 15 days	Up to 14 days
Waterproof rating	Up to 8 feet for up to 24 hours	Up to 3 feet for up to 30 minutes

12/9/25 MCT2D.org

Recognizing and Treating Low Blood Sugar (Hypoglycemia)

What is Low Blood Sugar (Hypoglycemia)?
Low blood sugar or hypoglycemia occurs when blood glucose levels fall below 70 mg/dL in a person with diabetes.

Common causes include: Too much insulin, the wrong kind or dose of diabetes medication, exercising or getting more than usual activity, too little food, illness, and drinking alcohol without eating.

Signs of Low Blood Sugar
When the blood sugar is low, you may experience one or more of the following:

- Hunger**
- Irritability or Anxiety**
- Dizziness**

Everyone has a slightly different reaction to hypoglycemia. However, most people feel shaky, nervous, or have a racing heart. Some people also experience sweating, especially when they're not eating. Also, if you have a headache, it may be a sign that your blood sugar is low.

Check your blood sugar if you have these symptoms.

If you experience low blood sugar symptoms at an all-time low for you, only use a glucose meter if you are not on insulin.

Getting Started with Insulin for Type 2 Diabetes

Your endocrinologist will help you decide how much insulin to take to keep your blood sugar in the target range. Your endocrinologist will help you decide how much insulin to take to keep your blood sugar in the target range.

Two Main Types of Insulin

- Long-Acting Insulin (Basal)**
Helps keep your blood sugar stable between meals and overnight when you're not eating. Also known as "background" or "basal" insulin.
- Fast-Acting Insulin (Bolus)**
Covers meals and corrections for high glucose. Also called "bolus," "rapid-acting," "premixed," or "glucagon-like peptide-1 (GLP-1) agonist" insulin.

Typical doses of rapid-acting or long-acting insulin are based on the food you eat and your blood sugar levels.

Injection Timing

- When:** Same time daily (within 2 hours)
- If you forget:** Take dose within a few hours of when that time slip and take your normal dose the next day.

Hydration Timing

- When:** 15-30 min before eating
- If you forget:** Take dose within 15-30 min after eating
- If you forget:** Take up to 30 min after meal if later than that, skip and wait for next meal

Getting Started with Long-Acting Insulin for Patients with Type 2 Diabetes

You have been prescribed long-acting or basal insulin to help manage your blood sugar. This insulin is used to keep your blood sugar steady between meals and overnight.

Your Starting Insulin Dose

Take long-acting insulin once a day.

Your Starting Dose: [Input field] units

Take it once daily at the same time each day, every morning.

How to Adjust Your Dose

See your doctor every 3-4 weeks to see how your blood sugar is doing. Do not change your dose on your own. Do not change your dose if you are not feeling well or if you are sick. Do not change your dose if you are pregnant or breastfeeding.

Understanding Metabolic Health and Prediabetes

Metabolic health is a signal of how well your body processes and uses energy. It involves keeping blood sugar, blood pressure, cholesterol, and weight in balance.

When your metabolic health starts to decline, your body gives signals that can be seen in labs like an A1C test that you have done at your doctor's office. When your A1C has risen above a healthy level, your doctor may diagnose you with **prediabetes**.

What is an A1C Test?

One of the best tools for understanding metabolic health is the A1C test. This blood test measures your average blood sugar over the past 3 months. Think of it like a "report card" for how your metabolism has been managing sugar.

- Normal: Below 5.7%
- Prediabetes: 5.7% - 6.4%
- Diabetes: 6.5% or higher

But it's just prediabetes, do I really need to worry?

Prediabetes means that you have elevated blood sugar levels, they're just not high enough yet to be considered type 2 diabetes. It is also a signal that your body is in an inflammatory state.

Even somewhat elevated blood sugar levels can cause damage to your blood vessels, preventing blood flow and oxygen from getting to important organs like your heart, eyes, brain, and kidneys. This can increase your risk of heart disease, stroke, and other long-term health problems.

This damage can start occurring long before you get diagnosed with type 2 diabetes.

- Heart:** Prediabetes is associated with inflammation and changes in blood vessels that increase the risk of heart disease, heart attacks, and stroke.
- Eyes:** People with higher blood sugar are more likely to have swelling or leakage in small blood vessels of the retina, which can affect vision over time.
- Kidneys:** People with higher blood sugar are more likely to have signs of kidney stress, including protein leaking into the urine, which is an early warning sign of kidney damage.
- Brain:** Prediabetes is connected with subtle changes in brain function. Higher blood sugar and insulin resistance are more often seen in people with reduced thinking speed and clarity.

Managing Low Blood Sugar with Glucagon

What is Glucagon?
Glucagon is a hormone used in emergencies to treat severe low blood sugar (when you can't eat or drink). It raises blood glucose by converting the liver's released stored sugar into glucose. It is temporary so you should still seek other help.

Who Should Have Glucagon Available?
It is recommended that anyone using insulin or at risk for severe low blood sugar have one and people around them should know how to use it.

When Should it be Used?
Glucagon can be used in the following situations:

- A person with diabetes is unresponsive or unconscious due to low blood sugar
- A person is unable to eat, drink, or swallow due to severe low blood sugar
- A person has had seizures due to extremely low blood sugar

Types of Glucagon

- Glucagon Nasal Spray (Baqsimon)**
A ready-to-use option that delivers glucagon through the nose.
- Glucagon Auto-Injector (Dexglucomin)**
A pen-like auto-injector similar to an insulin pen.
- Traditional Injectable Kit (Glucagon Emergency Kit)**
Known as the "vial" or "orange" kit.

Types of Insulin For Use in Type 2 Diabetes

Insulin Action Curves

Ultra Rapid-acting and Rapid-acting insulin (shown in red and orange) have a quick onset and short duration. **Intermediate-acting insulin (NPH)** (shown in yellow) has a slower onset and longer duration. **Long-acting insulin** (shown in blue) has a very slow onset and long duration.

Types of Insulin

Types of Insulin	Formulations (U/100 Parts)	Maximum Units Dosed per Injection in Insulin Pens	Stability, In-use room temperature
Ultra Rapid-acting			
Fiasp (aspart)	Vials and Pens	80 units	Vials, Pens: 28 days
Lysrwin (ferric aspart)	Vials and Pens	1700 and 12000 pen/80 units	Vials, Pens: 28 days
Rapid-acting			
Asimov (lispro)	Vials and Pens	80 units	Vials, Pens: 28 days
Humalog (lispro)	Vials and Pens	1700 and 12000 pen/80 units	Vials, Pens: 28 days
Novolog (aspart)	Vials and Pens	80 units	Vials, Pens: 28 days
Apidra (glulisine)	Vials and Pens	80 units	Vials, Pens: 28 days

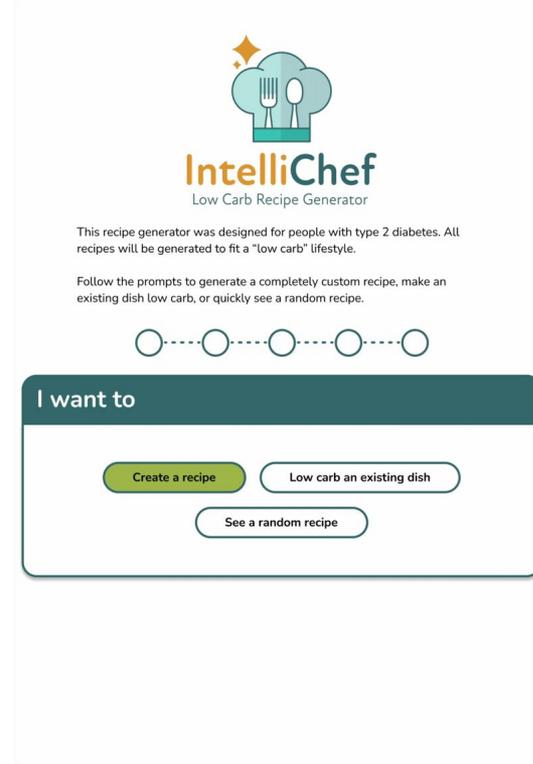
Over-The-Counter CGM Comparison

5 Insulin Related Tools

Prediabetes Overview

MCT2D Low Carb Recipe Generator

- Patient focused tool for finding low carb recipes
- Utilizes OpenAI
- Offers list of ingredients and step by step instructions
- Can choose flavor profile, cultural influences, dietary restrictions, and recipe difficulty
- Can text or email the recipe



LEARNING COMMUNITY EVENT



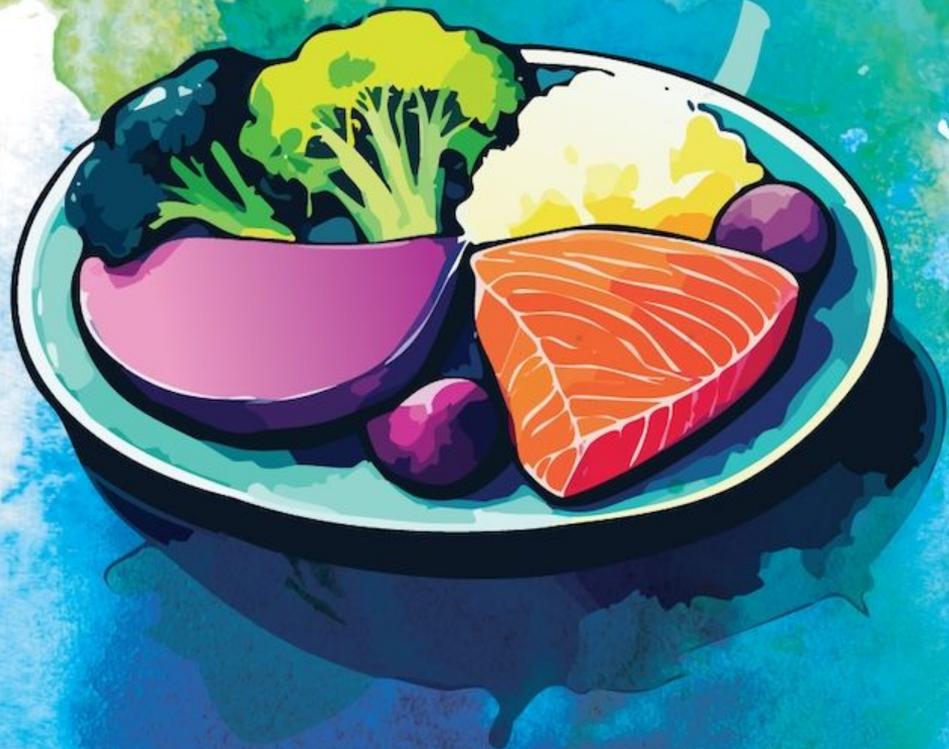
March 19, 2026

ADA Standards of Care 2026 Updates

Speaker

Jonathan Gabison, MD

LEARNING COMMUNITY EVENT



April 17, 2026

Myths and Facts on Low-Carb Diet

Speakers

Rina Hisamatsu, MPH, RDN

Dina Griauzde, MD, MS

MCT2D

Next Month's PO Call Dates

No PO Calls in April due to MCT2D Regional Meetings!

Monday, May 11th at 11am

Wednesday, May 13th at 2pm