PO Monthly Call

2/8 at 2pm
2/13 at 11am

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FOR TYPE 2 DIABETES

Agenda

- **Updated VBR Timelines**
- **Primary Payor Coverage VBR**
- **Data Updates**
- **Updates**
  - Steering committee meeting
  - Regional meeting registration
  - Poster design contest
  - Case summaries for Cohort 2 practices
  - GLP1-RA Shortage Tool + GLP1-RA Videos

Updated VBR Timeline

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Updated VBR Timeline

With MCT2D's prospective VBR, BCBSM will not renew VBR for the upcoming year if a physician did not meet the current year's VBR metrics.

MCT2D submits a list of all physicians who should begin earning VBR on the annual 9/1 (PCPs) and 3/1 (specialists) start dates

Initially, VBR deadlines from BCBSM were early January for specialists and mid July for PCPs

However, BCBSM needs to move up these timelines to 6/1 (PCPs) and 11/30 (specialists) in order to complete their internal processing of the data

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Impacts on MCT2D VBR Deadlines (PCPs)

Cohort 1 PCPs: The only deadline that this change will impact is the learning community requirement. In addition to completing a tool feedback survey, there are 4 learning community events that can be attended either live or viewed recorded prior to the June deadline. We will also be offering additional opportunities to meet the practice level VBR that will be detailed in a later slide. Now due on 06/01 instead of mid July.

Cohort 2 PCPs: In addition to the learning community requirement deadline, this change will move up the deadline to submit case summaries. Case summaries have been changed to 3 per practice (one on each initiative) as opposed to per physician. These forms will be distributed on 2/14. Now due on 06/01 instead of mid July.

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Impacts on MCT2D VBR Deadlines
(Endocrinologists & Nephrologists)

Cohort 1 Endocrinologists: Viewing recorded session of “CGM and Medications training” now due on 11/30 instead of 12/31

Cohort 2 Endocrinologists: Care coordination case summary is now due on 11/30 instead of 12/31 (one per physician)

Cohort 1 Nephrologists: Viewing recorded session of “Emerging Uses of GLP1s/SGLT2s” now due on 11/30 instead of 12/31

Cohort 2 Nephrologists: Case summary is now due on 11/30 instead of 12/31 (one per physician)

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On Our Website

RESOURCES v NEWS EVENTS FOR MEMBERS v VBR v FOR PATIENTS QUALITY INITIATIVES v ABOUT v

Value-Based Reimbursement (VBR) Measures

For Primary Care Physicians

Year 1, Cohort 2 VBR Primary Care (joined in 2022)

Year 2, Cohort 1 VBR for Primary Care (joined in 2021)

For Endocrinologists

Year 1, Cohort 2 - Endocrinology (joined in 2022)

Year 2 Cohort 1 VBR Endocrinology (joined in 2021)

Deadlines and Key Dates - MCT2D July 2022 - September 2023

For Nephrologists

Year 1, Cohort 2 VBR Nephrology (joined in 2022)

Year 2, Cohort 1 VBR Nephrology (joined in 2021)

Deadlines and Key Dates - MCT2D July 2022 - September 2023

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Primary Payor Coverage VBR

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Primary Payor Coverage VBR

Previously

MCT2D was planning to provide educational materials and resources regarding coverage related to a specific payor. One person at each office would need to view the materials and take a short post test.

Current Approach

The coverage VBR will be broken into three separate activities that must be a completed:

1. A brief 8 question survey about coverage
2. A discussion at the Spring regional meetings
3. A very short follow up/take-away submission from the regional meeting discussion

Coverage Survey

What specifically is your biggest challenge related to coverage? *

Do you have a specific person in your office who handles all prior authorizations? *

-Select-

Do you use any software to handle prior authorizations? e.g. CoverMyMeds *

What EMR do you use? *

-Select-

To what extent does your EMR provide you reliable information about what is covered for a patient? *

-Select-

How often are patient copays and deductibles the reason that a patient is unable to start a new medication or CGM? *

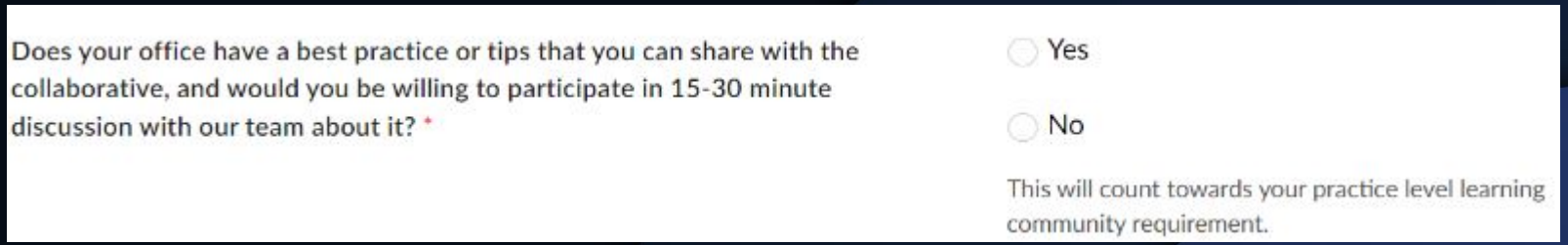
-Select-

Does your office have a best practice or tips that you can share with the collaborative, and would you be willing to participate in 15-30 minute discussion with our team about it? *

- Yes
- No

This will count towards your practice level learning community requirement.

Practice Level Learning Community Opportunity



This is a great opportunity for your practices to easily meet the learning community requirement. This will likely take closer to 15 minutes. Currently, 293 practices still need to meet this requirement before 6/1.

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Distribution

The coverage survey will be available as part of registration for the regional meetings.

Clinical champions will have an option to complete it then, or say that they are not ready and have a link emailed to them.

The survey will be due MARCH 10TH.

The information in the survey will be used to generate summary statistics for the presentation portion of the coverage topic at the regional meetings, potentially to develop seating charts for the meetings, and to identify practices who have tips and strategies that they can share, which will also be featured in the presentation portion of the meeting.

Intent behind Regional Meeting Topic

- For practices to come away with new ideas for tools/best practices/tips that they can implement into their own practice regarding medication and CGM coverage, and to be able to develop a smart goal and report out to us what change, if any, they plan to make.

- For practices to share ideas and strategies on best practices and solutions and continued pain points with regard to medication and CGM coverage.

- For practices to participate in an activity and discussion that will allow them to reflect on their current practice insurance workflows.

Follow up from Regional Meeting

Following the regional meeting, clinical champions will be asked to submit 1-2 sentences on a change that they are going to try to implement to their insurance processes, or submit that their current approach is effective/they have no changes

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Data Updates

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Data Timelines

ACRS

- Q1-Q2: Update oracle tables and informatica code
- Q2: Map Master Provider
- Q2: Test
- Q3: Move to Production

MiHIN Health Equity Scaffolding

- Q2: Receive clinical data for Diabetes pool and load to DW
- Q3: GoLive
- Q4: Integrate clinical data into MCT2D Dashboards

Data Extract

- Q1: MDC to update code for extract & run (12 .csv files)
- Will provide extract by March 10th

All-Payer PPQC

- In Production, utilizing BCBSM attribution until ACRS attribution is implemented (Q3)

CCDA's

- CCDA data feed tested successfully; turned off after testing was complete
- Dependency on assessment of path forward

Medicaid Claims

- Dependency upon execution of DUA (in hands of MDHHS)

BCN Claims

- Q1: Determine which PCP wins if multiple - most recent visit wins or most frequent visits? If patient is in both BCN and BCBSM with different PCP, which insurer wins?
- Q2: MDC will update code and rerun eligibility expanding BCN claims

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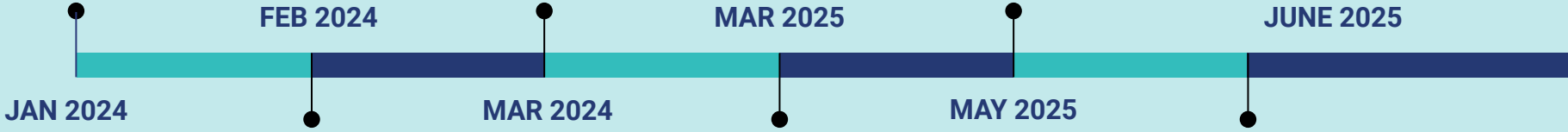
Performance Measure VBR Timeline



Review Baseline Data

In Q4 2023, all payor clinical data and Medicaid claims will be added into the dashboard, going back to November 2021.

Present VBR Opportunity to Steering Committee and then full collaborative

After baseline data review, develop suggestions for initial VBR measure, including target performance. Meet with steering committee for input, and once approved, share with collaborative.

Launch Performance Metric

Data from 3/1/2024 through 12/31/2025 would constitute the performance year.

Measurement Period Ends/Begin Evaluating Data

Allowing for a three month claims run-out, data in March 2024 would constitute

Data Analysis/Evaluation Ends

From March-May 2025, the MCT2D data analyst will review the results and evaluate who has met the VBR target

VBR Results Reported to BCBSM

The names of the physicians who have met the VBR metric will be shared with BCBSM and they will receive retrospective VBR for their performance. Distribution of this VBR will begin 9/1

Specialist Attribution

Working with BCBSM to define specialist attribution and MDC will execute that logic.

Endocrinology

Proposed attribution approach:

A patient is attributed to a PGIP endocrinologist if they see the specialist for type 2 diabetes on two or more occasions in an ambulatory setting within two years, and the most recent visit is within 395 days.

Rationale:

1) Patients who see a specialist once are not attributed to that specialist. For the purposes of measuring type 2 diabetes performance and assigning VBR, we do not think patients should be attributed after a single visit. That is because the specialist does not have the opportunity to make ongoing management decisions about the patient's care after a single visit.
2) Patients can be attributed to multiple specialists. Patients may see both an endocrinologist for their diabetes care and a nephrologist for chronic kidney disease associated with their type 2 diabetes. We think attribution should reflect current practice and specialists should get credit for any patient for whom they have an active care relationship.
3) Attribution visits are limited to a type 2 diabetes diagnosis. If an endocrinologist sees a patient for a thyroid disorder but is not managing nor billing for type 2 diabetes related care, we don't think their type 2 diabetes care should be evaluated.

Nephrology

Proposed attribution approach:

A patient is attributed to a nephrologist if they have type 2 diabetes and see the specialist on two or more occasions within two years, and the most recent visit is within 395 days.

Rationale:

1.) Patients who see a specialist once will not be attributed. A one-time visit/consultation will not count for our attribution purposes since they do not regularly follow up with this patient.
2.) Patients can be attributed to multiple nephrologists if they meet the above criteria. The rationale behind this is that occasionally nephrologists will co-manage care for a patient.
3.) Patients with end-stage renal disease on dialysis will be excluded from attribution because they are not part of the population of interest.

Updates

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MCT2D Steering Committee Meeting

Time	Topic	Presenter
10:00am-10:10am	**Introductions and Steering Committee Overview**	Lauren Oshman, MD MCT2D Program Director
10:10am-10:30am	**Data Overview: What We Have & What's Next**	Lauren Oshman, MD MCT2D Program Director Jake Reiss, MHSA MCT2D Associate Program Manager
10:30am - 10:55am	**Performance Measures for 2024**	Group Discussion
10:55am - 11:00am	**Regional Meeting Agenda Overview & Closing**	Jackie Rau MCT2D Program Manager

Best Practices Submission Form

Distributed: February 7th
Due: May 1st

Who: All practices in Cohort 1 required for VBR.

What: Asks about practice specific processes that were either implemented as a result of MCT2D, or that have contributed to success participating in MCT2D.

- Successful workflows for the integration of CGM data into clinical practice.
- Successful streamlining of CGM / SGTL2i / GLP-1RA prior authorizations.
- Workflows using clinical pharmacists and/or registered dieticians for CGM counseling and low carb counseling respectively.

Why: To build query-able resource stratified by practice demographics. For example: if a rural primary care practice with limited human resources wants to know what similar practices have done to streamline prior authorizations, they can query this to read the best practices that were submitted.

Case Summaries- Cohort 2 Practices

Reminder: Case summaries for Cohort 2 practices are going to be PER PRACTICE not per physician as with Cohort 1 practices.

3 total case summaries are due per practice- one on each of the three initiatives.

These will be available on 2/13 and all due on 06/01

Regional Meeting Registration

Registration is going to open next **Tuesday, February 14th**

You will be able to track who has registered from each practice on your administrative portal.

Coverage survey will be available to PCP Clinical Champions. It is not required to submit it at this time, but it will be due on March 10th.

Reminder: Nephrologists and Endocrinologists will be expected to attend the spring regional meetings, but NOT the fall regional meetings. They will attend separate clinical champion meetings in the fall.

Learning Community Events offered in Q1 2023

Event Date	Event Title	Presenter
Monday, **February 13th**, 2023 12pm-1pm	Management of CKD: A New Era of Therapeutics	Mike Heung, MD
Friday, **March 3rd** , 2023 12pm-1pm	Billing Codes- Care Management, Medical Nutrition Therapy, and billing for non-face-to-face care	Ashley Schwartz, LMSW Lauren Oshman, MD
Friday, **March 24th**, 2023 12pm-1pm	Updates on Medications and CGM Devices	Heidi Diez, PharmD

Link to Register for All Learning Community Events

MCT2D Poster Design Contest

Type 2 Diabetes Poster Design Contest!

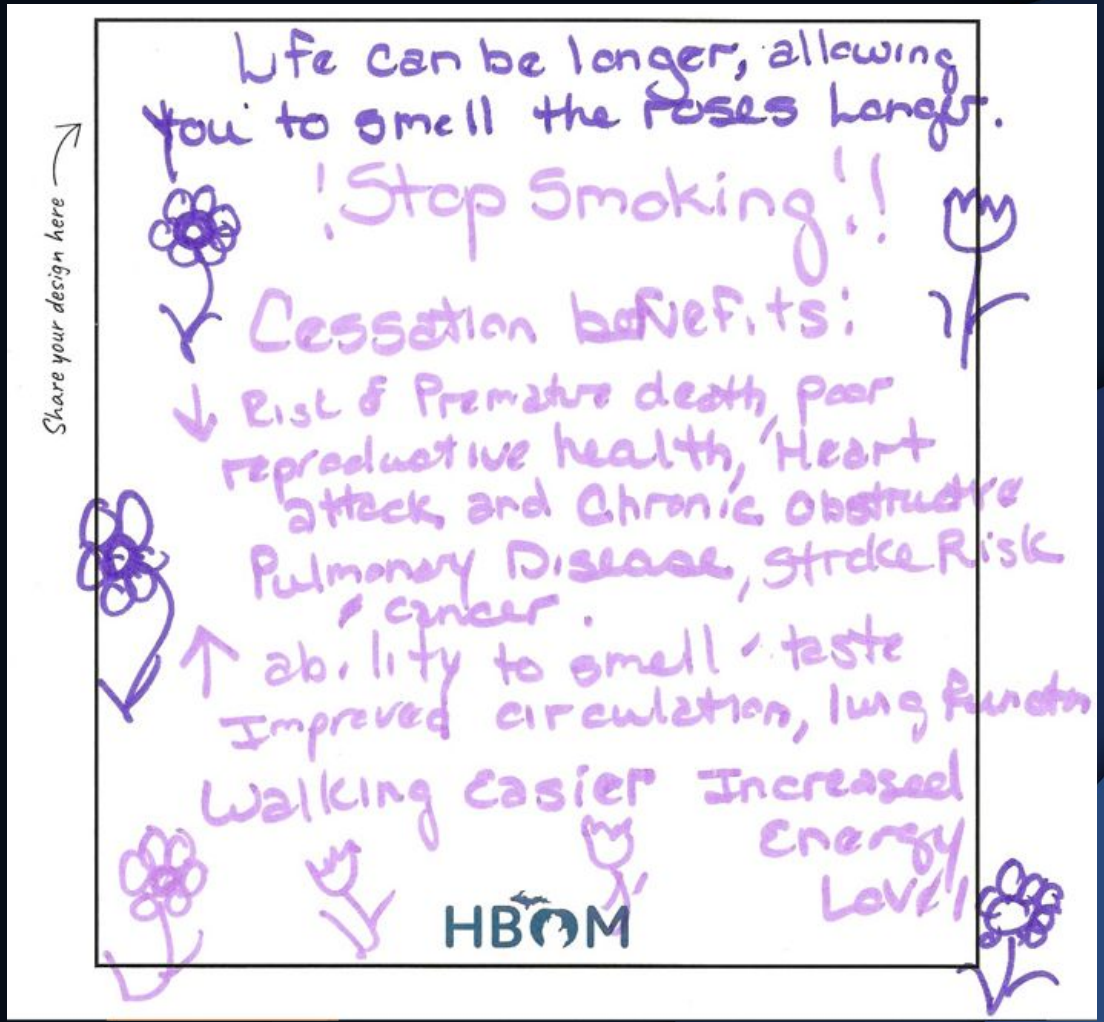
Have you ever looked at patient-facing posters in your office and thought, “wow, I could do better!” “man, this is outdated” or “who designed this?!” Well now’s your opportunity to change them!

Print this template (or just grab a blank sheet of paper) and sketch, describe, or otherwise share your idea for a type 2 diabetes educational poster in the space below. *You know your patients! What message of support or inspiration do they need to hear regarding their diabetes, medications, lifestyle, etc? What images or graphics would you have? What actions would you want patients to take after seeing it?*

Email your design idea(s) to laryoung@med.umich.edu

If we love your idea, we will use it to create a poster that will be shared with all MCT2D participants and feature you and your design on our website and social media!

Winning designers will also receive a box of MCT2D swag!



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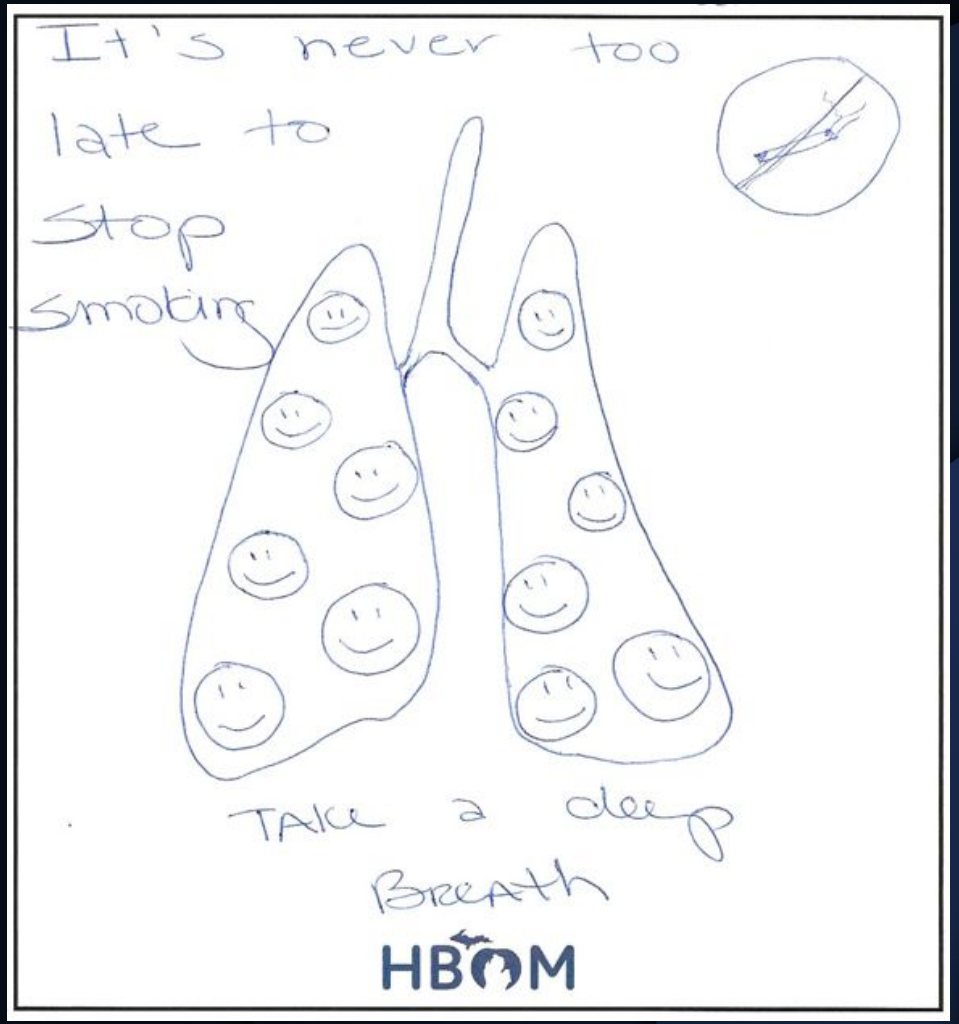

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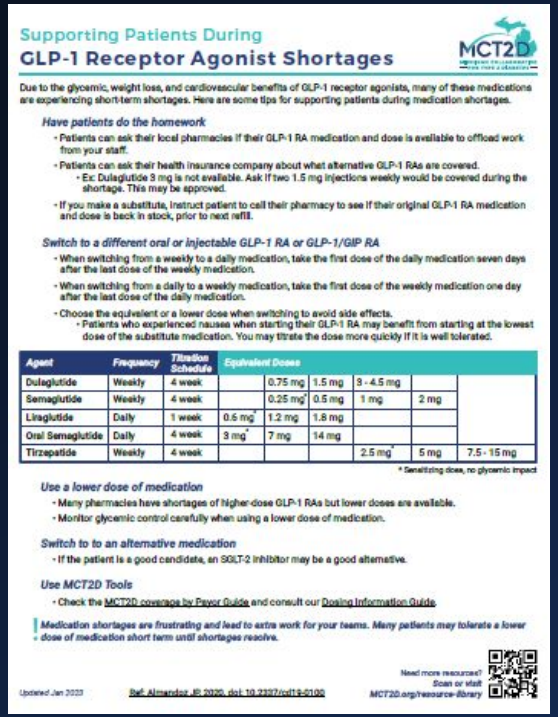
GLP-1 RA Tools + Resources



Supporting Patients During
GLP-1 Receptor Agonist Shortages

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Due to the glycemic, weight loss, and cardiovascular benefits of GLP-1 receptor agonists, many of these medications are experiencing short-term shortages. Here are some tips for supporting patients during medication shortages.

Have patients do the homework

- Patients can ask their local pharmacies if their GLP-1 RA medication and dose is available to offload work from your staff.
- Patients can ask their health insurance company about what alternative GLP-1 RAs are covered.
  - Ex: Dulaglutide 3 mg is not available. Ask if two 1.5 mg injections weekly would be covered during the shortage. This may be approved.
- If you make a substitute, instruct patient to call their pharmacy to see if their original GLP-1 RA medication and dose is back in stock, prior to next refill.

Switch to a different oral or injectable GLP-1 RA or GLP-1/GIP RA

- When switching from a weekly to a daily medication, take the first dose of the daily medication seven days after the last dose of the weekly medication.
- When switching from a daily to a weekly medication, take the first dose of the weekly medication one day after the last dose of the daily medication.
- Choose the equivalent or a lower dose when switching to avoid side effects.
  - Patients who experienced nausea when starting their GLP-1 RA may benefit from starting at the lowest dose of the substitute medication. You may titrate the dose more quickly if it is well tolerated.

Agent	Frequency	Titration Schedule	Equivalent Doses					
Dulaglutide	Weekly	4 week		0.75 mg	1.5 mg	3 - 4.5 mg		
Semaglutide	Weekly	4 week		0.25 mg*	0.5 mg	1 mg	2 mg	
Liraglutide	Daily	1 week	0.6 mg*	1.2 mg	1.8 mg			
Oral Semaglutide	Daily	4 week	3 mg*	7 mg	14 mg			
Tirzepatide	Weekly	4 week				2.5 mg*	5 mg	7.5 - 15 mg

* Sensitizing dose, no glycemic impact

Use a lower dose of medication

- Many pharmacies have shortages of higher-dose GLP-1 RAs but lower doses are available.
- Monitor glycemic control carefully when using a lower dose of medication.

Switch to to an alternative medication

- If the patient is a good candidate, an SGLT-2 inhibitor may be a good alternative.

Use MCT2D Tools

- Check the MCT2D coverage by Payor Guide and consult our Dosing Information Guide.

Medication shortages are frustrating and lead to extra work for your teams. Many patients may tolerate a lower dose of medication short term until shortages resolve.

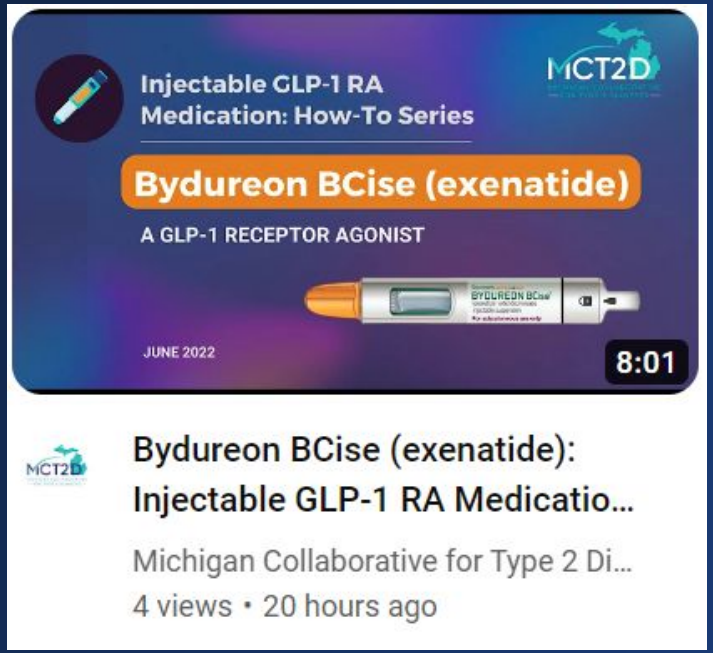
Updated Jan 2023

Ref: Almandoz JP. 2020. doi: 10.2337/cd19-0100

Need more resources? Scan or visit MCT2D.org/resource-library

GLP-1 RA Shortages

Emailed to clinical champions on 2/7



Full Patient Focused Video Series

Available on YouTube

March PO Workgroup Meetings

Wednesday, March 8th at 2pm

Led by Jackie

OR

Monday, March 13th, at 11am

Led by Jake

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