



September 2025

PO Monthly Call

Monday, September 8th, 11:00 am
Wednesday, September 10th, 2:00 pm

Agenda

- Regional Meetings
- Specialist Clinical Champions Meetings
- September Learning Community Event
- 2026 Collaborative Wide Meeting
- AHTS Partnership
- Patient Facing uACR Handout
- Provider Facing uACR Handout
- The MCT2D Smartphone App is Live
- Start of VBR Year
- Performance Measure Progress Reports, PDD Visualizations and HEDIS A1C Criteria Reminders

Regional Meeting Reminders



Wednesday, October 22nd
6pm-8pm



Thursday, November 13th
6pm-8pm



- Registration will be opening this month.
- PCP ONLY attendance.
- If you have a conflict on your region's meeting date, please let MCT2D know that you would like to attend the other meeting.

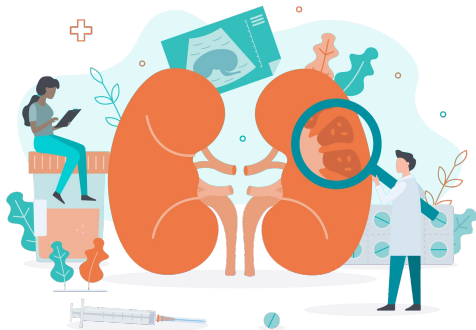
Regional Meeting Agenda

Time	Presentation Title	Speaker
6:00pm - 6:30pm	Welcome & Clinical Updates	Lauren Oshman, MD MCT2D Program Director Heidi Diez, PharmD MCT2D Co-Program Director
6:30pm - 7:30pm	Practice Presentations: Best Practices in Urine Albumin Creatinine Ratio Screening	Various Practice Presenters- specific speakers TBD
7:30pm - 8:00pm	MCT2D Requirements and Learning Community Opportunities	Jackie Rau, MHSA, PMP MCT2D Program Manager Jake Reiss, MHSA MCT2D Associate Program Manager

Specialist Clinical Champions Meeting Reminders



Nephrology Clinical Champions Meeting



Tuesday, October 7th
6pm-8pm

Endocrinology Clinical Champions Meeting



Thursday, November 6th
6pm-8pm



9/26/25

with Rina Hisamatsu, RDN



2026 Collaborative Wide Meeting

Venue

The MTG Space
4039 Legacy Pkwy #200, Lansing, MI 48911

Notes

We are working with the venue to improve the audio quality for this year.



New MCT2D Resource: Patient Facing uACR Handout

- **Patient** education resource designed to highlight the importance of annual urine albumin-to-creatinine ratio (uACR) screening.

[Available Here!](#)



For People Living with Type 2 Diabetes Urine Albumin-to-Creatinine Ratio (uACR) Test



What is the uACR Test?

The urine albumin-to-creatinine ratio (uACR) test is a simple test that checks for a protein called **albumin** in your urine. This test is done by getting a urine sample in a cup and measuring the albumin and creatinine. Albumin can be an early sign of kidney damage.



Why is the uACR Test Important?

Your kidneys act as filters, cleaning your blood by removing waste and excess fluid, which leaves your body as urine. Elevated sugar damages kidney tissue and the blood vessels inside the kidney. **The uACR test can detect this damage early so that you can get on medication to help reduce further damage.** An elevated uACR is also a risk factor for heart disease.



How Often Should I Get the Test?

You should have a uACR test at least once a year. Your care team may recommend more frequent testing if you have other risk factors or a history of kidney concerns.



What Can You Do to Improve uACR?

If your uACR is high, your doctor will help you take steps to protect your kidneys:

- **Get tested annually:** Ask your doctor if your uACR is up to date.
- **Manage your blood sugar and blood pressure:** Keeping both in target range protects your kidneys.
- **Take medications as prescribed:** Some medicines can slow kidney damage.
- **Stay healthy:** Eat well, stay active, and avoid smoking.

Your kidneys are priceless!



Talk to Your Doctor Today!

If you haven't had a uACR test in the past year, ask your care team about it at your next visit.

**Early
Kidney
Damage**
Moderate
30-300 mg/g

Talk to your
care team.

**More Severe
Kidney
Damage**
High
>300 mg/g

Work with care team
to be on medications
to protect your
kidneys from
getting worse.

**Healthy
Kidneys**
Normal
<30 mg/g

Healthy kidney
function.

Additional Kidney and Type 2 Diabetes Resources

National Kidney Foundation
[michmed.org/VnPwV](https://www.nkff.org/VnPwV)

American Kidney Fund
[michmed.org/GQZk5](https://www.ckf.org/GQZk5)

Visit michmed.org/GQeGb for more
MCT2D type 2 diabetes resources.



New MCT2D Resource: Provider Facing uACR Handout

- **Clinician** education resource designed to highlight the importance of annual urine albumin-to-creatinine ratio (uACR) screening.

[Available Here!](#)

- We need your feedback, we want to make sure this meets your needs!
- Completing the feedback survey meets physician level learning community requirements.

[Feedback Survey](#)



For Providers Treating Type 2 Diabetes Urine Albumin-to-Creatinine Ratio (uACR) Test



Why order a urine albumin-to-creatinine ratio (uACR)?

- The KED HEDIS measure requires that uACR be ordered alongside eGFR. The urine protein-to-creatinine ratio and urine albumin alone do not meet this requirement.
- If you only order urine albumin, it can be an inaccurate estimate as the urine may be dilute or concentrated depending on the individual's fluid (water) intake.
- You must order the albumin-to-creatinine ratio to ensure the test is accurate, as it accounts for urine concentration or dilution, which can impact the results.



Understanding albumin and creatinine and the role of uACR.

What is albumin?

It's a protein in blood.

What is urine albumin?

Albumin filtered into the urine. Normally, albumin does not filter across the glomerular basement membrane or does so in very minimal amounts, if at all.

What is creatinine?

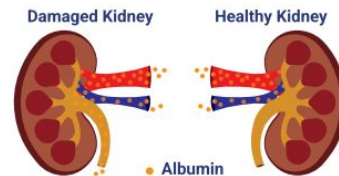
It is a breakdown product of muscle metabolism and proteins from food.

What is uACR?

uACR is the ratio of albumin to creatinine in a spot urine sample that provides an estimate of the 24-hour excretion of albumin in the urine. We obtain the ratio because the urine concentration can vary, and to account for this, we must factor in the creatinine level, the 24-hour excretion of which is fairly constant within individuals.

Why is urine albumin important?

Normally, minimal albumin is filtered into the urine and is completely reabsorbed in the proximal tubules, so that net albuminuria is minimal. Albuminuria is one of the earliest detectable signs of kidney disease and a risk factor for cardiovascular disease.



uACR values:



MCT2D App Launches!

- **Mobile Resource Library**
 - A curated selection of the most-used MCT2D tools, ready to share via text or email, or bookmark for quick reference.
- **Coverage Checker Lite**
 - A mobile-friendly version of our coverage guide that lets you check coverage details, prior authorization requirements, and more — in seconds — for SGLT2i's, GLP-1 RA/GIPs, and CGMs.
- **MCT2D News & Events**
 - Stay up to date with the latest MCT2D updates and easily register for learning community events, all from your phone.



DOWNLOAD THE MCT2D APP



MCT2D Partnership with Advanced Health Technology Solutions (AHTS)

- MCT2D has partnered with AHTS to help support the health information exchange between you the PO, and MCT2D.
- MCT2D has identified that there has been a gap in our ability to adequately support you in providing clinical data through the PPQC/QMI infrastructure.
- Many of you have worked with AHTS's owner, Ed Worthington, in the past for your quality reporting to the Blues, so we are hopeful that this will be a familiar face!
- Ed and his team are going to begin reaching out to some of you in the coming weeks. The main themes that Ed and his team will be focusing on are as follows:
 - Enhancing Patient Matching Rates.
 - Documenting each participating POs current ACRS attribution model.
 - Expanding the inclusion of lab data (understanding the blockers specifically).
 - Increasing the inclusion of units fields in QMI (understanding the blockers specifically).

Please note, AHTS will not reach out to individual practices without prior communication with the PO.

Primary Care VBR Year

- The new value-based reimbursement year for primary care physicians began on 9/1/2025.
- The following are updated on the portal:
 - PO Scorecard 2025–2026
 - PCP Scorecards 2025–2026
 - Updated tasks on the homepage
- Under “People” you can view:
 - Physicians who have been approved for VBR for 9/1/2025-8/31/2026 by BCBSM
 - Their VBR rate for the current year based on last year's performance
 - If a physician was not approved, the reason for the non-approval
- Physicians approved for VBR were made visible in the portal on 9/2/2025 based on the lists that the PO admin leads/primary contacts reviewed in July.

Performance Measure Reminders

- Progress Report Dates:
 - HbA1c Year 2
 - November 2025, February 2026, Final performance report: July 2026
 - Target rates will be available in November based on HEDIS
 - PCP and Nephrologist uACR
 - October 2025, March 2026, August 2026, Final performance report: February 2027
 - Endocrinologist CGM Interpretation
 - October 2025, March 2026, August 2026, Final performance report: February 2027
- Visualizations will also be available on the MCT2D Patient Data Dashboard Summary Measures Page for all three performance measures in November 2025



Ramping up Prediabetes tools!

- Released the MCT2D Prediabetes Screening Guide which provides information on:
 - The clinical definition of prediabetes
 - How, when, and who to screen
 - Guidance on billing and coding for prediabetes screening

[Available Here!](#)



Prediabetes Screening Guide



Definition of Prediabetes¹

Criteria for defining prediabetes in non-pregnant adults:

HbA1c of 5.7%-6.4%

Screening Tests Consistent with Prediabetes² (One result sufficient for diagnosis)

- A** An HbA1c level of 5.7%-6.4%
- B** A fasting plasma glucose level of 100 to 125 mg/dL
- C** 2 hour 75g glucose tolerance test result of 140 to 199 mg/dl

Why We Care




Prediabetes significantly increases the risk of developing type 2 diabetes, cardiovascular disease, and kidney disease if left untreated.³

Without lifestyle changes, approximately 1 in 5 people with prediabetes will develop type 2 diabetes within five years.⁴

Only 19% of patients with prediabetes are aware of their diagnosis.⁵

We can do better!

Preventive Interventions (Individualize care to your patient's needs)

-  **Refer to a Diabetes Prevention Program (DPP):** DPP is the gold standard of care for patients with prediabetes, and is covered by Medicare, Medicaid, and by many commercial insurance plans with a confirmed prediabetes diagnosis.
-  **Prescribe lower carbohydrate eating patterns and increased physical activity to patients.** Intensive diet and lifestyle changes reduce the incidence of diabetes by 58% over 3 years.⁶
-  **Offer metformin:** Metformin has been shown to reduce the incidence of diabetes by 31%.⁷

Who should I screen?

Adults aged 35 to 70 years who have overweight or obesity (BMI ≥ 25).

How often?

Every 3 years.

Consider these factors

Consider screening at an earlier age (<35) if a patient:

- Is from a population with a disproportionately high prevalence of diabetes (American Indian/Alaska Native, Black, Hawaiian/Pacific Islander, Hispanic/Latino).
- Has a family history of diabetes.
- Has a history of gestational diabetes or polycystic ovarian syndrome.

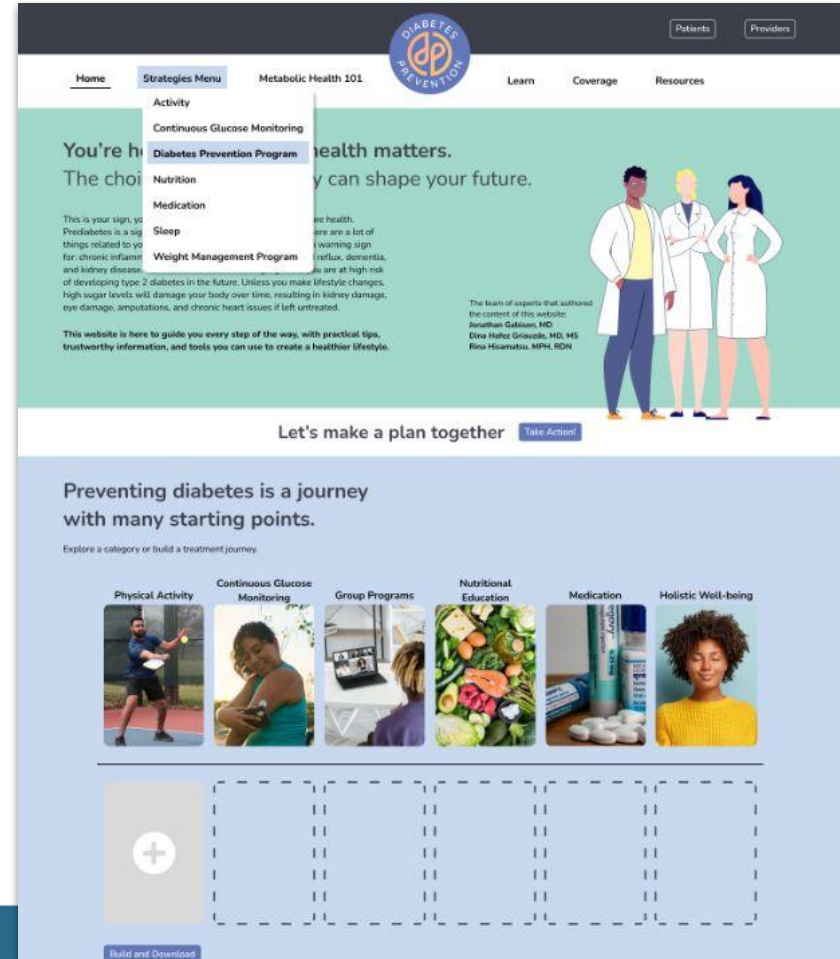
Based on USPSTF recommendations⁸

Consider screening at a lower BMI (<23) if the patient is of Asian descent.

Ramping up Prediabetes tools!

- Developing a **prediabetes one-stop-shop platform** featuring patient and provider education, useful tools such as DPP map, provider algorithm, treatment strategies menu

Stay tuned for updates!



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Your Diabetes Prevention Strategies

You chose to start with: **Physical Activity** Continuous Glucose Monitoring Group Programs Nutrition Education Medication Well-being

Physical Activity

Finding movement that moves you

To find a form of movement that genuinely "moves you," focus on experimenting with various activities, paying close attention to how your body and mind feel during and after, and prioritizing joy over obligation. Consider trying different approaches, such as walks, dancing, yoga, or strength training, and see which activities make you feel present, energized, and positive. What feels good is personal, so listen to your unique "body harmony" to discover what brings you pleasure and sustained motivation.

How to Experiment and Find Your Movement

1. Try different activities:
 - a. Don't limit yourself to one type of movement. Explore a wide range of options, from gentle activities like yoga and walking to more challenging ones like running, cycling, or dancing.
2. Be a researcher:
 - a. Approach your movement journey with curiosity, as if you're a scientist checking how different activities affect you.
3. Pay attention to your body's signals:
 - a. Notice if you feel tense, controlled, or are constantly checking your watch during a movement. If so, it's a sign that the activity might not be the right fit for you.
4. Tune into positive feedback:
 - a. Look for activities that leave you feeling energized, in the present moment, and uplifted, rather than stressed or self-conscious.
5. Consider your personality:
 - a. If you prefer outside activities like walking with a podcast might be ideal. If you crave community and fun, perhaps a dance class is a better match.
6. Start small:
 - a. Introduce your body to new movements gradually. A simple walk can be a great starting point, and you can build from there.

What to Avoid

Thinking of movement as a chore:


- Frame your activity choices as a way to bring joy and connection to your life, rather than a punishment or obligation to fit a certain image or size.

Following trends without checking in:

- Don't feel pressured to do what others are doing. Find what makes you feel good.

The Goal: Joyful and Sustainable Movement

The aim is to discover a form of movement that provides a sustainable and enjoyable way to stay active, connecting you more deeply with your body and boosting your overall well-being. When movement feels good, you're more likely to stick with it.



Find a DPP near you

In-Person Virtual

City or Zip Code: Enter city or zipcode

Within: Search by distance

Language: All

Programs Available:

National Kidney Foundation of MI - Detroit

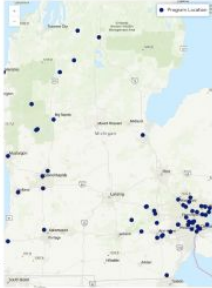
Location: 7800 W OUTER DR STE LL02, DETROIT, MI, 48209
<https://readytobeprevent.org/>
734.222-0800
[Get Directions](#)

[Details](#)

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Improving Metabolic Health

[Patients](#)[Providers](#)

[Screening](#)[Beyond A1C](#)[Interventions Menu](#)[Billing and Coding](#)[Resources](#)



Created by
MCT2D

A prediabetes diagnosis is a powerful opportunity for your patient to transform their behaviors for a healthier future. Your support is vital to that transformation.

Nearly 1 in 5 people with prediabetes will develop type 2 diabetes within 5 years, and many don't realize they're at risk for diabetes and other comorbidities. Early action can delay or even prevent the onset of type 2 diabetes.

This stage gives us valuable insight into a patient's metabolic health and lifestyle patterns. It opens the door to supportive, non-judgmental conversations and allows us to make changes before disease develops.

Type 2 Diabetes

Depression

HTN

Stroke

CHF

PCOS

There are 229+ conditions linked to prediabetes and poor metabolic health affecting every organ.

[Learn more](#)

Screening for Prediabetes

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Screening Tests Consistent with Prediabetes¹
(Overhead subject to diagnosis)

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An HbA_{1c} level of 5.7%-6.4%

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Based on USPSTF recommendations²

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Going Beyond A1C

Patient has prediabetes range A1C

Confirm A1C elevation
(Check for causes of false positives and use alternative methods to confirm)

Avoid over diagnosis and mismanagement by confirming whether A1C is a true reflection of glycemia.

Confirm with alternative testing

- Check for other indicators of Metabolic Syndrome:
 - Waist circumference >40 in (men) / >35 in (women)
 - BP ≥140/90 mmHg or on antihypertensives
 - Triglycerides ≥150 mg/dL
 - HDL <40 mg/dL (men) / <50 mg/dL (women)
 - Fasting glucose ≥100 mg/dL or prediabetes/diabetes diagnosis
- Ask about lifestyle factors
- Repeat A1C in 3-6 months

Possible causes of a falsely elevated A1C:

- Age
- Certain hemoglobin variants

Next Month's PO Call Dates

Wednesday, October 8th at 2pm

Monday, October 13th at 11am