

# MCT2D PO Monthly Call

7/10 at 11am  
7/12 at 2pm



# Agenda

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- MCT2D PO Scorecard
- Proposed Y3 PCP VBR
- Announcement and Reminders
  - CGM User Experience Program expansion
  - July Patient Advisory Board meeting
  - June Dashboard Updates
  - PO Quarterly Data Reporting



# MCT2D PO Scorecard

BCBSM has asked MCT2D and all other population health CQIs to implement PO scorecards in order to earn the annual funding associated with the program (\$75,000 in the case of MCT2D).

This scorecard will follow the same timeline as the PCP VBR year, beginning on September 1st, 2023.

Incentive payments will be distributed in January 2025.

Each element of the scorecard is weighted, totaling to 100 points, and your payment will reflect how many of the scorecard objectives you achieve and the respective weight of those objectives.

# MCT2D Scorecard Elements

1. Meeting Attendance (25 points)
  2. Data (15 points)
3. Maintain Contacts (20 points)
  4. Engagement (40 points)

# Meeting Attendance

Category	Measure #	Criteria	Expectation	Points
Meeting Attendance	1	Attend at least 7 out of 9 PO Monthly Calls.	<p>MCT2D hosts monthly calls with two different attendance options all months except for April, June, and October during regional meetings and collaborative wide meetings. If calls are canceled on an ad hoc basis, adjustments will be made to the attendance requirement. One participant per PO is required.</p> <p>5-6 meetings will earn 4 points, 3-4 meetings will earn 2 points, 0-2 meetings will earn 0 points.</p>	5
	2	Meet with other PO leadership who have chosen the same quality initiative focus for Year 3 VBR.	MCT2D is offering three separate quality initiative (QI) focuses based off the MCT2D pillars- increasing use of low carbohydrate diet, increasing prescribing of sodium glucose cotransporter-2 inhibitors (SGLT2-is) and glucagon-like peptide-1 receptor agonists (GLP1-RAs), and increasing prescribing of continuous glucose monitors (CGMs). Per the value-based reimbursement, each PO will choose an initiative to focus on. MCT2D will organize and convene a separate meeting for each QI focus and POs will be expected to join one of these meetings.	5
	3	Attend annual check in meeting.	The administrative lead and/or primary contact from the physician organizations participates in an annual check in call with the MCT2D coordinating center.	10
	4	Attend collaborative wide meeting.	An administrative lead and clinical champion from the physician organization attend the annual June collaborative wide meeting.	5

# Data

Category	Measure #	Criteria	Expectation	Points
Data	5	Ensure completeness of data-BMI.	MCT2D completed a PO-level evaluation of submission rates of body mass index (BMI) in the Provider-Payor Quality Collaborative (PPQC) data. MCT2D is currently analyzing baseline rates and will come up with targets per PO. MCT2D will report on the Administrative Portal your current submission rate and target rate, as well as provide updates with each data dashboard refresh.	5
	6	Ensure completeness of data-A1C.	MCT2D completed a PO-level evaluation of submission rates of hemoglobin A1C (A1C) in the PPQC data. MCT2D is currently analyzing baseline rates and will come up with targets per PO. MCT2D will report on the Administrative Portal your current submission rate and target rate, as well as provide updates with each data dashboard refresh.	5
	7	Submit additional data elements.	As requested by the MCT2D Coordinating Center, develop a plan and begin submitting additional data elements, e.g., serum creatinine or unit measures for weight. If POs cannot send the requested data element currently or develop a plan to include this data in the near-term future, submit an explanation to MCT2D with the barriers to submitting.	5

# Maintain Contacts

Category	Measure #	Criteria	Expectation	Points
Contacts	8	Maintain physician organization contacts.	Ensure that an administrative lead, clinical champion, and data contact are identified and listed in the administrative portal. MCT2D will notify you if this information is missing or if we receive an email bounce-back. POs will have one month to identify a replacement role.	5
	9	Designate separate clinical champions each practice.	Designating a separate clinical champion for each practice instead of having one person fill this role for multiple practices. If >95% of practices in your integrated health system are enrolled in MCT2D, the coordinating center will work with you to develop an individualized plan.	10
	10	Maintain practice level contacts.	Ensure that the clinical champion role and practice liaison role are identified and listed in the administrative portal, and that contact information is kept current and complete. MCT2D will notify you if this information is missing or if we receive an email bounce-back. POs will have one month to identify a replacement role.	5

# Engagement

Category	Measure #	Criteria	Expectation	Points
Engagement	11	Communicate with practices for regional meeting attendance.	Monitors practice level clinical champion registration status for regional meetings and proactively reaches out to ones who have not registered as the meeting nears to ensure that they or a substitute is registered for, and attends the meeting. This metric will be considered met if all clinical champions/substitutes are registered for meeting two weeks prior to the meeting date and MCT2D is informed if a practice cannot send an attendee.	5
	12	Meet PO level learning community requirement.	Complete one of the activities listed under the PO Level VBR Options: having someone from your PO or your practices present on an MCT2D panel, participate in an interview for a blog post, have a representative from your organization participate on the steering committee, or refer a patient to MCT2D to share their story or serve on the patient advisory committee.	15
	13	Support practices in quality improvement work on medication prescribing, low carb diet, and continuous glucose monitors.	Determine a PO level goal for medications and CGMs, convene meetings with participating practices and support them in developing an improvement plan, and report progress and challenges/successes in meeting these goals to MCT2D. Attending required meetings and submitting required documentation will meet the criteria to earn these points.	20



# Y3 PCP VBR

9/1/2023 - 6/1/2024



# Continuing Requirements

Requirement	Responsibility
<p><i>Learning Community Requirement:</i> Participate in one learning community activity for each of the three engagement levels. Details below. Opportunity to complete Year 3 Learning Community requirement is from 9/1/2023- 6/1/2024</p>	<p>Level 1: Each physician</p> <p>Level 2: Each Practice</p> <p>Level 3: Each PO</p>
Attend Fall 2023 and Spring 2024 regional meetings <input type="checkbox"/>	Practice clinical champion*

\*Practice may substitute another clinical attendee in place of the clinical champion if they are unable to attend. Sending NEITHER the clinical champion or a practice representative for three MCT2D meetings will result in an inability to continue earning the 5% MCT2D VBR.

# Process Measures

The following process measures are options that a PO can choose for their VBR Focus:

- Low Carb Diet
- Medications (SGLT2is & GLP-1 RAs)
- Continuous Glucose Monitors (CGMs)

All practices in the PO will work on the same measure.

# Option #1: Low Carb Diet

*Distribute and review patient reported outcomes (PROs) to develop an action plan to address lower carbohydrate diet education and support provided by the practices. Implement an action plan and report on the success. The VBR requirement will be met by submitting action plan and reflection and conducting required meetings, not by hitting a specific number of PROs.*

1. Distribute PROs at each practice to patients with type 2 diabetes between October 2023-January 2024. MCT2D will work with each site on a target number of PROs responses based on practice size.
2. Based on the PROs data, develop an action plan to implement around lower carbohydrate diet support and education and deploy by February 2024. Examples of an action plan:
  - a. Creating a packet of lower carbohydrate diet resources that address patient challenges identified in the PROs
  - b. Deploying an MCT2D-developed “Introduction to Lower Carb” video series to patients who are recommended a lower carbohydrate diet
  - c. Setting up specific follow-up intervals for outreach to patients to check on how the lower carbohydrate diet is going and troubleshooting issues with them.
3. Collect additional PROs responses from patients who have type 2 diabetes and are on a lower carbohydrate diet between March 2024- May 2024 to evaluate the success of the implemented change.
4. Submit a reflection on the implemented changes and their success based on the PROs feedback.
5. Meet with the other POs working on the lower carbohydrate diet initiative to discuss progress and challenges. MCT2D will facilitate set-up of the meeting.

# Option #2: Medications

*Review BCBSM and BCN SGLT2-i and GLP-1 RA prescribing rates over time and develop an improvement plan. The VBR requirement will be met by submitting the goal, the planned process changes and lessons learned, as well as conducting the required meetings, not by hitting the target set in the goal.*

1. Review trending data and quarterly MCT2D reports (July & September reports)
2. Determine a PO-level goal for medication prescribing and **submit the goal to MCT2D**.
3. Convene a meeting with MCT2D clinical champions 2x in the VBR cycle.
  - a. *Initial meeting*: Discuss practice level changes that support the medication prescribing goal. **Submit process changes the practice will be making to MCT2D**.
    - i. Meeting should occur September 28-November 15. Available data will be through 6/30/23.
  - b. *Check in Meeting*: Review updated data with practices and identify if progress has been made. **Submit report to MCT2D on lessons learned/challenges**.
    - i. Meeting should occur April 15, 2024- May 31, 2024. Data will be current through 1/31/24.
4. Meet with the other POs working on the medication initiative at the midpoint of the VBR cycle to discuss progress and challenges. MCT2D will facilitate set-up of the meeting.

# Option #3: CGM

*Review BCBSM and BCN continuous glucose monitor prescribing rates over time and develop an improvement plan. The VBR requirement will be met by submitting the goal, the planned process changes and lessons learned, as well as conducting the required meetings, not by hitting the target set in the goal.*

1. Review trending data and quarterly MCT2D reports (July & September reports)
2. Determine a PO-level goal for CGM prescribing and **submit the goal to MCT2D.**
3. Convene a meeting with MCT2D clinical champions 2x in the VBR cycle.
  - a. *Initial meeting:* Discuss practice level changes that support the medication prescribing goal. **Submit process changes the practice will be making to MCT2D.**
    - i. Meeting should occur September 28-November 15. Available data will be through 6/30/23.
  - b. *Check in Meeting:* Review updated data with practices and identify if progress has been made. **Submit report to MCT2D on lessons learned/challenges.**
    - i. Meeting should occur April 15, 2024- May 31, 2024. Data will be current through 1/31/24.
4. Meet with the other POs working on the CGM initiative at the midpoint of the VBR cycle to discuss progress and challenges. MCT2D will facilitate set-up of the meeting.

# Announcement



## The CGM User Experience Program is Expanding!!!

**ALL physicians, nurse practitioners and physician assistants that work at an MCT2D participating practice are now eligible to receive a CGM to wear.**

**An email will go out this week to practice clinical champions. We do not have the email addresses for physicians and advanced practice providers at participating practices. We will ask that they disseminate the interest survey throughout their practice.**

### Steps to Receive your CGM

1. Complete the Interest Form. *Clinical champions may complete the form for providers at their practices). Clinical champions who have previously received a CGM through the MCT2D User Experience Program are not eligible to receive another.*
2. View the CGM Training Video. *This is a requirement for off label use.*
3. Sign the attestation that you have watched the CGM Training Video.
4. As soon as the Interest Form and the Attestation are complete, the MCT2D team will ship you your CGM.

### Completing The User Experience Program

1. Set Up: In the box that the CGM comes in, you will receive instructions on how to apply the device. If you need additional assistance please reach out to the MCT2D team and we will be happy to help!
2. End of Program Survey: After you have completed the 2 week wear period, complete a brief survey about your experience. Your input will help us to continue our advocacy efforts to make CGMs more accessible in primary care clinics across the State of Michigan.

# July Patient Advisory Board Meeting

1. PAB Badge Review
2. Review revised MCT2D Mission Statement and get input
3. Review patient facing page on MCT2D website and potential for member profiles
4. Update members on the changes made to the patient facing tools based on their feedback.
5. Discuss in person meeting attendances:
  - a. Review the Collaborative Wide Meeting
  - b. Introduce the idea of financial compensation for attendance (hourly rate, mileage and hotel stay if necessary)
  - c. Discuss attendance at Fall Regional Meetings



# June Data Dashboard Update

## 1. Blue Care Network Claims

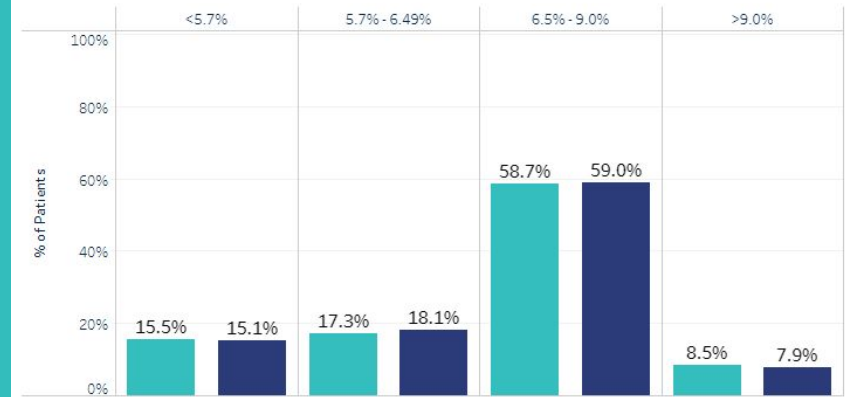
BCN Clinical and Claims data was added to the dashboards

## 1. A1C Summary Statistics Update

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:

# Quarterly PO Reports

Beginning in July, MCT2D will begin distributing quarterly reports to the POs. These reports will include the following:

- Practice level comparisons on medication prescribing and CGM prescribing across the PO
- Comparisons of PO performance to the collaborative overall
- Trending reports on medication prescribing and CGM prescribing
- PO rankings on performance (e.g. #5 of 28 in CGM prescribing)

We will get your feedback on the initial report and incorporate requested changes in future reports where feasible.

# August PO Workgroup Meetings

Wednesday, August 9th at 11am

*Led by Jake*

OR

Monday, August 14th, at 2pm

*Led by Jackie*