

# The Michigan Collaborative for Type 2 Diabetes

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## Shifting the paradigm of care for patients with Type 2 Diabetes in Michigan

### MCT2D's Initiatives



Type 2 Diabetes (T2D) is a highly prevalent, costly, and disabling disease in the United States. Approximately 11.5% of Michigan adults (~912,000 residents) have diabetes<sup>1</sup>.

Dramatic advances in our understanding of T2D over the past 20 years has resulted in the development of new and effective strategies for prevention and treatment. New data suggests that high glycemic index carbohydrates may drive progression of T2D and that lower carbohydrate diets may be more effective than low-fat diets in patients with T2D who are trying to lose weight<sup>2</sup>. New classes of antihyperglycemic medications have been shown to not only improve glucose control but also decrease mortality and cardiovascular events, slow chronic kidney disease progression and support weight loss<sup>3</sup>. Diabetes has also benefited from technological advances such as low-cost, user-friendly continuous glucose monitors (CGM). These CGM devices provide valuable data for improving glucose control and driving diet and exercise behavior change<sup>4</sup>.

MCT2D seeks to engage and empower medical providers to disseminate and implement evidence-based strategies to prevent or slow the progression of Type 2 Diabetes through:

1. Removing barriers to prescribing GLP-1 receptor agonists and SGLT2 inhibitors.
2. Low carbohydrate eating patterns.
3. Use of continuous glucose monitoring.

### Challenges

- Insurance coverage and cost for continuous glucose monitors and SGLT2is/GLP-1RAs
- Integration of clinical workflows for CGM utilization
- Developing an all patient- all payor dashboard and accessing data sources
- Primary care workforce challenges

Additionally, MCT2D works with payors to advocate for better coverage of these treatments. There remain significant barriers as it relates to insurance coverage of CGMs, SGLT2is and GLP-1RAs. This work has centered on providing empirical research and anecdotal evidence to the efficacy of these therapies and their potential to not only improve the lives of patients, but also reduce total cost of care.

Recent success was found with Blue Cross Complete of Michigan, who incorporated MCT2D suggested revisions to their CGM coverage for patients with T2D, removing the requirement that patients be on insulin.

### Current Enrollment

28 Physicians Organizations, 308 Primary Care Practices, 1100+ Participating Physicians, 14 Nephrology Practices, 16 Endocrinology Practices

- JAN 21** MCT2D begins program planning and hiring coordinating center staff.
- MAR 21** MCT2D is announced to physician organizations (POs) at the March Physician Group Incentive Program Quarterly Meeting.
- APR 21** MCT2D hosts informational sessions on the program and begins enrollment.
- JUL 21** The initial 25 MCT2D participating POs join the program. MCT2D hosts onboarding calls with each PO to learn about their structure, anticipated challenges, and needs.
- AUG 21** An initial 264 primary care practices are recruited and clinical champions at each practice are identified. Practices complete a change readiness assessment about their current clinical practices and confidence in implementing MCT2D initiatives.
- SEP 21** MCT2D hosts a kickoff meeting with over 125 attendees. Live virtual trainings hosted by MCT2D content experts on CGMs, low carbohydrate eating, and newer antihyperglycemic medications for T2D.
- NOV 21** MCT2D recruits 16 endocrinology practices and 14 nephrology practices. The first version of the MCT2D Patient Data Dashboard goes live. MCT2D hosts their first patient advisory board meeting.
- JAN 22** Participants begin implementing MCT2D Initiatives.
- APR 22** MCT2D sorts practices into different regions and hosts 7 regional meetings across the state with clinical champions to discuss implementation of MCT2D initiatives.
- MAY 22** Year 2 recruitment begins. POs submit a quality improvement log of progress to date. Initial MCT2D monthly Learning Community newsletter distributed.
- JUN 22** MCT2D hosts first collaborative wide meeting with participating POs that included a panel with accelerated practices and keynote speaker Dr. David Ludwig.
- JUL 22** Year 2 recruitment closes with 4 new POs and 74 new primary care practices joining the collaborative.
- OCT 22** Next round of regional meetings takes place.

#### What's Next for MCT2D?

- Recruit second round of endocrinology and nephrology practices
- Launch a performance measure for participating sites
- Develop consistent reporting for the practices on their performance.
- Expanding into pre-diabetes as a long-term goal of the collaborative.
- Incorporate all payor clinical data, Medicaid claims data, and Medicare claims data into the MCT2D Patient Data Dashboard.
- Launch summary statistics side of the patient data dashboard.

### MCT2D Key Accomplishments

- Instituted a Patient Advisory Board** with approximately 15 members that meets 6x per year to review patient facing resources and give input on the collaborative.
- Created 10 novel resources** for patients and providers with countless more in development.
- Launched the Patient Data Dashboard** which serves as a powerful tool to identify patients who may be right for one of the three MCT2D interventions.
- Developed a hands-on learning program** that allowed clinical champions to try a CGM themselves, the first ever program of its kind.
- Initiated a longitudinal Patient Reported Outcomes Survey** to assess patient attitudes and experiences with the three MCT2D interventions.
- Met with numerous insurance companies to advocate for increased coverage of CGMs, GLP1-RAs and SGLT2is.**
- Hosted 36 Continuing Medical Education training sessions** for clinical champions on the three MCT2D pillars.
- Blue Cross Complete solicited MCT2D's advice on the revision of their CGM coverage criteria and fully implemented MCT2D's suggestions.

### MCT2D Resource Library

- Low Carb Eating Patterns**  
Introductory 1-Pager, Blood Sugar and Meal Trackers, Low Carb Cheatsheet
- Cost & Coverage Assistance**  
Affording T2D Care Toolkit, Medications and CGM Coverage by Payer
- Learning Opportunities**  
CME Courses, Panel Discussions, Live Q&A Sessions with Content Experts
- Patient Stories and Perspectives**  
Hear directly from patients about their experience with MCT2D's initiatives

Find these resources and more at [www.mct2d.org/resource-library](http://www.mct2d.org/resource-library)

1. American Diabetes Association. "The Burden of Diabetes in Michigan". October 2021.  
 2. Tay J, Luscombe-Marsh N, Thompson C et al. Comparison of low- and high-carbohydrate diets for type 2 diabetes management: a randomized trial. Am J Clin Nutr. 2015;102(4):780-790. doi: 10.3945/ajcn.115.112581  
 3. Munir KM, Davis SN. Are SGLT2 inhibitors or GLP-1 receptor agonists more appropriate as a second-line therapy in type 2 diabetes? Expert Opin Pharmacother. 2018 Jun;19(8):773-777. doi: 10.1080/14656566.2018.1475559. Epub 2018 May 22. PMID: 29788782.  
 4. Ida S, Kaneko R, Murata K. Utility of Real-Time and Retrospective Continuous Glucose Monitoring in Patients with Type 2 Diabetes Mellitus: A Meta-Analysis of Randomized Controlled Trials. J Diabetes Res. 2019 Jan 15;2019:4684815. doi: 10.1155/2019/4684815. PMID: 30775385; PMCID: PMC6350576.