

**This evening we will be using Poll Everywhere to ask a few questions. Please take a few minutes to join the conversation now prior to the meeting starting. Complete either step below and you will be ready to participate.**

### Join by Web



- 1 Go to **PollEv.com**
- 2 Enter **MCT2D945**
- 3 Respond to activity

### Join by Text



- 1 Text **MCT2D945** to **22333**
- 2 Text in your message



Welcome!

# MCT2D Fall Regional Meetings

Lauren Oshman,  
MD, MPH, FAAFP

MCT2D Program  
Director



## Liisa, PAB member

Prediabetic for many years,  
diagnosed with T2D in Feb 2022

I don't know if it was my doctor's approach but it was what I needed, at the right time. It made all the difference.

**In our first appointment, immediately, she says enough playing around.** Your numbers have been going up and up and up. And it's time to take this serious. **It was very emotional. I've never cried like that in a doctor's office before.**

She put my name in for the diabetes education and started me on a prescription of Rybelsus. But it was the perfect conversation to have at the right time when I needed to make this change. So I'm grateful to it.

**It was the  
perfect  
conversation  
to have at the  
right time  
when I needed  
to make this  
change.**





**Rybelsus  
and having  
the chance  
to make the  
right diet  
choices**



**Such a  
supportive  
family. I feel  
it. I'm on the  
receiving end  
of it this time.**



**They're observing  
things that are  
specific to what  
I'm going through  
right now so that  
they can be  
helpful.**

# Year in Review

## Meetings

### Spring Regional Meetings (April/May 2022)

- First time convening practice clinical champions
- Introduced to the MCT2D Data Dashboards
- Discussed barriers and challenges amongst peers
- Learned about chronic kidney disease

### Collaborative Wide Meeting (June 2022)

*Available on YouTube!*

- Convened physician organization leadership
- Shared best practices and implementation strategies from pilot/accelerated sites
- Keynote speaker (Dr. David Ludwig) presentation on low carbohydrate diets
- Demonstrated cost savings of SGLT2is/GLP-1RAs



# Year in Review

## What We've Been Working On

### Launching the Learning Community

- Hosting educational events
- Learning Community Newsletter
- Learning from you (blog posts, patient stories, feedback)

### Submitting Case Summaries

Each MCT2D physician submitted a case summary about their experience with the initiatives. **We are using these case summaries for the following:**

- Case examples
- Understanding needs (e.g. prioritized low carb resource creation based on feedback)
- Learning challenges with each initiative
- Demonstrating challenges to key stakeholders (e.g. insurers)



# Today's Agenda

Time	Topic	Presenter
6:00pm - 6:15pm	<b>Welcome and Updates</b>	Lauren Oshman, MD MCT2D Program Director
6:15pm - 6:25pm	<b>Data Dashboard Updates</b>	Jake Reiss, MHSA Associate Program Manager
6:25pm - 6:45pm	<b>Regional Summary Statistics And Performance</b>	Table discussions
6:45pm - 6:55pm	<b>Break</b>	N/A
6:55pm - 7:20pm	<b>Patient Engagement in Type 2 Diabetes</b>	David Bradlee, DO Bloomfield Endocrinology Center
7:20pm - 7:50pm	<b>Operationalizing a Low Carb Diet In Type 2 Diabetes</b>	Rina Hisamatsu MCT2D Dietitian
7:50pm - 8:00pm	<b>Wrap Up &amp; Closing</b>	Jackie Rau, MHSA MCT2D Program Manager

**Who is MCT2D?**

**Coverage Wins**

**Jumpstart Program**

**New Tools**

**Updates**

---

# Who is MCT2D?

>300

Primary Care  
Practices

15

Nephrology  
Practices

14

Endocrinology  
Practices

1000+

Participating  
Physicians

Represented by

**28** Physician Organizations



## Steering Committee



12 members, representatives from each stakeholder in MCT2D (POs, PCP practices, patients, endocrinology, & nephrology)

## Patient Advisory Board



Meetings bi-monthly  
~12-14 regular attendees  
Invited to all regional and collaborative meetings

# Expansions in CGM Coverage





# CGM Coverage Changes

## Blue Cross Complete

### Old Criteria

- 1) Treatment with insulin via a compatible infusion pump
- 2) Treatment with multiple daily doses of insulin requiring glucose testing 3 or more times per day and one of the following:
  - *Persistently inadequate glycemic control defined as EITHER:  $HbA1C \geq 7\%$  on multiple consecutive readings with one being within the last 3 months OR frequent bouts of hypoglycemia.*
  - *Patient is unable or reluctant to test their blood glucose via traditional glucometer.*
  - *Patient is taking two or more medications to manage their diabetes.*
  - *Patient works with a care team member to improve diet and exercise choices*

# CGM Coverage Changes

## Blue Cross Complete

### New Criteria

Patient must have a diagnosis of diabetes AND Either Criteria #1 or one of the criteria under #2 must be met:

**Criteria #1. Treatment with insulin (type 1 or type 2) OR**

**Criteria #2. Treatment of Type 2 diabetes with an antihyperglycemic drug without insulin. One of the following must be met:**

- *Frequent hypoglycemia, hypoglycemia unawareness, or concerns of nocturnal hypoglycemia*
- *Gaining weight (more than 5 pounds of weight gain in the last 12 months)*
- *HbA1C  $\geq$  7%*
- *Need for medication changes or titration*
- *Initiation of a lower carbohydrate diet*



# CGM Coverage Changes

## United Healthcare

### **DME Criteria and Criteria for non-MCT2D Physicians**

- Diagnosis of diabetes requiring insulin
- Blood glucose testing at least 4x daily
- Insulin injections at least 3 x daily OR use of continuous insulin infusion pump
- Frequent adjustments to treatment regimen necessary based on glucose testing results
- Documented compliance to physician-directed comprehensive diabetes management program

### **New Criteria for MCT2D Physicians**

- Ordered by an MCT2D member provider
- Patient has T2D diagnosis

**Great News:** United Healthcare will be adding NPs and PAs to the prior authorization removal. Stay tuned for more details!

# How to use Poll Everywhere

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# Have you submitted any CGM prescriptions for United Healthcare patients since the coverage change in mid-August?

Yes, and they went through without any issues

Yes, but there were issues with getting the CGM prescription without prior authorization

No





# HEALTHY EATING JUMPSTART

GROCERY DELIVERY PROGRAM

An MCT2D + HBOM + MSHIELD Initiative

# PURPOSE

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To allow individuals diagnosed with **Type 2 Diabetes** who experience **food insecurity or are low-income** to have healthy, lower carb foods delivered to their home to **promote healthy eating patterns.**







## **3 Months of Shipt Healthy Choice Credits**

\$240 of total food  
credits (\$80 per  
month)



## **Multiple Options for Ordering**

Online ordering  
can be done on  
computer or mobile  
device



## **12 Weeks of Education and Support**

Via website, email,  
and print

# **OVERVIEW**



# JUMPSTART practices in this region!



Riverbend Healthcare PC

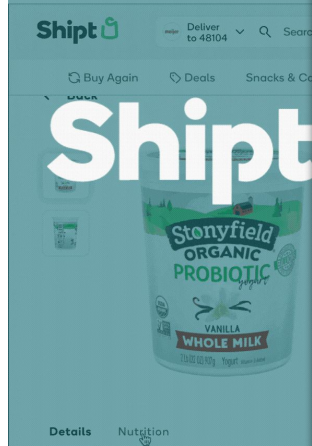
# JUMPSTART practices in this region!



Practice Names

# 12 WEEKS of lower carb lifestyle education

Each week participants will get meal plans, recipes, tips tools, and educational materials delivered directly to them.



Stonyfield Organic is making it easier and more del

## LOW CARB LIFESTYLE for Type 2 Diabetes

**What is a low carb lifestyle?** A low carb lifestyle limits your intake of carbohydrates (carbs) from foods like grains, starchy vegetables, fruit, sugary snacks, and beverages and emphasizes foods from proteins, non-starchy vegetables, and healthy fats.

Very Low Carbohydrate (Ketogenic) **Less than 50 grams of carbs per day** | Low Carbohydrate **50-130 grams of carbs per day** | Typical American (2,000 calories) **225-325 grams of carbs per day**

**Meal with ~16g of carbs**  
4-5 oz Grilled Fish or Chicken 0g carbs  
3 cups Mixed Salad 5g carbs  
1 oz Feta Cheese and Olives 1g carbs  
2 tbsp Ranch Dressing 2g carbs  
1/2 Avocado 8g carbs

**Meal with ~47g of carbs**  
1/2 cup Brown Rice 22g carbs  
1/2 cup Black Beans 15g carbs  
4-5 oz Steak 0g carbs  
1.5 cups Grilled Vegetables 10g carbs

**Meal with ~150g of carbs**  
2 slices Pepperoni Pizza 70g carbs  
4 pcs Mozzarella Sticks 30g carbs  
1/2 cup Marinara Sauce 10g carbs  
12 oz Regular Soda 40g carbs

**How does a low carb lifestyle help my diabetes?** Reducing your carb intake also reduces your body's blood sugar and insulin levels. When your insulin levels are low, your body stops storing extra sugar as fat, and starts using stored fat for energy. This can make it easier to lose weight and have more energy!

**BENEFITS OF A LOW CARB LIFESTYLE**

## LOW CARB CHEATSHEET

**0g CARB FOODS (Per serving)**  
Chicken & Turkey (3 oz), Butter & Ghee (1 tsp), Eggs (1 whole), Black Coffee (16 oz), Beef & Pork (3 oz), Salmon & Tuna (3 oz), Herbs & Spices (1 tsp), Water (8 oz), Olive Oil & Vinegar (1 tsp)

**1-2g CARB FOODS**  
Lettuce, Cheese (1 oz), Cream Cheese (1 tbsp), Shrimp (3 oz), Avocado (1/4 cup), Olives (4 large)

**LOW CARB CHEATSHEET (continued)**

**Hummus (1/2 cup)**, **Cucumber & Zucchini (1 cup)**, **Tomato (1 small)**, **Asparagus (1/2 cup cooked)**, **Cauliflower (1 med)**, **Onions (1/2 cup)**, **Brussels Sprouts (1 cup)**, **Salami (5 slices)**, **Squash (1 cup)**, **Lentils & Lin (1 med)**, **Raspberries & Strawberries (1 cup)**, **Ice Cream (2/3 cup)**, **2% Milk (1 cup)**, **Bread (1 slice)**, **Banana & Apple (27g each)**, **Pasta (43g per 1 cup cooked)**, **Chocolate (100g per 1 cup chips)**, **Breakfast Cereals (55g per 1 cup)**

## HIDDEN CARBS TO WATCH OUT FOR

Don't be fooled! Many groceries that you think are healthy have hidden carbs, with up to 30-40 grams of carbs in one serving. Look for zero sugar, cream.

**Fruit Flavored Yogurts**  
Even fat free, greek, and "natural" yogurts can contain 10-30 grams of carbs in one serving. Stick to plain, whole milk Greek yogurt and add frozen berries or almonds.

**Coffee Creamers**  
Even fat free and "natural" creamers can contain 15-30g of carbs per serving. Look for zero sugar, cream.

**Many Fruits**  
Apples, Oranges, & pineapples. Lorem ipsum dolor sit amet, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

**Condiments**  
Can contain 15-30g of carbs per serving. Check the label and

## Shipt LOW CARB ON ANY BUDGET

ALL under \$1.00 per serving!

Adapted from Low-Carb For Any Budget

**LOW-CARB FOR ANY BUDGET**  
A Low-Carb Shopping and Recipe Guide for People with Diabetes and Those Who Want to Lose Weight

**CHOPPED KALE**  
1 bag (5 lbs) \$1.99

**Starkist Chunk Light Tuna**  
1 can (5 oz) \$1.99

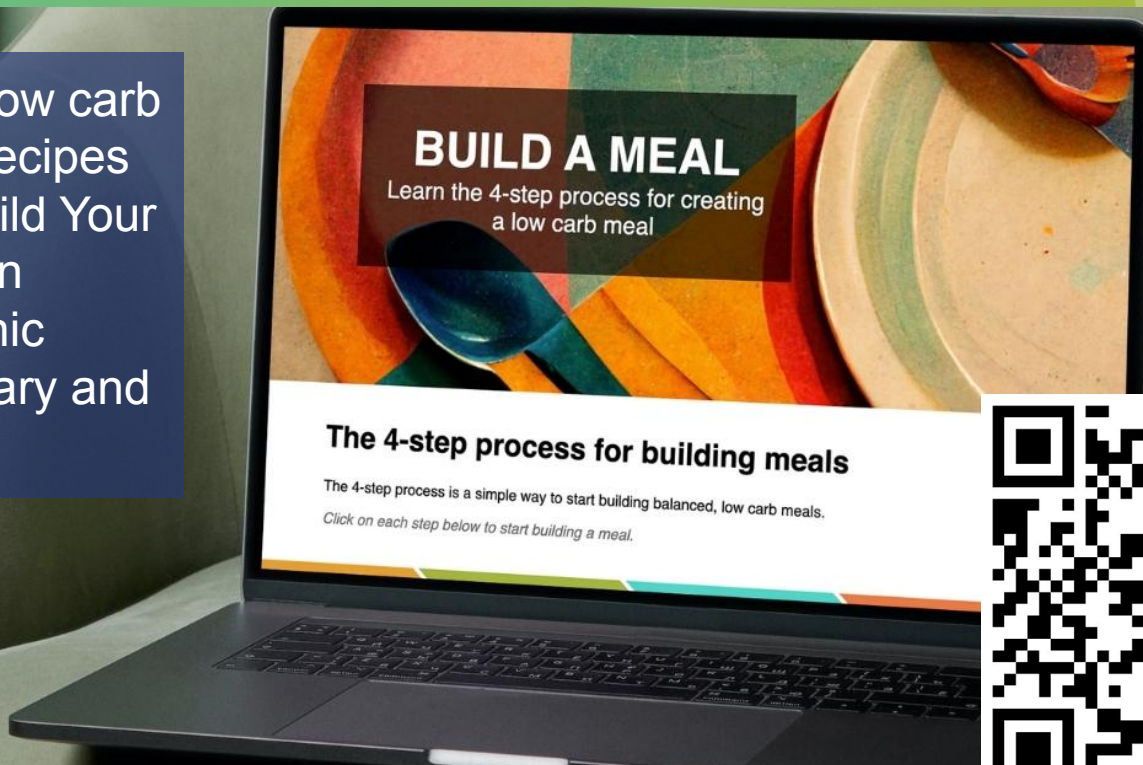
**More packaging a**  
recycling bags, plastic  
less-the more  
it is, and the more  
to have carbs, so for  
y processed meats,  
eg, dairy, and whole  
avocado and olive oil.

DOWNLOAD THE  
WELCOME PACKET

[jumpstart.mct2d.org](http://jumpstart.mct2d.org)

*Patient-focused website open to any patient curious about starting a lower carb lifestyle*

- Build a custom low carb meal plan with recipes
- Learn about “Build Your Plate” through an interactive graphic
- Set specific dietary and lifestyle goals





## What we've been working on: new tools and resources!

**Follow the 4-step process to create delicious low carb meals**



Choose a high-quality protein source like chicken, fish, seafood, beef, eggs, or soy.

**STEP 2:**  
Add Non-Starchy  
Vegetables  
(Half your plate)

Fill half your plate  
with non-starchy  
vegetables like salad

**STEP 3:**  
Add Some Fats  
(Pick one or two)

Add some fats from oil, sauces, or full-fat dairy like cheese.

**STEP 4:**  
Add 1-2 Servings  
Complex Carbs

Include 1-2 servings  
of high-quality  
carbs like starch.

## LOW CARB LIFESTYLE for Type 2 Diabetes

**What is a low carb lifestyle?** A low **carb** lifestyle limits your intake of carbohydrates (carbs) from foods like grains, starchy vegetables, fruit, sugary snacks, and beverages and emphasizes proteins, non-starchy vegetables, and healthy fats.

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

Low Carbohydrate  
0-130 grams of carbs per day

Typical American (2,000 calories)  
225-325 grams of carbs per day



**Meal with ~16g of carbs**



**Meal with ~47g of carbs**



**Meal with ~150g of carbs**

4-5 oz. Grilled Fish or Chicken	0g carbs	1/2 cup Brown Rice	22g carbs	2 slices Pepperoni Pizza	70g carbs
1/2 cup Mixed Salad	5g carbs	1/2 cup Black Beans	15g carbs	4 pcs. 1/2" Pasta	12g carbs
1/2 cup Cheese and Olives	1g carbs	4-5 oz Steak	0g carbs	1 cup Milk	12g carbs
1/2 cup Grilled Vegetables	2g carbs	1.5 cups Grilled Vegetables	10g carbs		
1/2 cup Grilled Vegetables	8g carbs				

...style help my diabetes? Reducing insulin levels. When your insulin levels are high, your body is storing fat from the food you eat. When your insulin levels are low, your body is burning fat for energy. This is why it's important to keep your insulin levels low. You can do this by eating a low-carb diet and exercising regularly. A low-carb diet helps to reduce insulin levels by limiting the amount of carbohydrates you eat. Exercise helps to burn fat for energy, which also helps to reduce insulin levels. By keeping your insulin levels low, you can help to reduce your risk of complications from diabetes.

## LOW CARB GROCERY SHOPPING LIST

### Stock your fridge and pantry with low carb foods

## Meats & Meat Alternatives

- Beef (ground, steaks, ribs, or roast)
- Chicken/Turkey
- Duck
- Lamb
- Pork (ground, chops, ribs, or roast)
- Veal
- Goat

## Dairy

- (no added sugars or starches)
- Butter
- Cheeses (full-fat – all types)
- Cottage cheese
- Cream cheese
- Eggs
- Cream (heavy or whipping)

## Fats & Oils

- Avocado/Avocado oil
- Coconut oil
- Ghee/Lard
- Olives/Olive oil
- Schmaltz (chicken fat)
- Sesame oil
- Vegetable oil

<b>PRIVATE &amp; PBM COVERAGE for Anti-Obesity Meds</b>	<b>PHENTERMINE</b> Generic - High Dose	<b>LOMAIRA</b> Phentermine 8	<b>QSY</b> Phentermine
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	PHENTERMINE Generic: High Dose OAT: Daily or Twice	LOMAIRIA Phentermine IR Low Dose OAT: Daily or Twice	QSYMIA Phentermine- Topiramate OAT: Daily	CONTRAVE Naltrexone HC/ Bupropion HC OAT: 2x/Day	SAXENDA Liraglutide Injectable: Daily	WEGOVY Semaglutide Injectable: Weekly
AETNA	Preferred PA	Not Covered	Preferred	Not Covered	Preferred PA	Preferred PA
BCBSM	Preferred	Not Preferred	Not Preferred PA	Not Preferred PA	Not Preferred PA	Preferred PA
EXPRESS SCRIPTS National Preferred	Preferred	Preferred	Not Preferred PA	Not Preferred PA	Not Preferred PA	Preferred PA
HAP	Preferred	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
PRIORITY	Preferred	Not Preferred ST Must try generic first	Not Preferred ST Must try generic first	Not Preferred ST Must try generic first	Not Covered	Not Covered
PRIORITY (OPTIMIZED)	Preferred	Not Covered	Not Preferred ST Must try generic first	Not Preferred ST Must try generic first	Not Covered	Not Covered
UNITED	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

**YELLOW CATEGORY: REDUCE**

Patients may need to have their medications adjusted

**Population:** Patients who are on one or more of these medications: Basal long acting insulins or thiazolidinediones. Please communicate with patients to ensure they understand the importance of close communication with their healthcare team.

**Carb goals:** Work with your patients to set a suitable carb goal. A starting carb goal of 100-130g of carbohydrates per day may be appropriate for this population.



**Thiazolidinediones**  
**Basal long-acting insulins (May need to reduce dose by up to 50%. Follow blood sugars and adjust as needed)**

**Medication adjustments:** General recommendations for dosing basal insulin: Reduce basal insulin by 25-50%. Consider greater reductions for patients with lower A1c/ frequent episodes of hypoglycemia.

- If A1c is high ( $\geq 10\%$ ): Reduce by 25-50%

**Blood glucose range and monitoring:** We encourage patients to closely monitor for hypoglycemia and communicate with their healthcare team. General recommendations include:

## 7-DAY SAMPLE MEAL PLAN

Are you wondering what to eat on a very low carbohydrate lifestyle? Look no further! Here is a sample 7-day meal plan to get you started. Breakfast, lunch, and dinner meals are listed below with total carbohydrate estimates.

SUNDAY		
Breakfast	Lunch	Dinner
<p>3 egg omelet with ½ cup diced vegetables (peppers, onion, mushroom, tomatoes), and 1oz shredded cheese</p> <p>½ cup sliced strawberries</p>	<p>Wrap sandwich (8 inch low carb wrap, 4-5oz turkey, cheese, spinach, tomato, and onion). Add mustard, pickles, mayo, and seasoning as desired</p>	<p>2 cups zucchini noodles with ½ cup low carb tomato sauce, 4-5oz of 1 cup sautéed non-vegetables</p> <p><i>Optional: add grated P</i></p>
Total carbs: 10g	Total carbs: 25g	Total carbs: 15g

MONDAY		
Breakfast	Lunch	Dinner
<p>Baked avocado cups (cut avocado in half, add 1 egg to center of each half – bake at 350 degrees for 15-20 min)</p>	<p>2-3 cups mixed greens topped with 4-5 oz tuna or chicken, diced onion, pickles, and shredded</p>	<p>Chicken Alfredo with chicken, Alfredo sauce, cups zucchini noodles</p>

# MCT2D Learning Community

The MCT2D Learning Community launched in May 2022 with opportunities to provide feedback on MCT2D developed tools, attend educational events, and contribute stories to the MCT2D blog, and the debut of the learning community newsletter.

## Learning Community events have included:

- Weight Loss Medications (Clinical Use and Medicaid Coverage Changes)
- Prior Authorization Panel
- CGM Implementation Panel

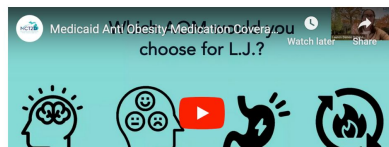
Prior Auth specialists have called this online tool "phenomenal" and "life changing." Are you using it?



Six key takeaways from our July 18th panel of Prior Authorization experts (including recommended tools), [watch the recorded session](#), and [browse past learning community webinars](#) >>

### Update on Anti-Obesity Medications (AOM's)

May 17, 2022



### Six Game Changers in Implementing CGMs in Your Primary Care Practice

DME Hacks—like getting to know your reps and snagging their customized ordering templates—shortcuts for billing documentation in the EMR—and clues to getting CGMs covered for more of your patients. Insights from our panel of expert members, a recording of our September discussion, and additional resources to guide you. [READ MORE >>](#)

“  
I have pretty much all diabetes in my practice. If you're seeing one of my patients, you better be putting one of these bad boys on! Because it's a game changer in all this. And then a lot of folks come back and say, 'Hey, now I want to do this.'  
—Panelist and Family Nurse Practitioner



# What can the learning community do for you in 2023?

We want to host additional educational events and panels.

**What topics are you interested in hearing about?**



# What topics would you like to see covered at future learning community events?







# Patient Data Dashboard Updates and Demo

**Jake Reiss, MHSA**

MCT2D Associate  
Program Manager

# Dashboard Enhancements



**Conducted dashboard usability testing sessions**



**Focusing on design and user experience**



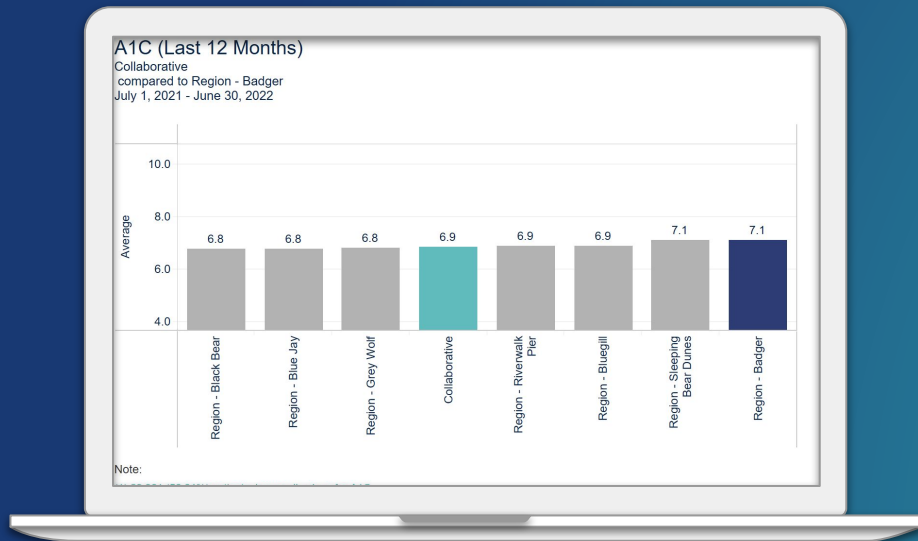
**Data up to date through 6/30/2022**



**Launched summary statistics**



**Later this year, addition of BCN claims data**



# Future Directions: Data

Rel #	MCT2D Publish date		Paid claims data through	Clinical data through
	2/15/2023	Data Refresh	11/30/2022	11/30/2022
1	4/11/2023	Release 1 Enhancement & Data Refresh	12/31/2022	12/31/2022
	5/4/2023	Data Refresh	2/28/2023	2/28/2023
2	6/19/2023	Release 2 Enhancement & Data Refresh	3/31/2023	3/31/2023
	8/4/2023	Data Refresh	5/31/2023	5/31/2023
3	9/21/2023	Release 3 Enhancement & Data Refresh	6/30/2023	6/30/2023
	11/7/2023	Data Refresh	8/31/2023	8/31/2023
4	12/14/2023	Release 4 Enhancement & Data Refresh	9/30/2023	9/30/2023

- **User experience/design changes**
- **Planned enhancements**
  - Patient exclusion tool to remove patients who should not be in the dashboard.
  - Dashboard will be limited to patients at least 18 years old.
  - Actual medication names and strengths will be listed rather than just the medication class.
  - Prepopulated reports of common and relevant filtering.
  - Adding serum creatinine
- **All payor PPQC data delayed- MDC determining an updated date this can be incorporated**



# Discussion: Regional Reports

# Discussion Question Suggestions



Knowing that the insurance coverage for all of these patients are the same, why do you think we are seeing variability amongst regions?



The Black Bear Region has the 2nd highest rate of patients on no medications, and generally lower prescribing of SGLT2is, GLP1-RAs, and insulin than the other regions in MCT2D. Why do you think this may be?



Looking at patients who are on no therapy or patients who are on therapy that is not guideline concordant (e.g. DPP4is and sulfonylureas), what ideas do you have to improve the use of SGLT2is and GLP-1RAs?

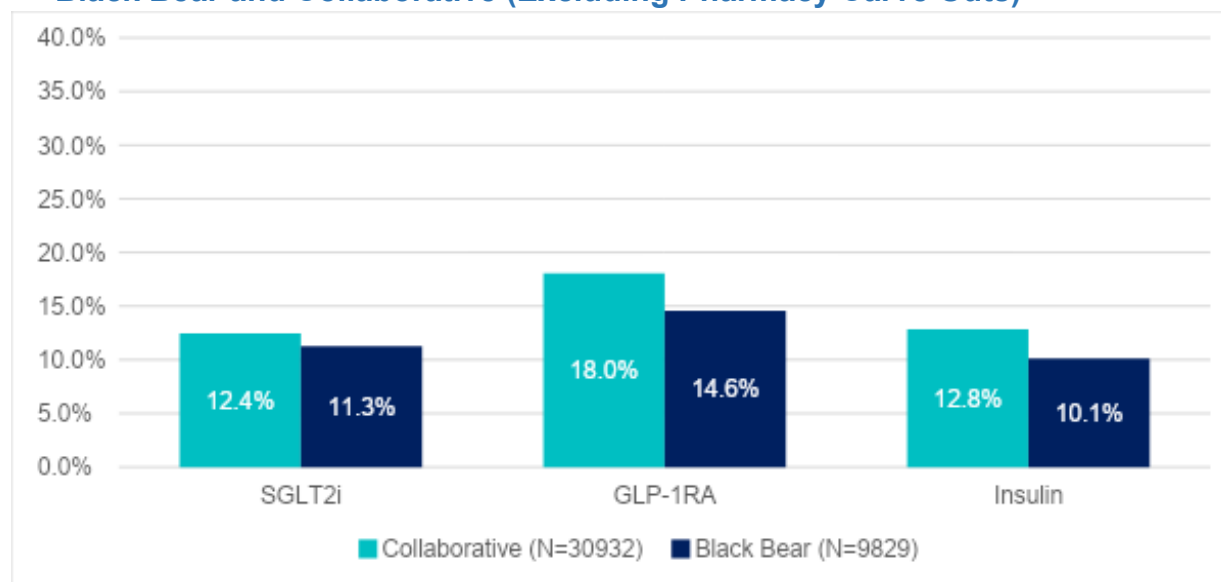
# MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

## (MCT2D): BLACK BEAR

### OVERVIEW

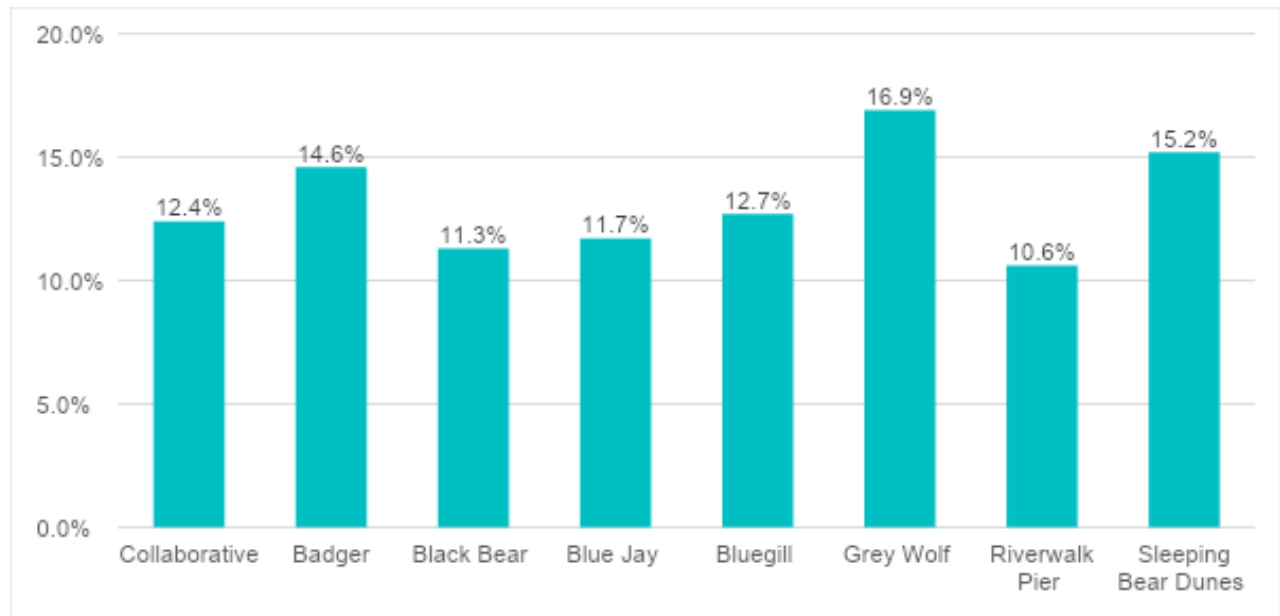
Collaborative level data includes any type 2 diabetes patient in participating practices who has been seen by a primary care physician (PCP) part of the Michigan Collaborative for Type 2 Diabetes (MCT2D). The patient population includes those who have a diagnosis code for type 2 diabetes, A1c of 6.5 or greater, and/or have been prescribed diabetes medication (ex. metformin, SGLT2i, GLP-1RA, insulin, sulfonylurea, etc.) The data is limited to just type 2 diabetes patients. Patients included must be covered by either Blue Cross Blue Shield Blue Care Network of Michigan (BCBSM) Preferred Provider Organization (PPO) or Medicare Advantage. The data in this report is preliminary and there are limitations. For instance, medication data is not available for patients with pharmacy carve outs; therefore, medication rates may be underestimated. The time frame used was from January 1, 2021 until June 30, 2022.

### 1. Comparison of Prescribing Rates of SGLT2i, GLP-1RA, and Insulin Between Black Bear and Collaborative (Excluding Pharmacy Carve Outs)



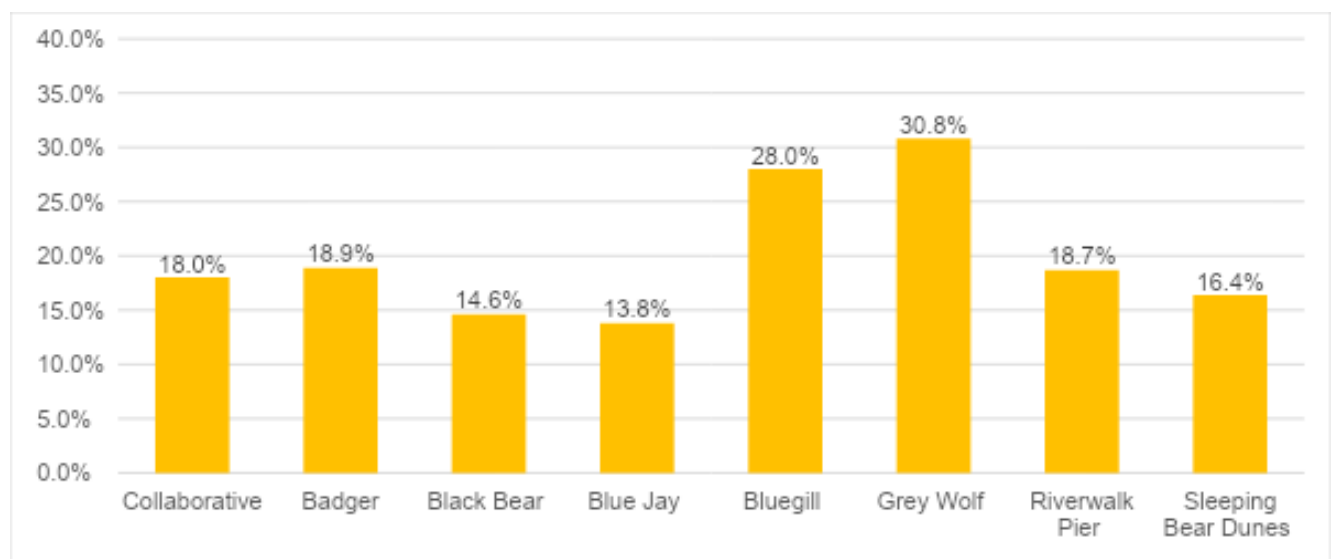
\*The denominator used to calculate the medication prescribing rates was the number of unique patients (N=30,932) part of MCT2D. The patients included must be covered by either BCBSM PPO or Medicare Advantage. Data is currently unavailable for patients with other insurance coverage. The data also excludes pharmacy carve outs. For the Black Bear bars, the denominator used to calculate the medication prescribing rates was the number of unique patients (N=9,829) part of the Black Bear region of MCT2D.

## 2. Comparison of Prescribing Rates of SGLT2i Across MCT2D Regions (Excluding Pharmacy Carve Outs)



\*The denominator used to calculate the medication prescribing rates was the number of unique patients (N=30,932) part of MCT2D. For each region, the denominator used to calculate the medication prescribing rates was the number of unique patients part of the region (Badger: N=3,103, Black Bear: N=9,829, Blue Jay: N=6,323, Bluegill: N=1,767, Grey Wolf: N=3,126, Riverwalk Pier: N=5,156, Sleeping Bear Dunes: N=1,628).

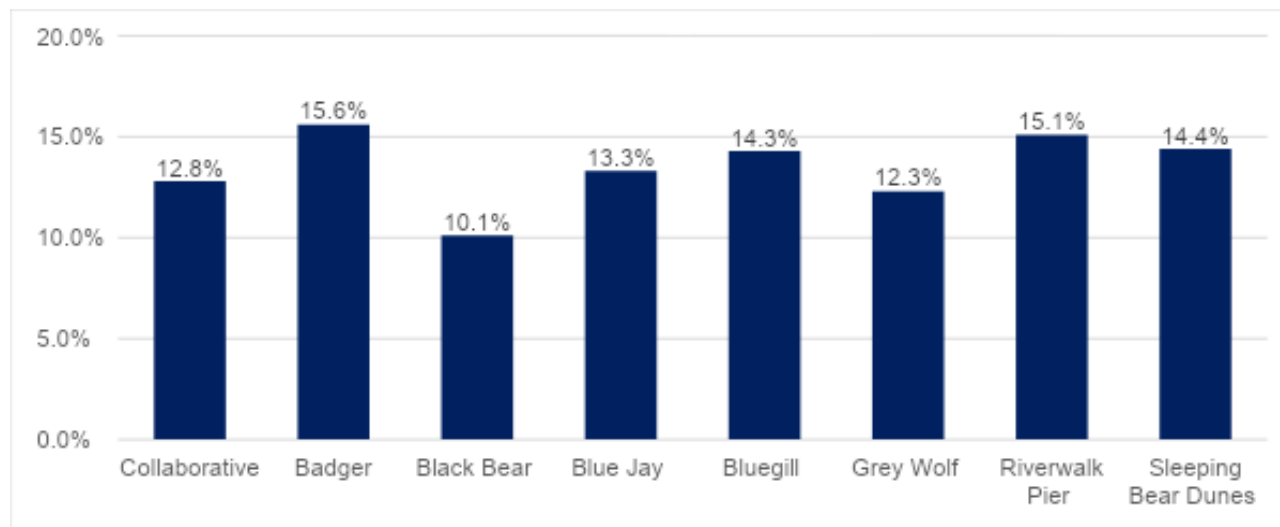
## 3. Comparison of Prescribing Rates of GLP-1RA Across MCT2D Regions (Excluding Pharmacy Carve Outs)



\*The denominator used to calculate the medication prescribing rates was the number of unique patients (N=30,932) part of MCT2D. For each region, the denominator used to calculate the medication prescribing rates was the number

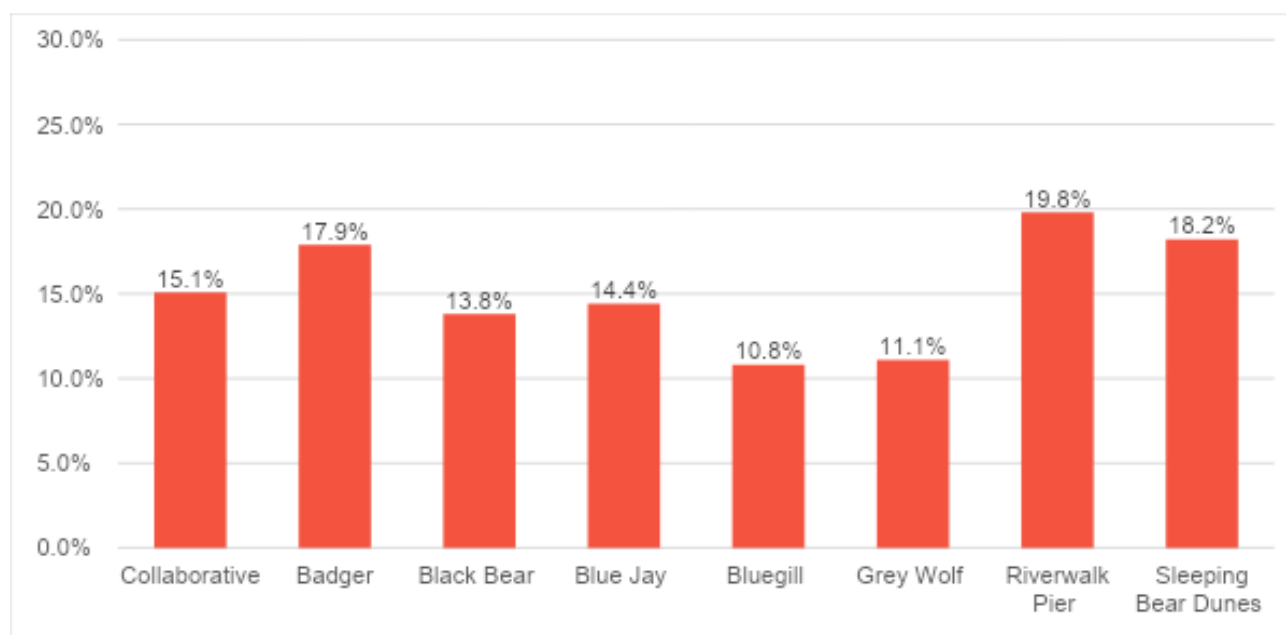
of unique patients part of the region (Badger: N=3,103, Black Bear: N=9,829, Blue Jay: N=6,323, Bluegill: N=1,767, Grey Wolf: N=3,126, Riverwalk Pier: N=5,156, Sleeping Bear Dunes: N=1,628).

#### 4. Comparison of Prescribing Rates of Insulin Across MCT2D Regions (Excluding Pharmacy Carve Outs)



\*The denominator used to calculate the medication prescribing rates was the number of unique patients (N=30,932) part of MCT2D. For each region, the denominator used to calculate the medication prescribing rates was the number of unique patients part of the region (Badger: N=3,103, Black Bear: N=9,829, Blue Jay: N=6,323, Bluegill: N=1,767, Grey Wolf: N=3,126, Riverwalk Pier: N=5,156, Sleeping Bear Dunes: N=1,628).

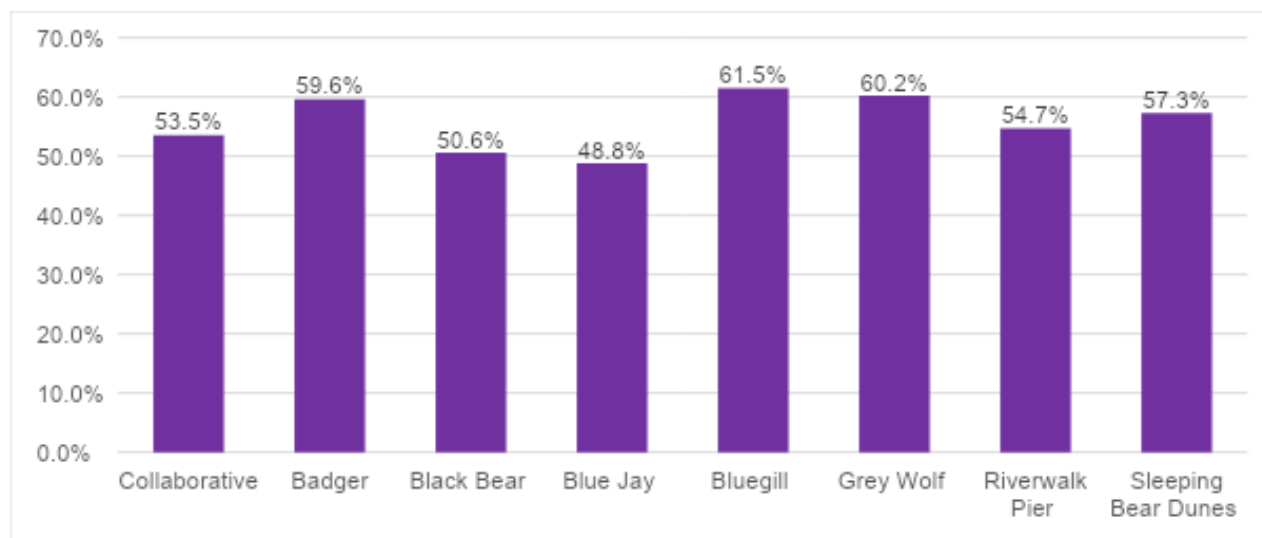
#### 5. Comparison of Prescribing Rates of Sulfonylurea Across MCT2D Regions (Excluding Pharmacy Carve Outs)





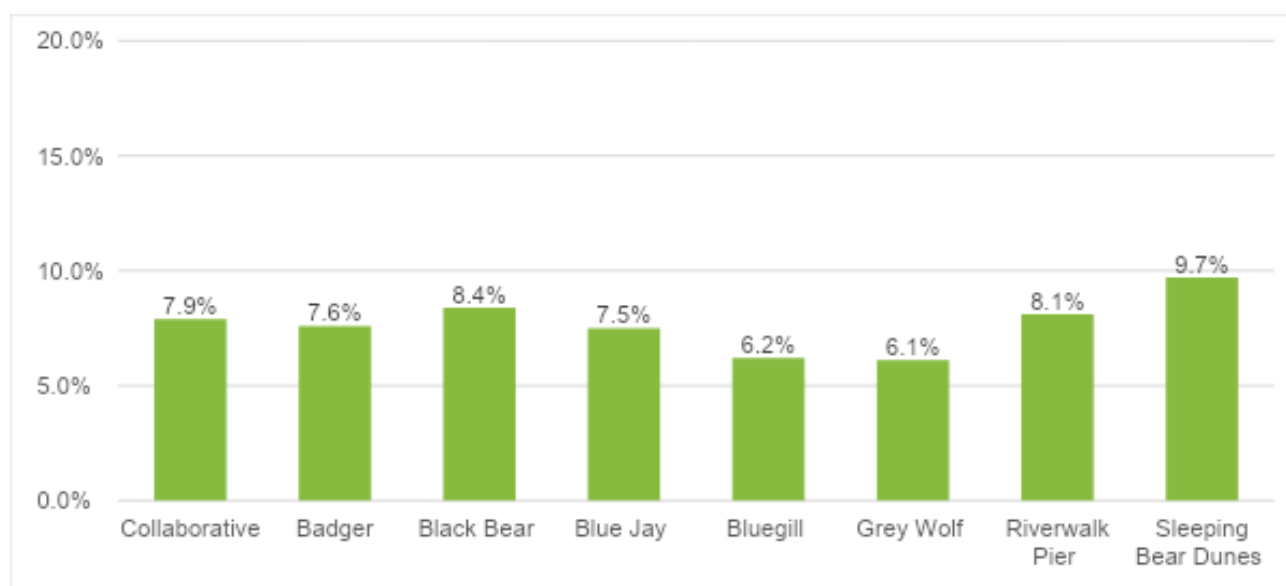
\*The denominator used to calculate the medication prescribing rates was the number of unique patients (N=30,932) part of MCT2D. For each region, the denominator used to calculate the medication prescribing rates was the number of unique patients part of the region (Badger: N=3,103, Black Bear: N=9,829, Blue Jay: N=6,323, Bluegill: N=1,767, Grey Wolf: N=3,126, Riverwalk Pier: N=5,156, Sleeping Bear Dunes: N=1,628).

## 6. Comparison of Prescribing Rates of Metformin Across MCT2D Regions (Excluding Pharmacy Carve Outs)



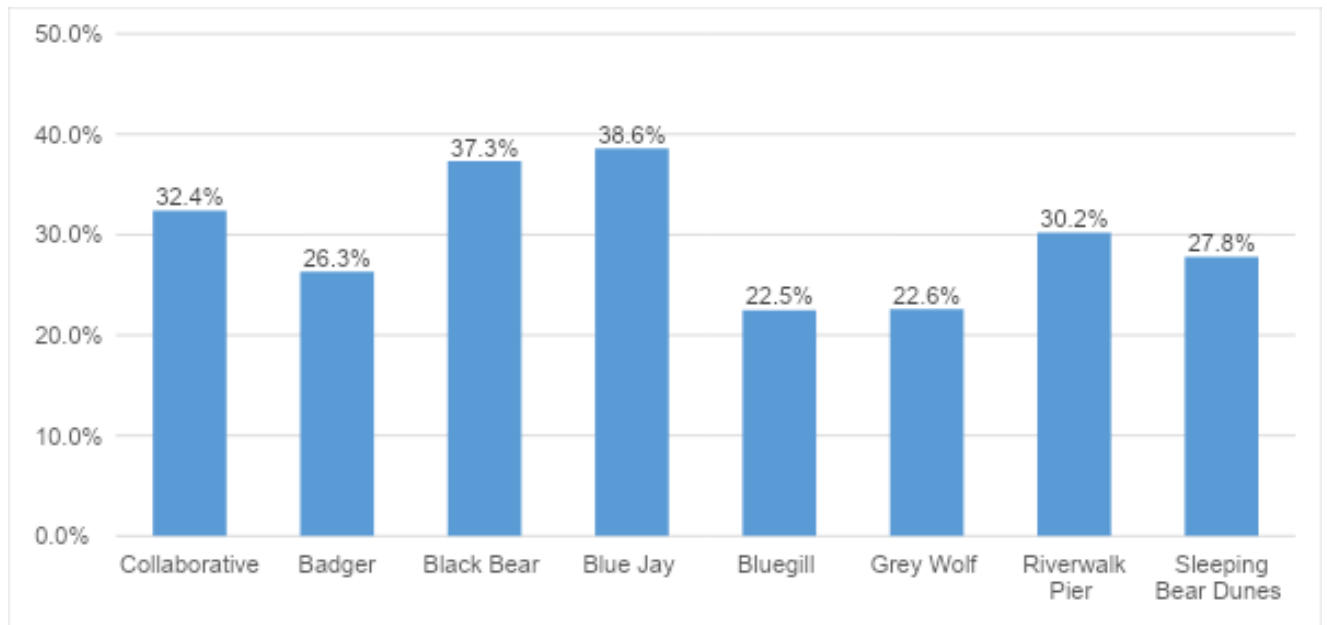
\*The denominator used to calculate the medication prescribing rates was the number of unique patients (N=30,932) part of MCT2D. For each region, the denominator used to calculate the medication prescribing rates was the number of unique patients part of the region (Badger: N=3,103, Black Bear: N=9,829, Blue Jay: N=6,323, Bluegill: N=1,767, Grey Wolf: N=3,126, Riverwalk Pier: N=5,156, Sleeping Bear Dunes: N=1,628).

## 7. Comparison of Prescribing Rates of Dipeptidyl Peptidase 4 Inhibitors (DPP4i) Across MCT2D Regions (Excluding Pharmacy Carve Outs)



\*The denominator used to calculate the medication prescribing rates was the number of unique patients (N=30,932) part of MCT2D. For each region, the denominator used to calculate the medication prescribing rates was the number of unique patients part of the region (Badger: N=3,103, Black Bear: N=9,829, Blue Jay: N=6,323, Bluegill: N=1,767, Grey Wolf: N=3,126, Riverwalk Pier: N=5,156, Sleeping Bear Dunes: N=1,628).

## 8. Percentage of Patients Not On Any Diabetes Medication Across MCT2D Regions



\*The denominator used to calculate the medication prescribing rates was the number of unique patients (N=30,932) part of MCT2D. For each region, the denominator used to calculate the medication prescribing rates was the number of unique patients part of the region (Badger: N=3,103, Black Bear: N=9,829, Blue Jay: N=6,323, Bluegill: N=1,767, Grey Wolf: N=3,126, Riverwalk Pier: N=5,156, Sleeping Bear Dunes: N=1,628).

The background is a deep red gradient. It is decorated with various autumn-themed elements: several maple leaves in shades of yellow, orange, and red; a cluster of red berries; a single acorn; and a small pinecone. The text is centered in the middle of the image.

# THE WHEEL OF ENGAGEMENT

Or how to get patients to follow  
good advice

*DR. DAVID BRADLEE DO FACOI*

A decorative border of autumn leaves and berries surrounds the central text. The leaves are in various shades of yellow, orange, and red, with some green still visible. Small clusters of red berries and a few acorns are scattered among the leaves.

## ENGAGEMENT AS THE ISSUE IN DIABETES MANAGEMENT.

*All clinicians have to deal with issues of patient engagement in some or, even most of our patients.*

There are many aspects of lack of engagement that need to be addressed.

**First:** We must identify the issues.

**Second:** We must address the issues.

**Third:** We must attempt to remediate these issues with our patients.



# THE WHEEL OF ENGAGEMENT



A decorative border of autumn leaves and acorns surrounds the central text. The leaves are in various shades of yellow, orange, and red, with some showing green. There are several acorns and small clusters of red berries interspersed among the leaves.

# THE BIOPSYCHOSOCIAL MODEL OF ENGAGEMENT

**Humans are homeostatic beings!** We spend huge amounts of time, energy and effort maintaining homeostasis.

BP, Blood glucose, body weight, temperature, respiration, blood gas saturation etc. All of these physiologic processes have dedicated systemic processes to maintain balance, form and function of our bodies.

ALONG comes illness or other stressors that are always a disruption to our homeostatic mechanisms.

These stressors challenge our adaptive physical, psychological and social processes that we use to survive.



A decorative border of autumn leaves and berries surrounds the central text. The leaves are in various shades of yellow, orange, and red, with some showing green. There are also clusters of red berries and a few acorns scattered among the foliage.

# THE BIOPSYCHOSOCIAL MODEL OF ENGAGEMENT

Stressors, like chronic illness, is always a barrier that has to be overcome.

We evaluate the blockade in our way as we journey thru life.

Assess the time, effort and benefit of confronting this barrier .

We also assess the cost in terms of disruption of our established physical and mental homeostasis this nuisance will create.

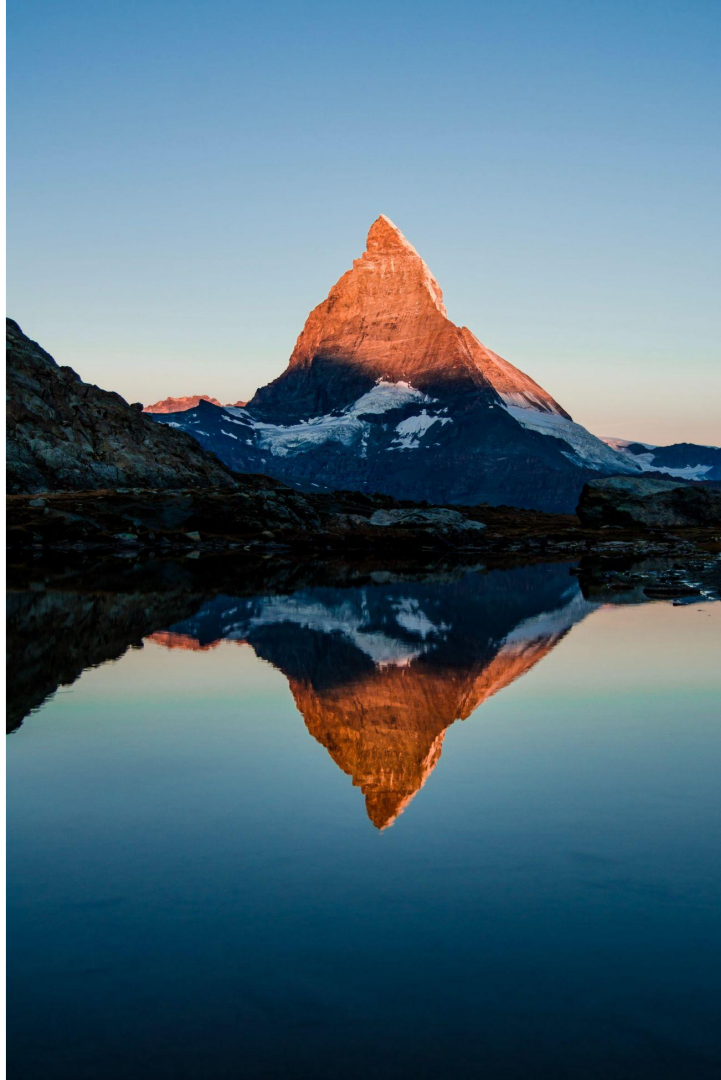
This what I call the gradient of change required to overcome this obstacle and reach a new equilibrium. The Gradient can range from 90 degrees and seem impassable or minor and easily traversed.

A decorative border surrounds the central text box, featuring various autumn leaves in shades of yellow, orange, and red, along with clusters of small red berries.

# THE BIOPSYCHOSOCIAL MODEL OF ENGAGEMENT

Since disruption of homeostasis is always a stressor and the gradient of change can look insurmountable to patients at times.

We need help, assistance and mentorship to “*conquer that mountain,*” especially chronic illness like diabetes.





The slide features a decorative border of autumn-themed elements. At the top, there are several large leaves in shades of red, orange, and yellow, interspersed with small clusters of red berries and a single acorn. The bottom border includes a bright yellow leaf, a dark brown pinecone, and more autumn leaves in red and orange. The central text is contained within a white rectangular area.

## The spokes in the wheel of engagement

1. Education
2. Social support
3. Resources.
4. Positive mental attitude toward change.

**These are the basic spokes to turn the wheel of engagement!**

A decorative border of autumn leaves and berries surrounds the central text. The leaves are in various shades of yellow, orange, and red, with some showing green. There are also clusters of red berries and a few acorns scattered around the leaves.

## Additional spokes to strengthen the wheel of engagement

- 5. Consistency.
- 6. Access to experts and mentorship.
- 7. Positive and negative reinforcement.
- 8. Trust and respect: this is the golden spoke!**



A decorative border of autumn leaves and berries surrounds the central text area. The leaves are in various shades of yellow, orange, and red, with some showing green. Small clusters of red berries and a few acorns are also visible.

## Conclusions and references

Basically, **identify and address the spokes that are missing in the wheel of engagement** and arrange other experts to help the patient become aware of the barriers, issues and options available.

**This is a team approach,** us humans have always been better together than separate and alone.

**THANK YOU**





# REFERENCES



I want to thank my students, residents and other mentors thru the decades who have analyzed every aspect of lack of engagement, helped develop this very useful tool through numerous presentations and thought-provoking discussions.



Diving Deeper

# Operationalizing a Low Carb Diet in Type 2 Diabetes

**Rina Hisamatsu, MPH RDN**

Registered Dietitian, Domino's Farms  
Family Medicine  
Health Educator, MCT2D  
[rinhis@med.umich.edu](mailto:rinhis@med.umich.edu)

# Overview

01

MCT2D core goals and the low-carb initiative

02

Fundamentals of the low-carbohydrate lifestyle

03

Identifying Suitable Patients

04

Case examples





# The Michigan Collaborative for **TYPE 2 DIABETES**



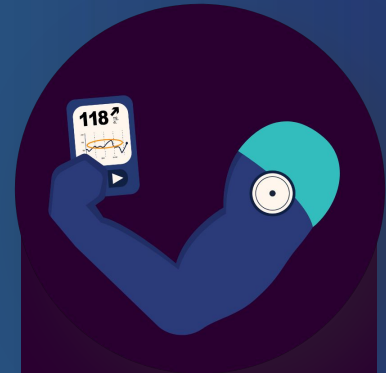
## MCT2D Quality Improvement Goals



Prescribing of  
GLP1 Receptor  
Agonists & SGLT2  
inhibitors



Supporting Lower  
Carbohydrate Diets



Expanding use of  
Continuous Glucose  
Monitoring (CGM)

# Focus for Today

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**How to integrate low-carbohydrate meal plans as an effective means of blood sugar control**



# Variations Of The Low-Carbohydrate Meal Plan

## Very Low Carbohydrate (Keto) Diet

- $\leq 10\%$
- 20-50g carbs/day

## Low Carbohydrate Diet

- $>10-26\%$
- 50-130g carbs/day

## Moderate Carbohydrate Diet

- 26-45%
- 130-225g carbs/day

## High Carbohydrate Diet

- $>45\%$
- $>225\text{g carbs/day}$

Based on 2000 kcal/day

# Fundamentals of The Low-Carbohydrate Lifestyle

---

# A Well-Formulated Low-Carbohydrate Meal Plan...



**Prioritizes  
protein  
intake**



**Includes an  
abundance of  
non-starchy  
vegetables**



**Includes  
some fats  
for satiety**

# A Well-Formulated Low-Carbohydrate Meal Plan



Low Carbohydrate Foods

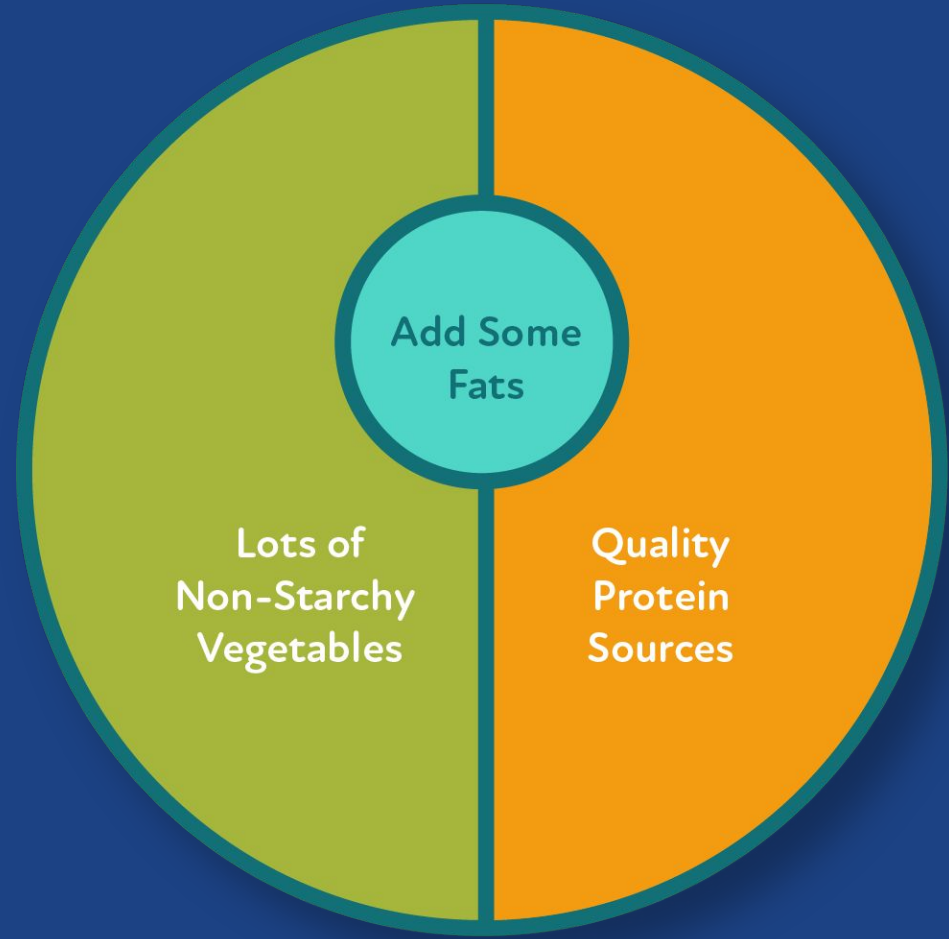


High Carbohydrate Foods

# The Step Process

## (3 step)

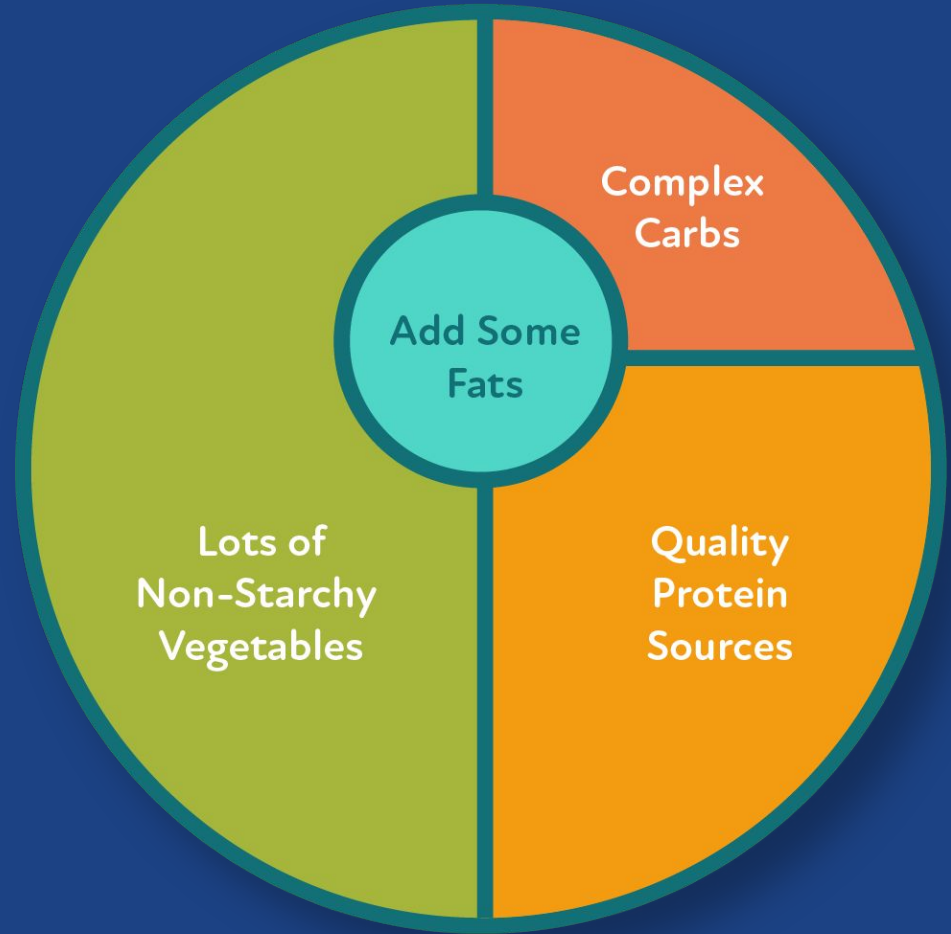
- Very low-carbohydrate meal plan
  - <50g total carbohydrates/day
- 1) Pick a protein source
  - 2) Add non-starchy vegetables
  - 3) Add some fats



# The Step Process

## (4 step)

- Low carbohydrate meal plans
  - 50-130g total carbohydrates/day
- 1) Pick a protein
  - 2) Add non-starchy vegetables
  - 3) Add some fats
  - 4) Add some complex carbs

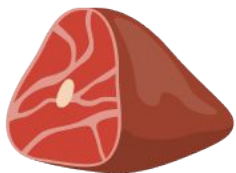




# Summary

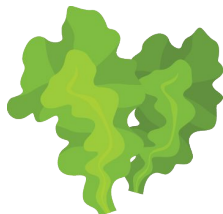
## STEP 1: Pick a Protein

Choose a high-quality protein source like chicken, fish, seafood, beef, eggs, or soy.



## STEP 2: Add Non-Starchy Vegetables (Half your plate)

Fill half your plate with non-starchy vegetables like salad greens, broccoli, or Brussels sprouts.



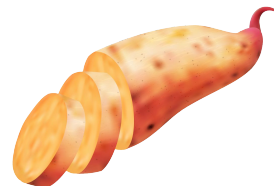
## STEP 3: Add Some Fats

Add some fats from oil, sauces, or full-fat dairy like cheese, butter or sour cream.



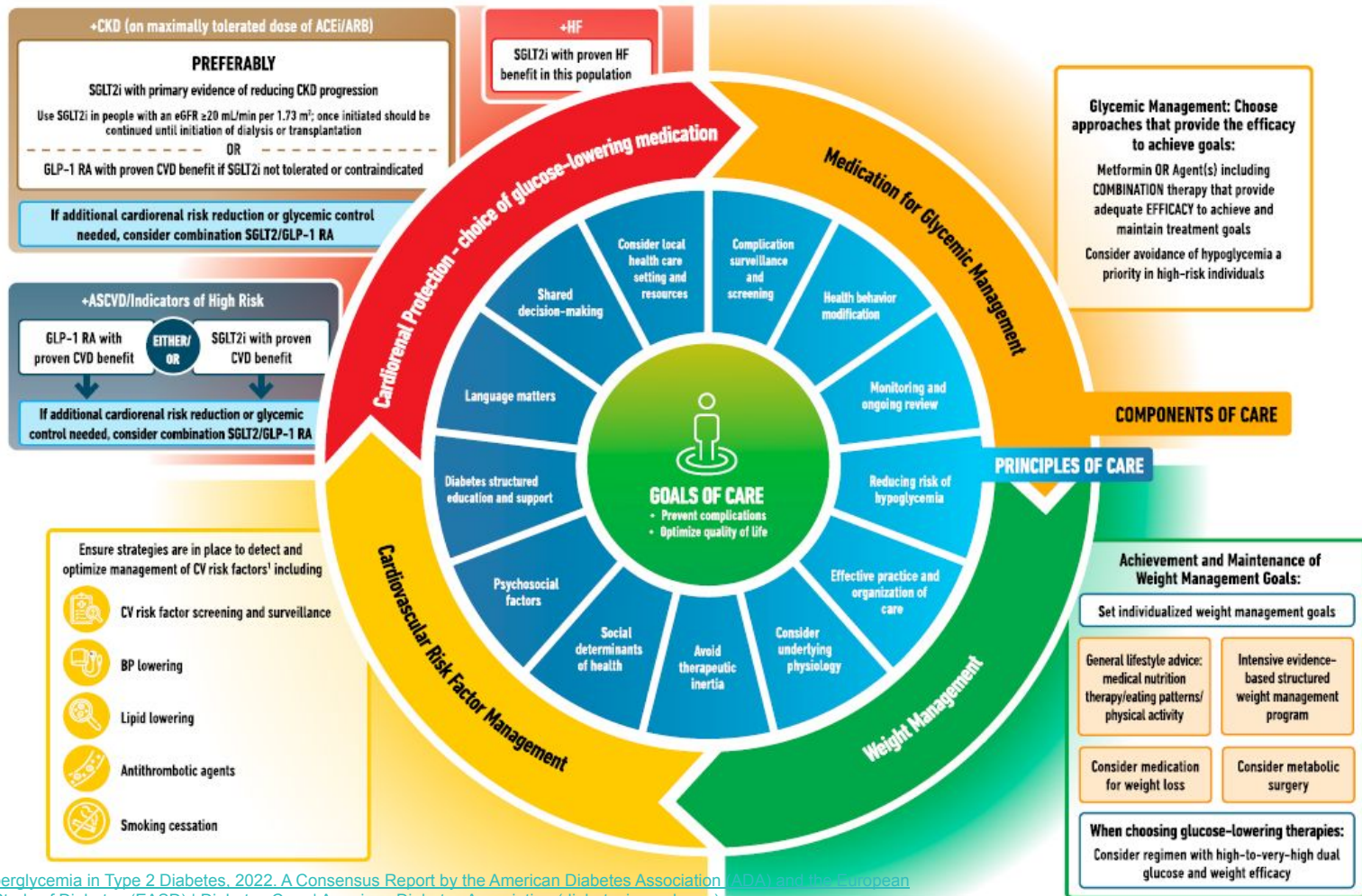
## STEP 4: Add 1-2 Servings of Complex Carbs

Include 1-2 servings of high-quality carbs like starchy vegetables, fruits, legumes/lentils or whole grains.





# HOLISTIC PERSON-CENTERED APPROACH TO T2DM MANAGEMENT



# Modifying Meal Plans to Fit Dietary Restrictions And Cultural Preferences

## Pescatarian

- Includes fish and shellfish
- Includes soy, nuts and seeds, legumes/lentils\*

Adapting to cultural food preferences including:

Hispanic cuisine

South Asian cuisine

East Asian cuisine

## Vegetarian/Vegan

- Includes soy, nuts and seeds, legumes/lentils\*
- +/- eggs and dairy products

**\*Legumes/lentils can be added based on individual carb goals**

# Case Example A



Working together with care team to reach  
individualized carbohydrate goal



# Case Example A: Ted

40 y.o. M, with PMH of T2D, obesity, HTN,  
TIA (2019)

Established care 1 year ago at Diabetes  
Clinic with following baseline:

- Starting weight: 342 lbs, BMI 47.7
- Hemoglobin A1c: 6.6%
- FBGs: 120s range

Medications: Victoza (d/c prior to initial eval at clinic), Januvia, Lisinopril, Metformin, Aspirin



# Intervention

1. **Initiated GLP1-RA (Ozempic, escalated dose from 0.25mg to 1mg over 4-5 mo)**
2. **Education on low-carbohydrate meal plan**
  - a. Recommended  $\leq 100\text{g}$  carbs/day
  - b. 5 Ps to avoid (Pastas, regular Pop, Pastries, Potatoes, b(B)read)
  - c. Focus on: lean meats, non starchy vegetables 50/50 plate method
3. **Physical activity goals discussed**
  - a. Weight lifting to preserve muscle mass



# Within 1 year...

## ★ Medication Reduction:

- D/C metformin, Januvia, Lisinopril

## ★ Weight Reduction:

- 104 lbs total: 342 → 238 lbs (BMI 47.7 → 33.2)
- Lost 7 lbs in 1 mo, 18 lbs in 2 mos, 59 lbs in 5 mos

## ★ A1c Reduction:

- 6.6% → 5.4% (at most recent visit)

## ★ FBGs Improvement: <90 mg/dL





# Patient Quotes

*“[I’m] eating smaller, more frequent meals, and increasing lean proteins and vegetables.”*

*“[I’m] feeling great - receiving compliments from family and friends has been motivating.”*





# Delicious Ways to Enjoy Low-Carb Meals



Dinner

**Cauliflower Mash**

7g of carbs

\$

<30 mins



Dessert

**Low carb  
cheesecake in a  
mug (Microwave)**

4g of carbs

<30 mins



Dinner

**Italian meatballs  
with mozzarella  
cheese**

5g of carbs

\$

<30 mins

# Sample Meal Plan

## (Low Carb 50-130g)

### SUNDAY

#### Breakfast

**3 egg omelet** with ½ cup diced vegetables (peppers, onion, mushroom, tomatoes), and 1oz shredded cheese

1 slice whole wheat bread or 1 cup mixed berries

**Total carbs: 20-25g**

#### Lunch

**Wrap sandwich** (8 inch low carb wrap, 4-5oz turkey, cheese, spinach, tomato, and onion). Add mustard, pickles, mayo, and seasoning as desired

*Optional: add 1oz nuts for crunch or avocado*

**Total carbs: 25-30g**

#### Dinner

**2 cups spaghetti squash\*** topped with ½ cup low carb tomato sauce, 4-5oz ground beef, and 1 cup sautéed non-starchy vegetables

*Optional: add grated Parmesan*

*\*Note: Can also use high-protein, low carbohydrate pasta*

**Total carbs: 40g**



### TUESDAY

#### Breakfast

**Baked avocado cups** (cut avocado in half, add 1 egg to center of each half, then bake at 425 degrees for 15-20 min)

1 piece of fruit (1 small apple, plum, kiwi, 1 cup cantaloupe, 1 cup berries)

**Total carbs: 30g**

#### Lunch

**Lettuce wraps** (2-3 large lettuce leaves topped with 4-5 oz turkey or chicken, 2 tbsp hummus, diced tomato, onion, and 1oz pumpkin seeds)

**Total carbs: 20g**

#### Dinner

**2 cups lentil soup** (brown lentils, onions, garlic, diced carrots, zucchini, celery, mushrooms)

Chia pudding (mix 1 tbsp chia seeds, ½ cup coconut cream, and a dash of stevia. Let sit overnight)

*You can make these in batches!*

**Total carbs: 43g**



### MONDAY

#### Breakfast

**¾ cup plain Greek yogurt** topped with 1oz mixed nuts, 1 cup berries or 1 piece fruit (1 small apple, plum, kiwi, 1 cup cantaloupe)

**Total carbs: 25g**

#### Lunch

**2-3 cups mixed greens** topped with 4-5oz tuna or other canned fish, ½ cup chickpeas, diced cucumber, tomato, onion, pickles, olives, avocado, and feta or shredded cheese

Serve with 2 tbsp ranch dressing or lemon and olive oil vinaigrette

**Total carbs: 25g**

#### Dinner

**Chicken Alfredo** (whole grain fettuccine with 4-5oz chicken grilled, ½ cup Alfredo sauce, and 2oz (dried) whole grain fettuccine)

Serve with side salad (dressing full-fat or olive oil and vinegar)

**Total carbs: 50g**



### WEDNESDAY

#### Breakfast

**Farmer's breakfast** made with 2 slices bacon or other breakfast meats

1-2 eggs, cooked in any style

½ cup sautéed spinach or other greens

1 slice whole grain toast

**Total carbs: 20g**

#### Lunch

**Burrito bowl** made with 1 cup cauliflower rice, 4-5oz taco meat, 1 cup sautéed vegetables, ½ cup black beans, 2 tbsp salsa, and 1 tbsp sour cream

1 small fruit

**Total carbs: 42g**

#### Dinner

**4-5oz Grilled/baked fish**

2 cups baked/grilled non-starchy vegetables sprinkled with 1oz mixed nuts

½ cup sautéed corn or 1 small baked sweet potato

*Optional: add 1 tbsp sour cream or butter*

**Total carbs: 32g**



# Sample Meal Plan

## (Very-Low Carb <50g)

### SATURDAY

#### Breakfast

**Egg bites** (whisk together 2-3 eggs, with chopped onion, peppers, tomato, spinach, mushrooms, herbs and spices, 1-2 oz cheese of choice. Pour mixture into muffin tin and bake at 350 degrees for 15-20 min or until set)

**Total carbs: 5g**

#### Lunch

**1 cup tuna salad/chicken salad/egg salad**

Serve over 2 cups of mixed leafy greens or make into a wrap or sandwich using low carbohydrate bread.

*Optional: 1 oz cheese or nuts*

**Total carbs: 10g (26g with wrap)**

#### Dinner

**4-5 oz steak**

Roasted brussel sprouts with crushed bacon

1 cup mashed cauliflower with garlic and parsley

**Total carbs: 15g**



### SUNDAY

#### Breakfast

**3 egg omelet** with ½ cup diced vegetables (peppers, onion, mushroom, tomatoes), and 1oz shredded cheese

½ cup sliced strawberries

**Total carbs: 10g**

#### Lunch

**Wrap sandwich** (8 inch low carb wrap, 4-5oz turkey, cheese, spinach, tomato, and onion). Add mustard, pickles, mayo, and seasoning as desired

**Total carbs: 25g**

#### Dinner

**2 cups zucchini noodles** topped with ½ cup low carbohydrate tomato sauce, 4-5oz ground beef, and 1 cup sauteed non-starchy vegetables

*Optional: add grated Parmesan*

**Total carbs: 15g**



### TUESDAY

#### Breakfast

**¾ cup plain Greek yogurt** topped with 1 oz chopped almonds, ½ cup mixed berries

**Total carbs: 18g**

#### Lunch

**Lettuce wraps** (2-3 large lettuce leaves topped with 4-5oz ground turkey or chicken, diced tomato, and ½ diced avocado, ¼ cup shredded cheese, 2 tbsp ranch dressing)

**Total carbs: 10g**

#### Dinner

**Meatloaf** made with sugar-free BBQ glaze, 1 cup sauteed green beans, 1 cup cauliflower mash

**Total carbs: 18g**



### WEDNESDAY

#### Breakfast

**Farmer's breakfast** made with 2 slices bacon or other breakfast meats

2 eggs, cooked in any style

½-1 cup spinach or other greens sauteed with garlic

½ cup berries

**Total carbs: 12g**

#### Lunch

**Burrito bowl** made with 1.5 cups cauliflower rice, 4-5 oz taco meat, 1 cup sauteed vegetables, 2 tbsp salsa, 1 tbsp sour cream, 1 tbsp guacamole

**Total carbs: 17g**

#### Dinner

**4-5 oz grilled fish**

2 cups sauteed non-starchy vegetables sprinkled with 1 oz walnuts

**Total carbs: 10g**



# Identifying Your Patients

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# Taking The First Step

1. Identify “low-risk” patients: not on insulins, sulfonylureas, SGLT2i’s
2. Patients with high engagement/interest in pursuing a low carb lifestyle

# Avoiding Potential Risks

## 1) Hypoglycemia

Monitor and adjust blood sugar lowering medications (insulin/combination insulins, sulfonylureas, SGLT2is etc.)

### **SGLT2-inhibitors**

- DO NOT USE: If daily carb intake <50 grams due to risk of euglycemic DKA
- Safe in patients consuming >100 grams of carbs daily

## 2) Hypotension

Monitor BP for all patients

TREAT hypotension: adjust medications as needed

MONITOR for hyponatremia: consider medication adjustment, comorbidities, hydration status



# Adapting Medications for Type 2 Diabetes to a Low Carb Diet

## GUIDE FOR STARTING PATIENTS on a Low Carb Lifestyle

A low carbohydrate (carb) lifestyle consists of reducing carb carbohydrate intake to 50-130g of total carbohydrates per day. Patients with type 2 diabetes (T2DM) who are interested in adopting a low carbohydrate lifestyle should monitor their blood glucose carefully and work closely with their primary care team to adjust medications as needed. Risk of hypoglycemia is greater among patients who are on insulin or sulfonylureas, particularly if they significantly reduce carbohydrate intake without adjusting their medications.

Patients with T2DM who are on these medications may need to have their medications proactively reduced (i.e., when their diet is adjusted to prevent hypoglycemia). View a detailed review on medication management for patients with T2DM who follow a low carbohydrate lifestyle by visiting <https://doi.org/10.3389/fnut.2021.688540> or scanning the QR code.



Low carbohydrate lifestyles are not 'one-size-fits-all.' Success may require fine-tuning and adjustments along the way to find a suitable carbohydrate range for a patient. Considerations need to be patient-driven (interest, experience, cultural background, and commitment) to work closely with their care team and be proactive in self-management skills are necessary tools for success.

### MONITORING BLOOD PRESSURE

- Monitor BP for all patients
- For patients with controlled BP or edema
  - Consider stopping thiazide diuretics during the first 2-4 weeks of dietary change
  - If BP reduces increase return to prior dose
- If BP is hypotensive, advise patient to monitor for dizziness and dizziness, can give patient permission to skip a medication in this setting (HOLD medication and call office)
- Monitor for hypotension
- If present



### SETTING CARB GOALS & ADJUSTING MEDICATIONS

**GREEN CATEGORY: CONTINUE**  
Patients will need minimal medication adjustment.

**Population:** These patients are considered low risk for hypoglycemia/hypertension. Patients with T2DM who are NOT on insulin or sulfonylureas (Biguanides/Metformin, GLP-1 receptor agonists, DPP-4 inhibitors and SGLT2).

**Carb goal:** Work with your patients to set a suitable carb goal. A starting carb goal of 50-130g of carbohydrates per day may be appropriate for this population.

**Biguanides**  
GLP-1 RAs  
DPP-4 inhibitors

**Medication adjustments:** If patients are on BP lowering medications, close monitoring and adjustments may be necessary to prevent hypotension.

**Blood glucose range and monitoring:** Most patients should achieve a fasting glucose level of 70-130 mg/dL and a two-hour post-prandial meal of <100 mg/dL. Work with your patient to determine blood sugar monitoring goals.

Look for this  
handout!

SAFE



- Biguanides
- GLP1 Agonists
- DPP4 Inhibitors

REDUCE



- Basal long acting insulins— may need to reduce dose by up to 50%. Follow blood sugars and adjust as needed
- Thiazolidinediones

STOP



- Sulfonylureas
- Meglitinides
- SGLT2 inhibitors
- Bolus meal time insulin. *Might need small amounts to correct high blood sugar.*
- Combination insulins (70/30) — switch to basal long acting
- Alpha-glucosidase inhibitors

# Recognizing Challenges

- ★ **Time** constraints
- ★ **Availability** for clinicians to cover in routine visits
- ★ **Access** to clinic resources (MAs, RNs, RDs, Pharmacists, Care Navigators etc.)

# Resources and Teaching Tools

- [MCT2D Resource Library](#)
- [Diet Doctor Free CME course](#)
- [Low-Carbohydrate and Very Low-Carbohydrate Eating Patterns in Adults with Diabetes: A Guide for Health Care Providers \(ADA\)](#)
- [The Art and Science of Low Carbohydrate Eating](#)
- [Low Carb For Any Budget - Cooking Keto With Kristie](#)
- [Always Hungry? by Dr. David Ludwig](#)
- [Diet Doctor](#)

# Case Example B



Strategies to mitigate potential risk from  
medications

Team-based care

# Case Example B: Fred

69 y.o. M with hx of T2D, dx in 2007 (or possibly earlier)

Started low-carb + CGM program in 7/2022 with following baseline:

- Starting weight: 235 lbs, BMI 35
- Hemoglobin A1c: 7.7%

Medications: Insulin glargine: 30 units twice daily,  
Insulin aspart: 5 units B/L/D, Dulaglutide: 3mg weekly

**Patient counseled to keep total carbs  $\leq 100\text{g}$  per day**



## MEDICATIONS:

-----  
Insulin glargine: 30 units **twice** daily  
Insulin aspart: 5 units B/L/D  
Dulaglutide 3mg weekly



# Within 1 Month of Program...

- ★ Discontinued insulin aspart
- ★ Insulin glargine: 30U bid → 20U qd
- ★ 10 lb weight loss (235 → 225)
- ★ Reduced BP meds
- ★ CGM time in range ~85%
- ★ Patient reports “feeling great”



# Key Takeaways

- 1) Using CGM data, pt able to make real-time connections between food and its effect on blood glucose.
- 2) Pt felt empowered by results from low-carb lifestyle: weight loss, de-escalation of meds, improved blood glucose control.



# Final Thoughts

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Implementing a low carbohydrate lifestyle is an iterative process. It requires trialing, refining, and adapting based on each individual case.



# THANK YOU

Thank you!

Questions/  
Concerns?

[rinhis@med.umich.edu](mailto:rinhis@med.umich.edu)

# References

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- Clinical Guidelines For the Prescription of Carbohydrate Restrictions as a Therapeutic Intervention/Low Carb USA International Scientific and Clinical Advisory  
[www.lowcarbusa.org/standard-of-care/clinical-guidelines/](http://www.lowcarbusa.org/standard-of-care/clinical-guidelines/)
- [Low-Carbohydrate Nutrition Approaches in Patients with Obesity, Prediabetes and Type 2 Diabetes - Low Carb Nutritional Approaches - Guidelines Advisory \(guidelinecentral.com\)](#)
- [Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association \(ADA\) and the European Association for the Study of Diabetes \(EASD\) | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)



# Closing

**Jackie Rau, MHSA**

MCT2D Program  
Manager

**Value Based Reimbursement requirements  
for Year 2**

**MCT2D Learning Community**

# **Next Steps for MCT2D**

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# First Official Year Coming to a Close




## In that time we:

- Trained 601 MCT2D clinical champions and physicians on SGLT2i/GLP1RAs, low carbohydrate diets, and continuous glucose monitors
- Hosted 7 regional meetings and 1 collaborative wide meeting totaling over 247 attendees
- Began deploying the MCT2D interventions with patients in the practices, identifying barriers and challenges
- Shared best practices amongst collaborative members through the panels on prior authorization and CGMs.

**We will be distributing a progress survey as one of the program requirements in December (due 2/1/23) to learn more about how the first year went for your practice**



# Year 2 VBR

Requirement	Responsibility
<i>Ongoing Learning Community Requirement:</i> Participate in one learning community activity for each of the two engagement levels. Details below. Due 7/15/2023	Level 1: Each physician Level 2: Each PO/Each Practice
Complete Progress Survey (due 2/1/2023)	Practice 
Work with your physician organization to maintain a log of practice interventions and changes related to implementation of the quality initiatives	Practice
Identify and submit one best practice related to continuous glucose monitoring, low carbohydrate diet, prescribing SGLT2s or GLP1s, or urine albumin testing (Due 5/1/2023).	Practice 
Distribute patient reported outcomes survey flyers and encourage patient participation.	Practice
Learn about coverage for your primary payor via MCT2D developed videos and materials and take a short post-test to confirm understanding.	Practice 
Attend Fall 2022 and Spring 2023 regional meetings	Practice clinical champion
Present on your site's implementation of the quality improvement initiatives at a collaborative meeting, regional meeting, or conference call, if requested	Practice



# Learning Community Newsletter

- Began distributing learning community newsletter in May
- Five editions out now, will continue sending these monthly to all clinical champions and all who subscribe
- Encourage subscriptions from your other providers in the clinic
- Will distribute tools through this, announce learning opportunities, etc.
- Where blogs will be posted, etc.

Link to subscribe: [michmed.org/e8X8N](https://michmed.org/e8X8N)





# THANK YOU

Thank you!

We appreciate  
you joining us  
today and for  
your work  
improving care  
for patients  
with T2D!