UPSTATE
MEDICAL UNIVERSITY

# Diabetes Distress Screening

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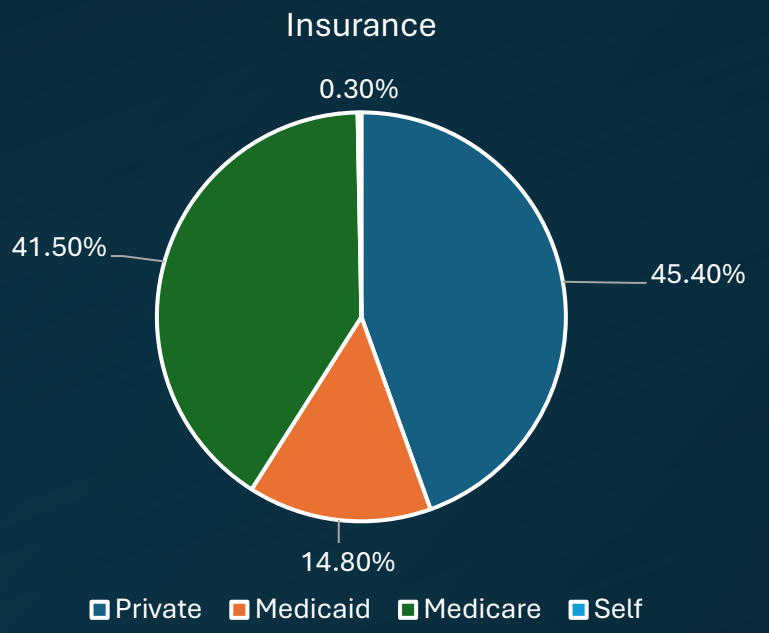
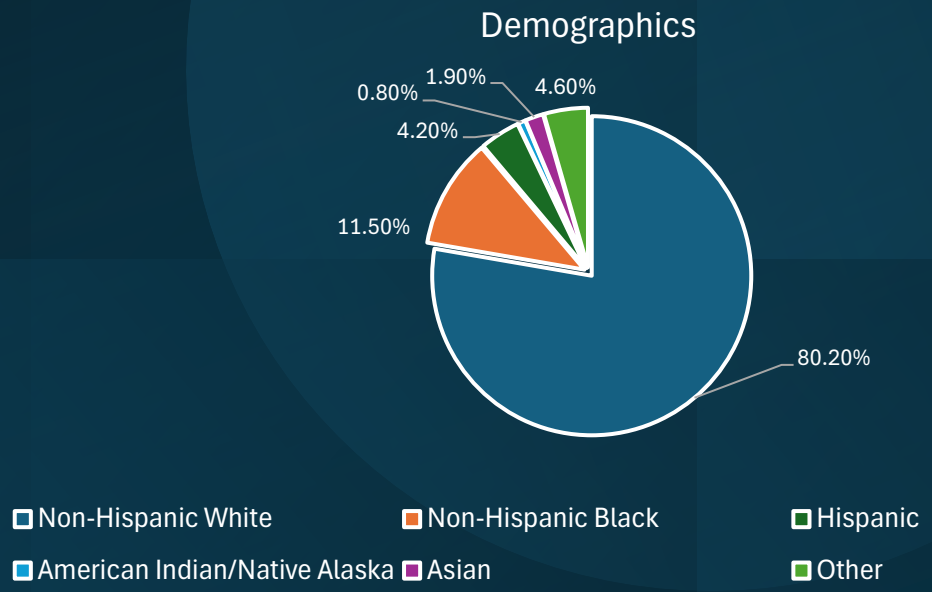
# Clinic Overview

| | |
|---|---|
| Number of patients seen | 9376 |
| Type 1 diabetes | 1990 (21.2%) |
| Type 2 diabetes | 3155 (33.6%) |



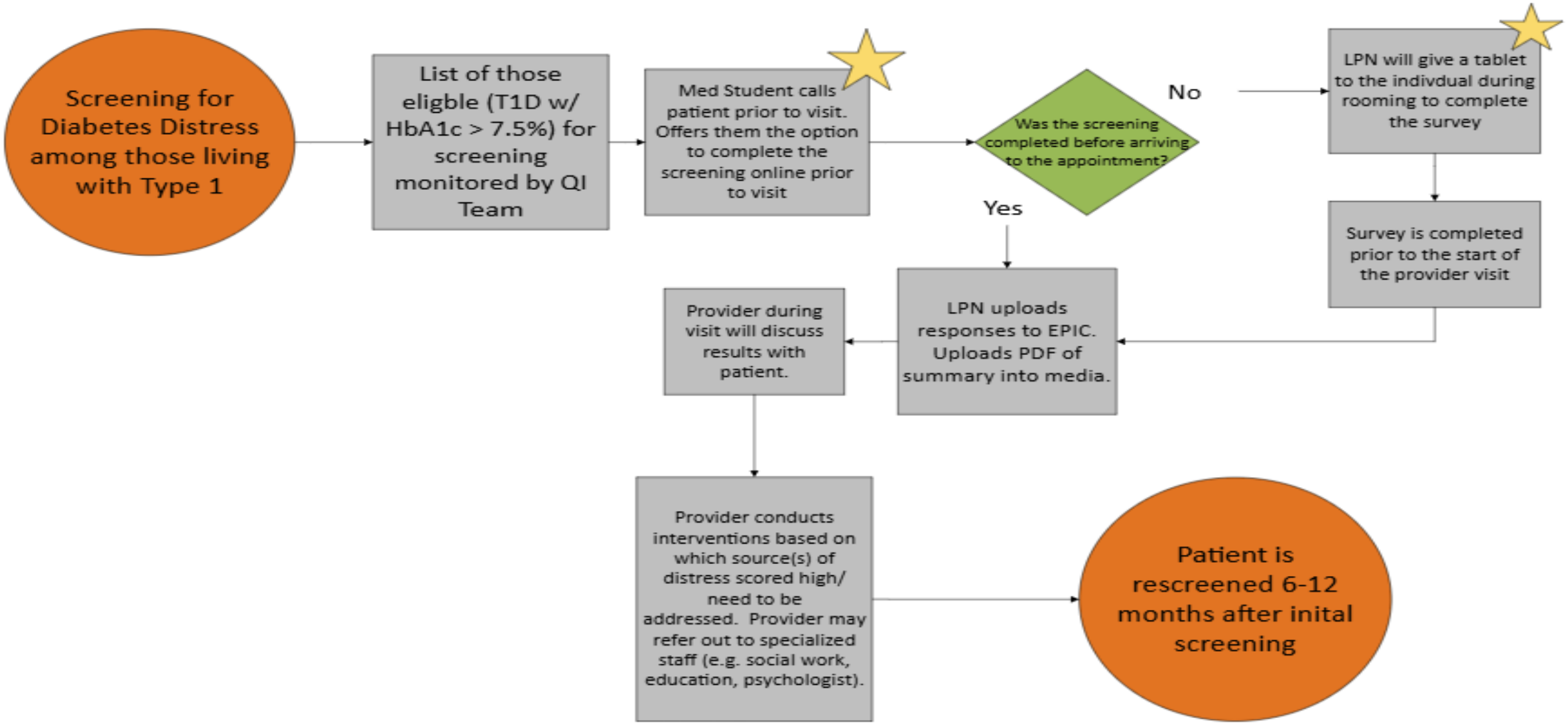




| Staff | |
|---|---|
| MDs | 9+ 2 incoming |
| APPs | 8 |
| Fellows | 7 |
| CDCES/DECS | 6 |
| RD | 3 |
| SW | 1 |
| Pharmicist | 1 |
| Psycholgist | 1 |

# Timeline

- October 2024 piloted w/ one provider. T1DDAS 30 item questionnaire.
- Early 2025, expanded to 3 other attendings
- June 2025 completed initial 64 screenings
- Fall 2025-Spring 2026: Epic Integration
  - Workflow Changes
  - Epic Builds
  - Staff Training
- May 2026
  - Formal go live for clinic wide implementation

# Pilot Process Map



# Pilot Lessons Learned

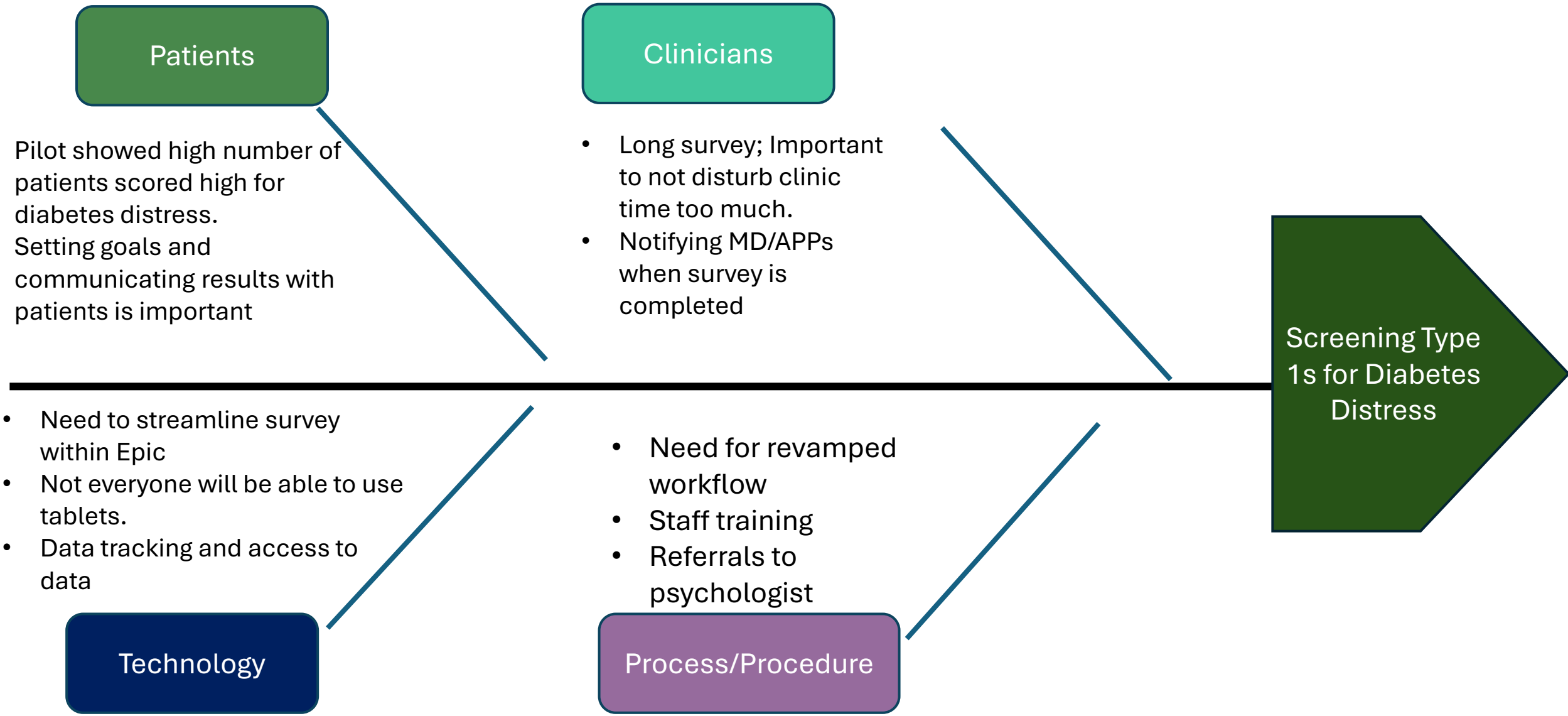
- Time constraints
- Need to have screening integrated into Epic
- Many high screening results shows both need and importance of addressing distress (goals, interventions, follow-up)
  - 50% scored >2 on core scale

# Expansion AIM

- To screen 75 % of all eligible Type 1s within 6 months of full clinic launch.

- Eligibility:
  - Type 1s new patient visit
  - Type 1 follow-ups + last HbA1c >9.0%

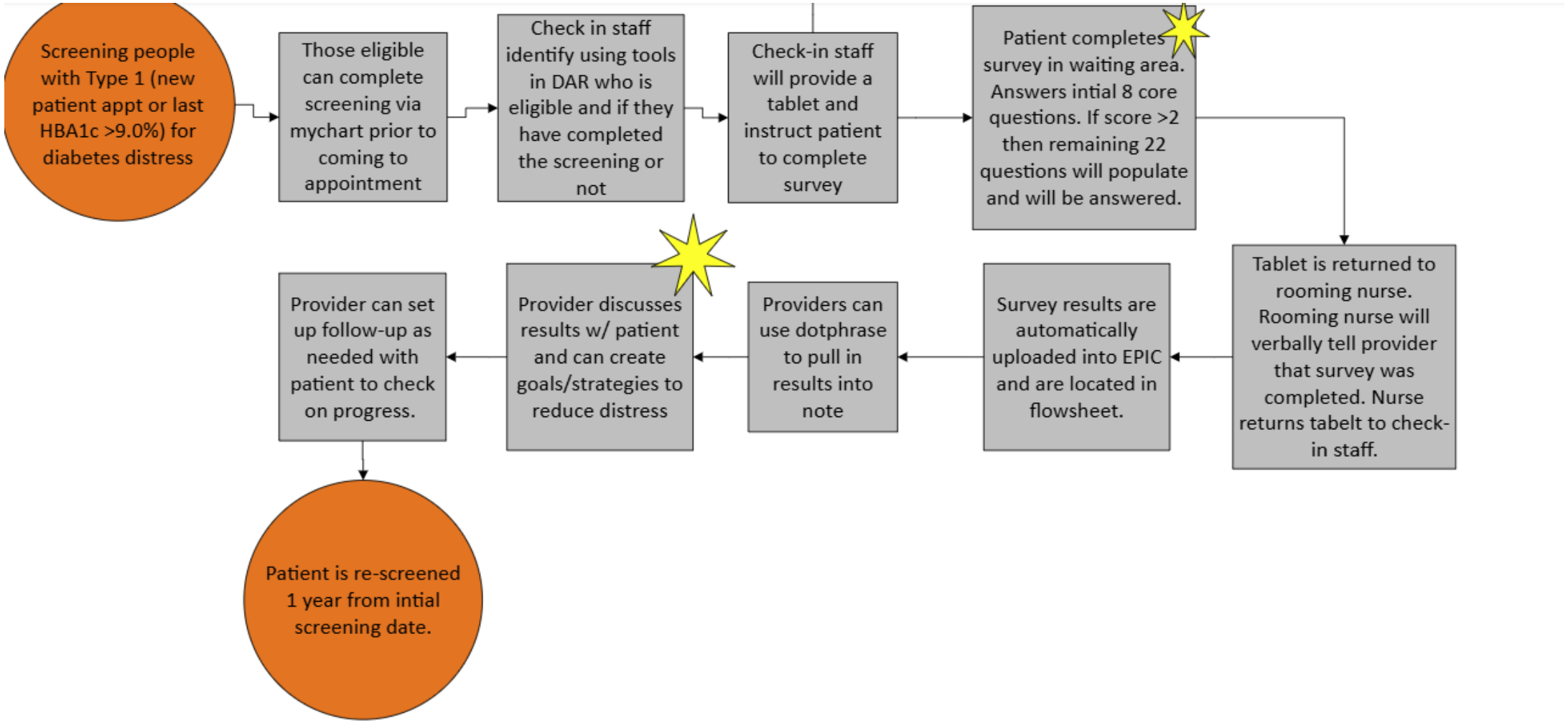
# Fishbone Diagram



# PDSA #1 – Epic Builds

- Flowsheet
- Mychart questionnaire
- Smartpharse
- DAR flag
- EPIC report

# PDSA #2- New Workflow



# PDSA 3- Staff Training

- Trained registration staff how to identify those eligible to be screened
  - Using the DAR flag
  - How to assign the tablet in EPIC/ setting up the serve on the tablet and distributing them

- Launched Program May 12th 2026.

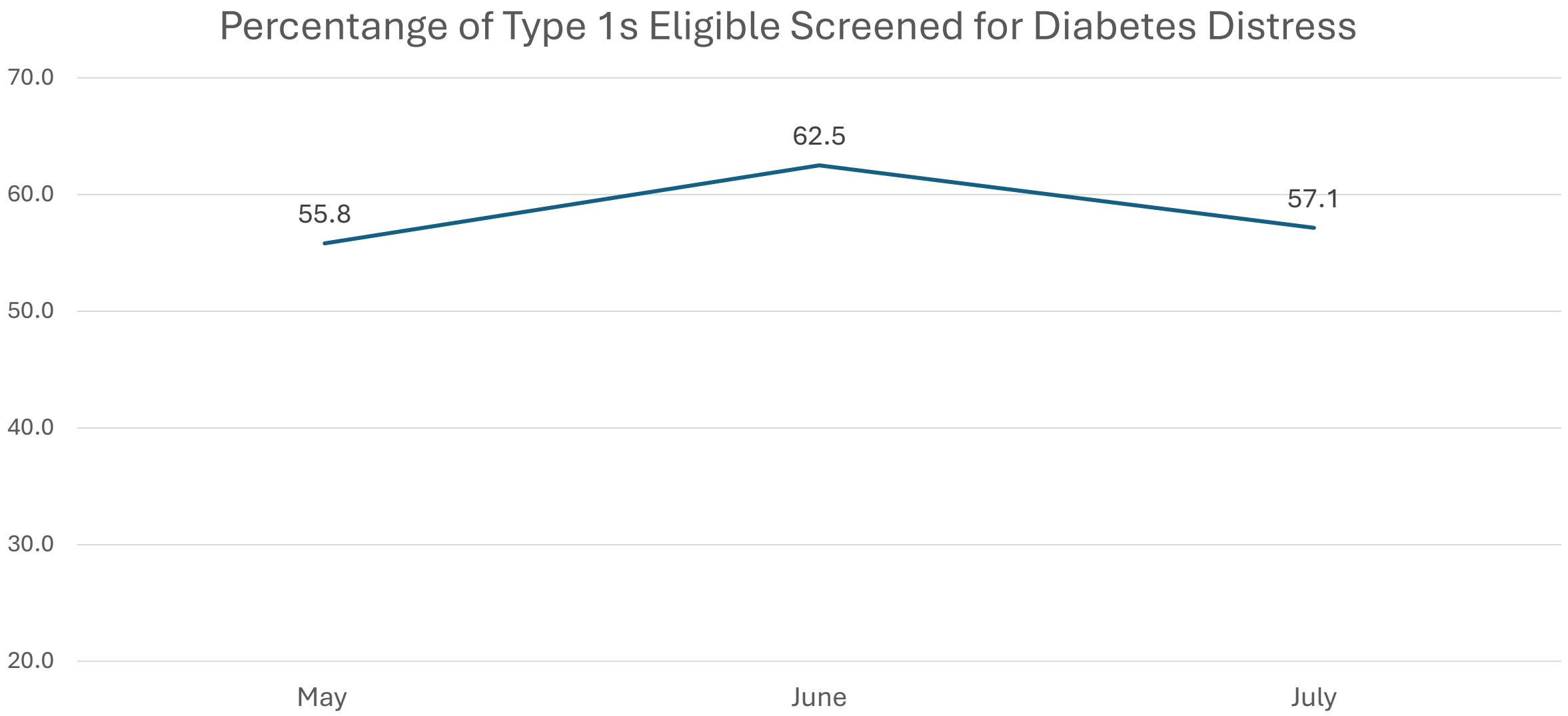
# Challenges Since Launch

- Bugs in Epic builds
  - Smartphrase not correcting pulling data into provider notes
- Accurate and up to date problem list
  - Non-type 1s with Type 1 problem on problem list
  - Newly created accounts/charts no type 1 problem added until first visit
- General tech issues with tablet
- Staff missing screening opportunities

## Limitations:

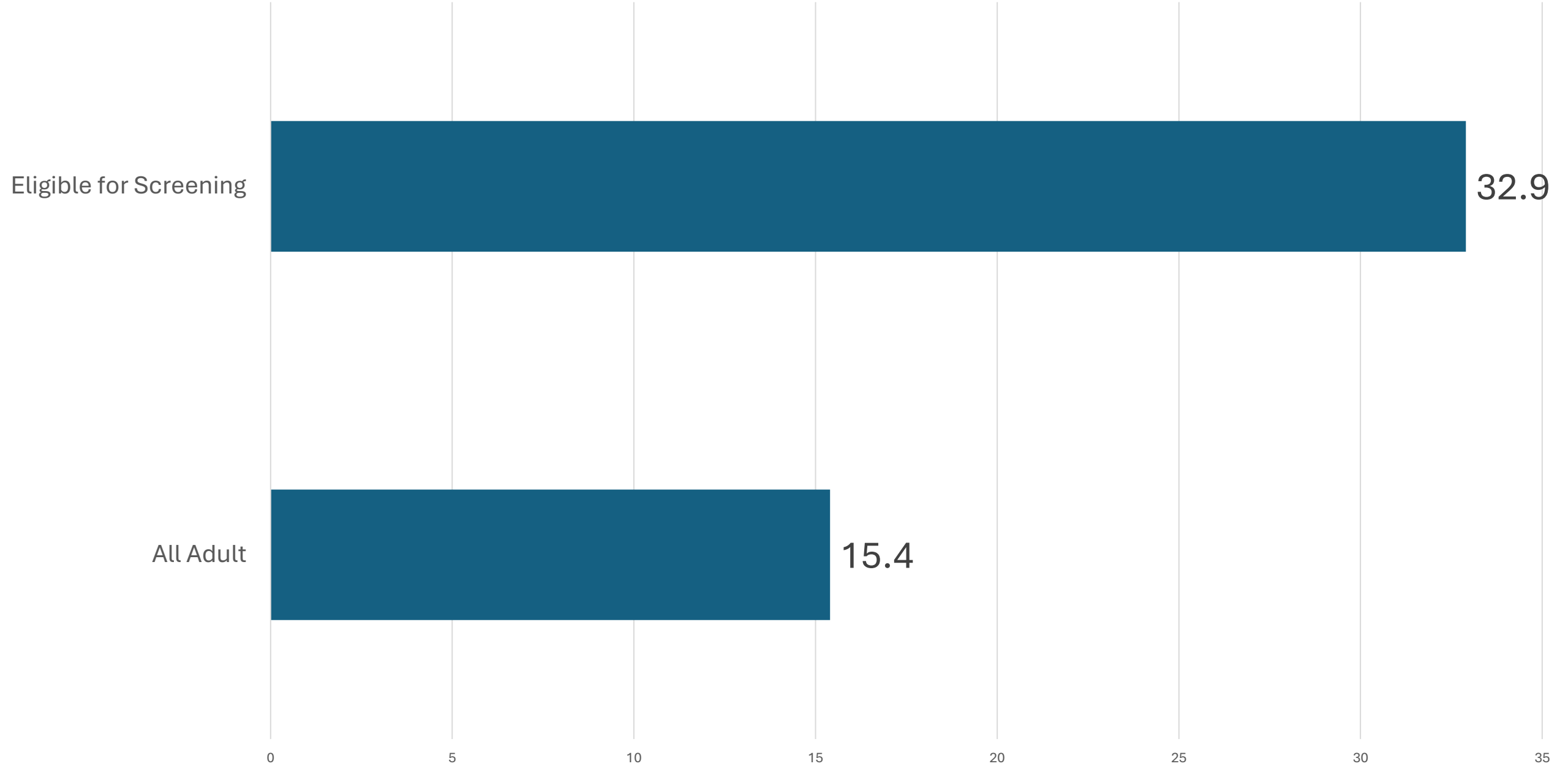
- Survey is only offered in English and Spanish.
- No process for telemed visits

# Early Results



| | Screened | Core Distress Score >2 | Core Distress Score <2 |
|---|---|---|---|
| Number of patients seen | 66 | 37 | 29 |
| Age (years), mean ± SD | 42 ± 18 | 40 ± 17 | 43 + 19 |
| Age (years), median | 37 | 38 | 36 |
| Sex | | | |
| Male | 38 (58%) | 19 (51%) | 19 (66%) |
| Female | 28 (42%) | 18 (49%) | 10 (34%) |
| Race | | | |
| Non-Hispanic White | 47 (71%) | 25 (68%) | 22 (76%) |
| Non-Hispanic Black | 12 (18%) | 7 (19%) | 5 (17%) |
| Hispanic | 5 (8%) | 3 (8) | 2 (7%) |
| Insurance | | | |
| Private | 31 (47%) | 14 (38%) | 17 (59%) |
| Medicaid/Medicare | 34 (52%) | 23 (62%) | 11 (38%) |
| Technology | | | |
| CGM Use | 62 (94%) | 35 (95%) | 27 (93%) |
| Pump Use | 35 (53%) | 17 (46%) | 18 (62%) |
| Mean Core Scale Score | 2.4 ± 1.2 | 3.3 ± 0.9 | 1.2 + 0.3 |
| Median Core Scale Score | 2.1 | 3.1 | 1.1 |
| Mean HBA1c | 9.6 ± 2.0 (66) | 10.1 ± 1.8 (37) | 9.0 + 2.0 (29) |
| Median HBA1c | 9.5 | 9.9 | 8.8 |

# No Shows (%) Eligible for Screening Vs All Adult Clinic



# Next Steps

- Provider follow-up
  - Stress importance of address results timely during visit to possible intervene and find ways to alleviate distress
    - Referrals to psychologist
- OPA?
  - Need auto reminders so providers know who scores high and help begin/facilitate conversations to address results
  - Alert Fatigue
- Long term goal:
  - Expand eligibility to all Type 1s.

# Questions?