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Background

- The 4T Program (Teamworks, Targets, Technology, and Tight control) at Stanford Children's aimed to intensify new onset type 1 diabetes (T1D) education.

- In the Pilot 4T Study, HbA1c improved by 0.5% at 12-months compared to historic controls.
- Certified and education specialists (CDCES) were key to the development and implementation of the program.

Objectives

- To describe the role of Certified Diabetes Care and Education Specialists (CDCES) in the development and implementation of the 4T Program at Stanford Children's Diabetes Clinic.

Methods

- Youth with new onset T1D start continuous glucose monitoring (CGM) the first month of T1D diagnosis and CDCES review CGM data weekly.
- CDCES (n=10) sends families electronic health record-based education and dose adjustment messages.
- Plan, Do, Study, Act (PDSA) cycles were utilized to determine the best workflow for the CDCES and for families to develop a scalable process for CGM review.
- All CDCES received an email with a link to an anonymous 6-question RedCap survey to assess their experiences with the study.

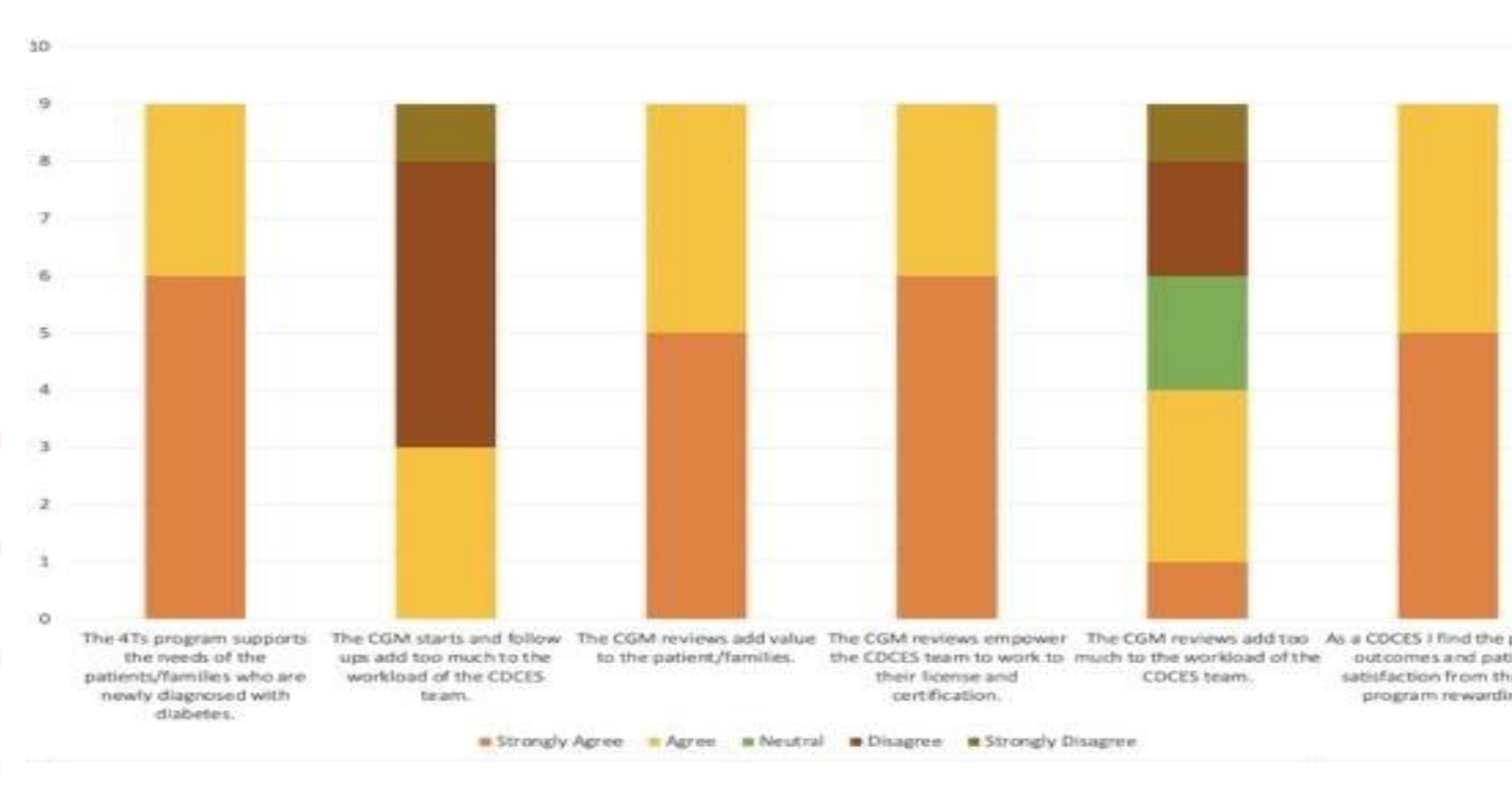
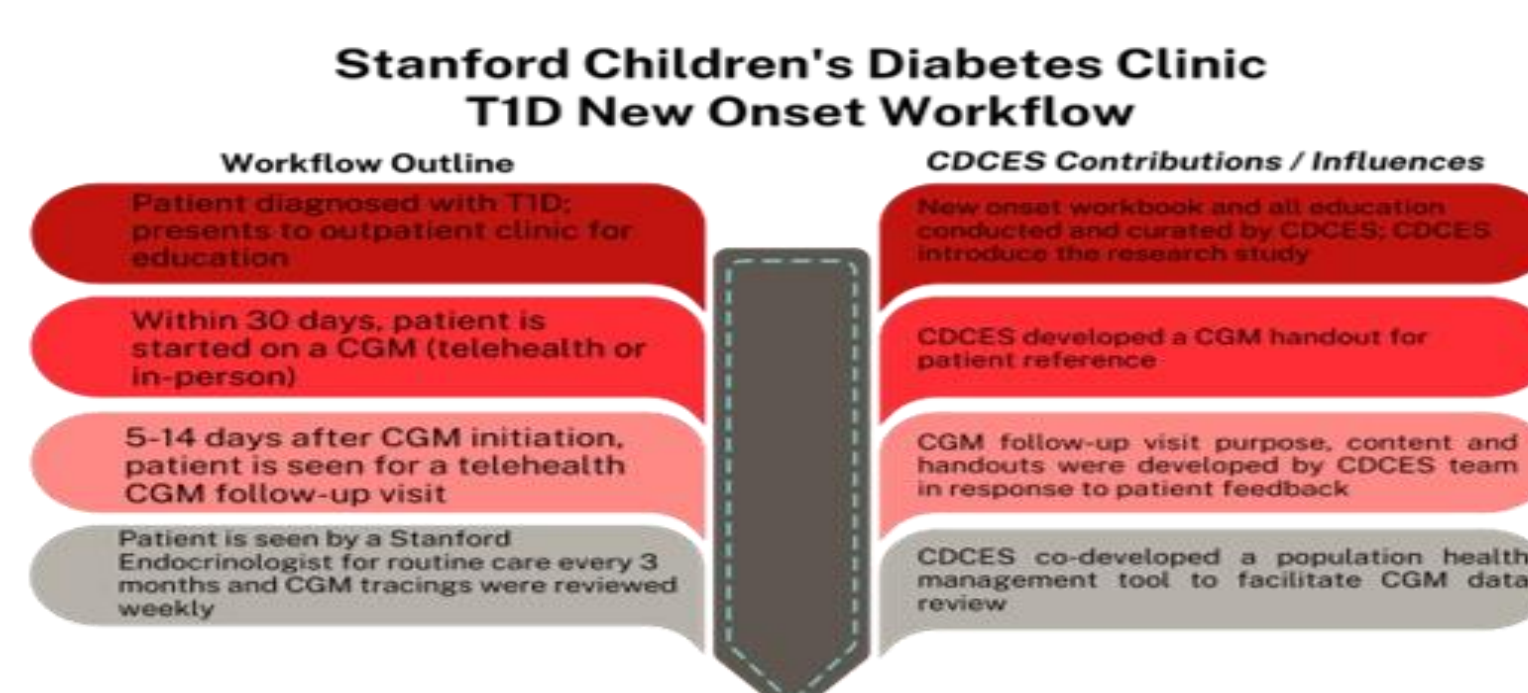
Table 1: Participant Characteristics

Participants	(n=135)
Age at T1D diagnosis, median (Q1-Q3), years	9.7 (6.8,12.7)
Sex (M/F)	M = 71 / F = 64
Insurance Type	77% Private / 23% Public
English	117 (86.7%)
Spanish	18 (13.3%)
HbA1c (%) at T1D Diagnosis, mean (SD)	12.2 (2.1)

for T1D new onset patients at Stanford Children's Diabetes Clinic.

Table 1 Continued

Participants	(n=135)
Non-Hispanic White, n (%)	50 (37%)
Hispanic	25 (18.5%)
Asian/Pacific Islander, n (%)	17 (12.6%)
Other	11 (8.1%)
Unknown	32 (23.7%)



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Outcomes

- During the 4T pilot study, a total of 135 youth were started on CGM (Table 1). The team developed a workflow for CGM initiation, follow-up, and education as well as handouts for patients.
- The CDCES team reviewed the CGM tracings of a subset of participants (n = 89) and helped co-develop a population health dashboard to facilitate CGM data review. CDCES input helped engineering colleagues define a workflow (Figure 1) that allowed the growth of this program without increasing the number of CDCES on the team.
- The survey was completed by 90% of CDCES. Some CDCES (n=3) felt that the process of starting CGM on all patients with new onset T1D and a 1-week follow-up added burden to their workload. Another 44% (n=4) felt that weekly CGM reviews added to the workload (Figure 2).

Conclusions

- While the 4T Program added to the CDCES workload, they all felt that the program was beneficial to patients and families and rewarding for the CDCES team.
- Incorporating CDCES perspectives into program development can lead to successful program development and increased job satisfaction.
- CDCES teams should play an essential role in program development for the care of youth with T1D.

References

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