

Background

- Continuous glucose monitor (CGM) use is associated with improved outcomes in type 1 diabetes (T1D), however there remain significant disparities in the use of diabetes technologies.
- Public insured children with T1D were found to have the lowest rates of CGM use. At our clinic, from a cohort of 116 Medicaid insured children, although 83% were prescribed a CGM in 2019, just 46% were able to obtain and wear the device.

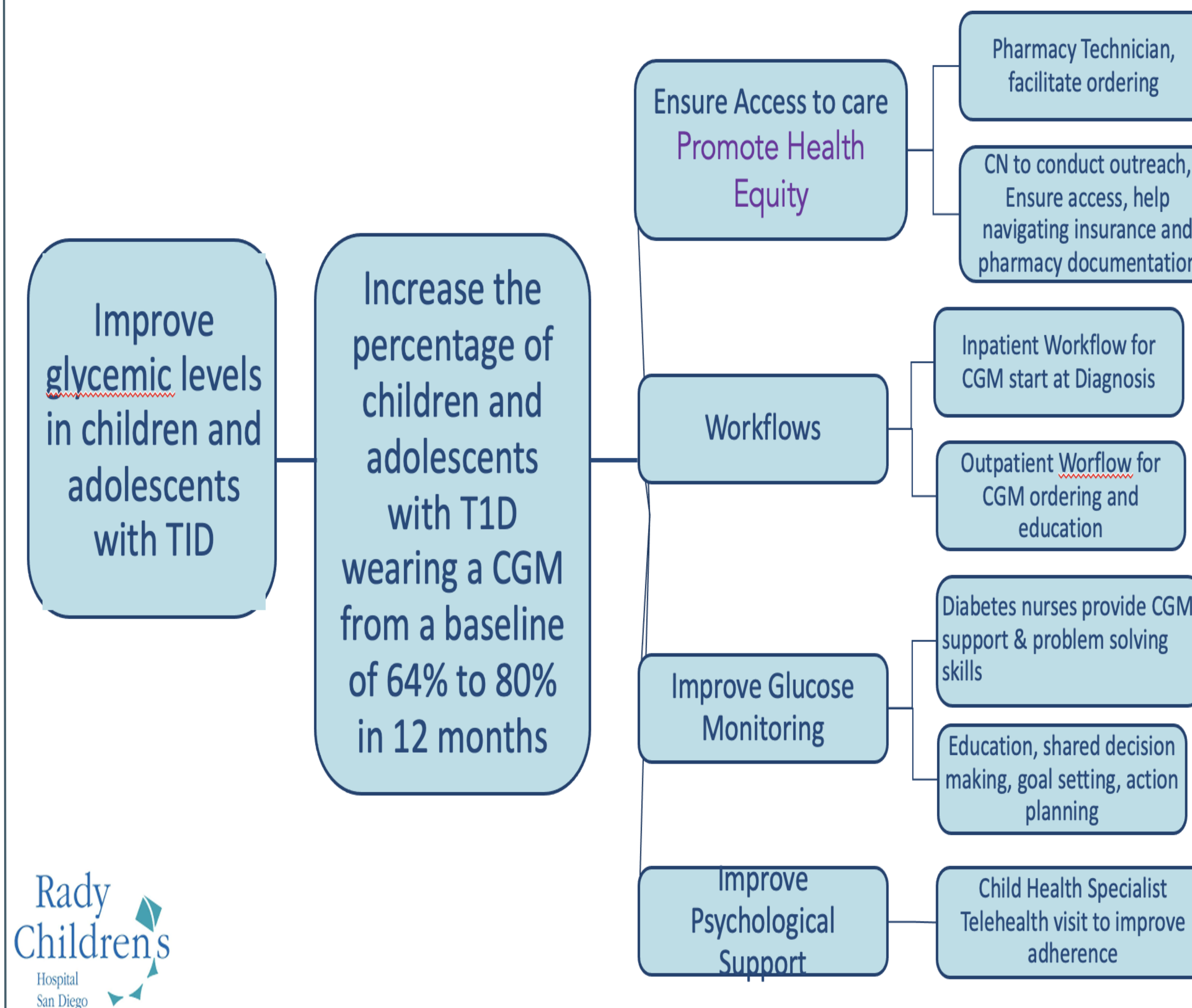
Aim Statement

To increase the percentage of children and adolescents with T1D wearing a CGM from a baseline of 64% to 80% in 12 months. (Feb 2021 to Feb 2022)

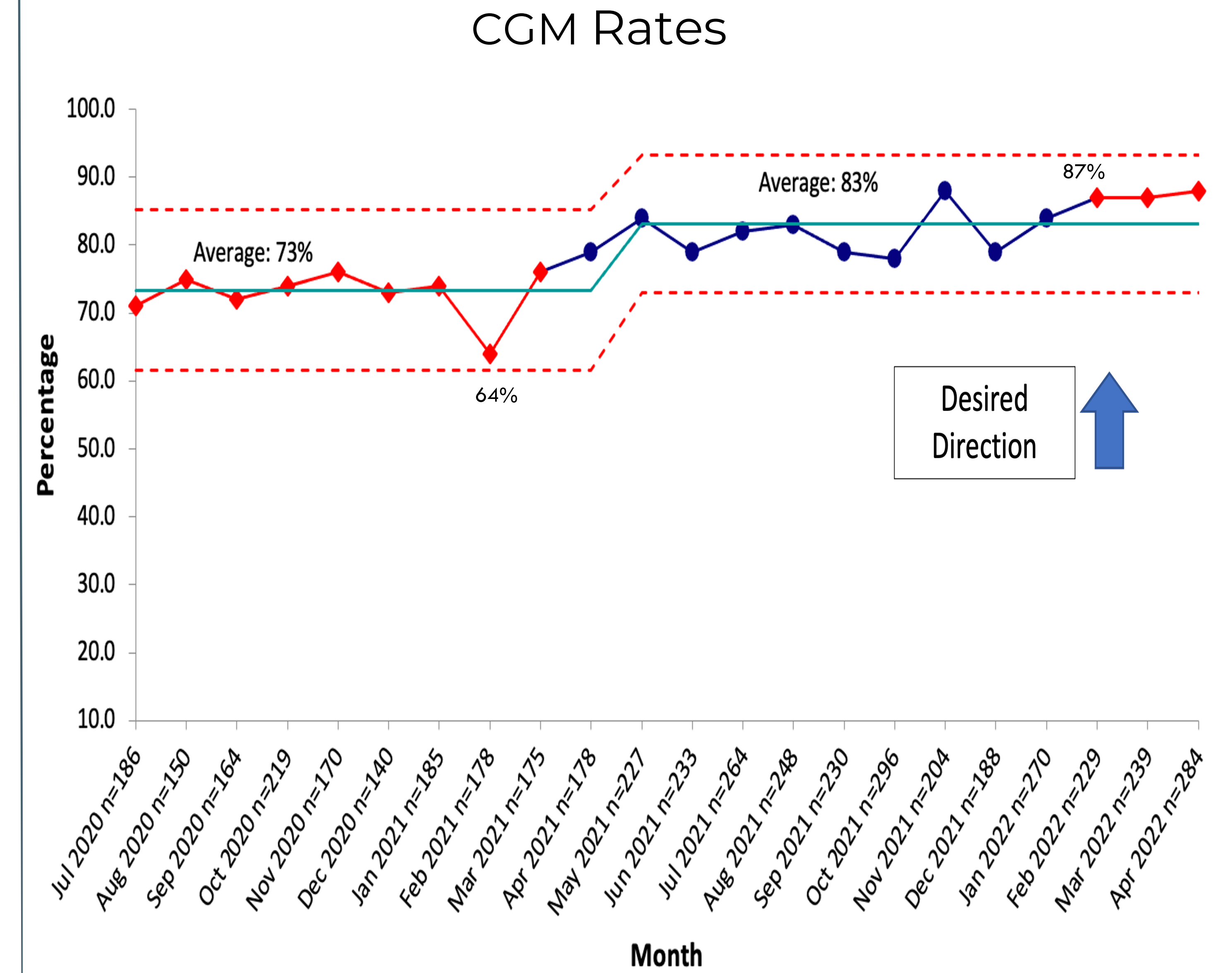
Methods

- As a participating clinic of the T1D Exchange QI Collaborative, we obtained monthly aggregate data over the intervention period using the electronic health record.
- A multidisciplinary team was formed to define the existing process, and with feedback from patients, providers and staff, we identified key change concepts to reduce disparities and increase access to CGM. These were tested in series of PDSA cycles.

Key Driver Diagram



Results



As of February 2022, the percentage of patients wearing a CGM increased by 23% from February 2021 baseline of 64% to 87% (goal: 80%), reaching 88% on April 2022.

Conclusions

Family and patient centered interventions, support for social determinants of health which may impact diabetes technology access, staff training, local and State level advocacy and efficient workflow substantially increased CGM use among all children and adolescents with T1D.

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