

## Background

- The relationship between more frequent clinic visits and improved HbA1c levels in people with type 1 diabetes (T1D) has been reported.
- The ADA recommends quarterly follow up for routine diabetes care, but this is not always attained.

### Aim Statement

To increase the percentage of Medicaid insured children with type 1 diabetes who attended 4 or more clinic visits per year from May 2021 baseline of 53% to 75% by May 2022.

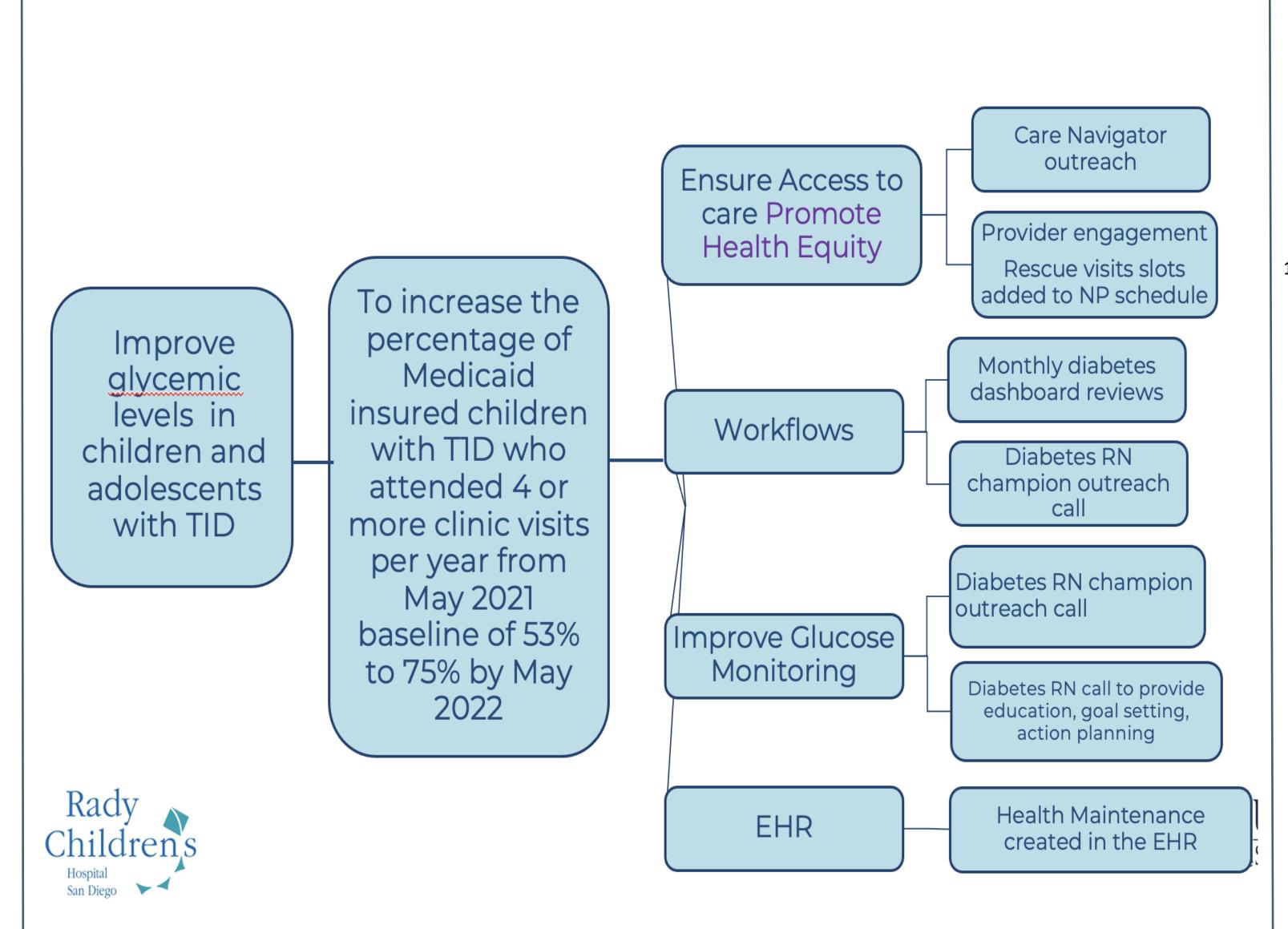
### Methods

- A diabetes clinic dashboard within our electronic health record (EHR) system allowed our team to identify children and adolescents with TID from a subset of Medicaid insured cohort (n=100) due to a clinic visit (>4 months) and without a future appointment scheduled.
- A multidisciplinary team identified key change concepts. These were tested in series of PDSA cycles.

# Increasing Frequency of Clinic Visits among Medicaid Insured Children and **Adolescents with Type 1 Diabetes**

<sup>'</sup> Carla Demeterco-Berggren<sup>1,2</sup>, MD, PhD; Giana Reuter<sup>1</sup>, CPNP, BSN, MSN; Kim McNamara<sup>1</sup>, RN, BSN, CDCES; Jodi Peterson<sup>1</sup>, RN, BSN; Yashia Saenz<sup>1</sup>, PCC; Drisana Moss<sup>1</sup>, BSN, RN; Karen Anaya<sup>1</sup>, RN, BS, CHTP; Rhonda Sparr-Perkins<sup>1</sup>, BSN, MBA; Keri Carstairs<sup>1,2</sup>, MD, MBA, FACEP, FAAP; Michael Gottschalk<sup>1,2</sup>, MD, PhD Rady Children's Hospital, San Diego<sup>1</sup>, University of California, San Diego<sup>2</sup>, California, USA

# Key Driver Diagram



# Interventions

1. Monthly diabetes dashboard review

2. Care navigator outreach

3. Provider engagement

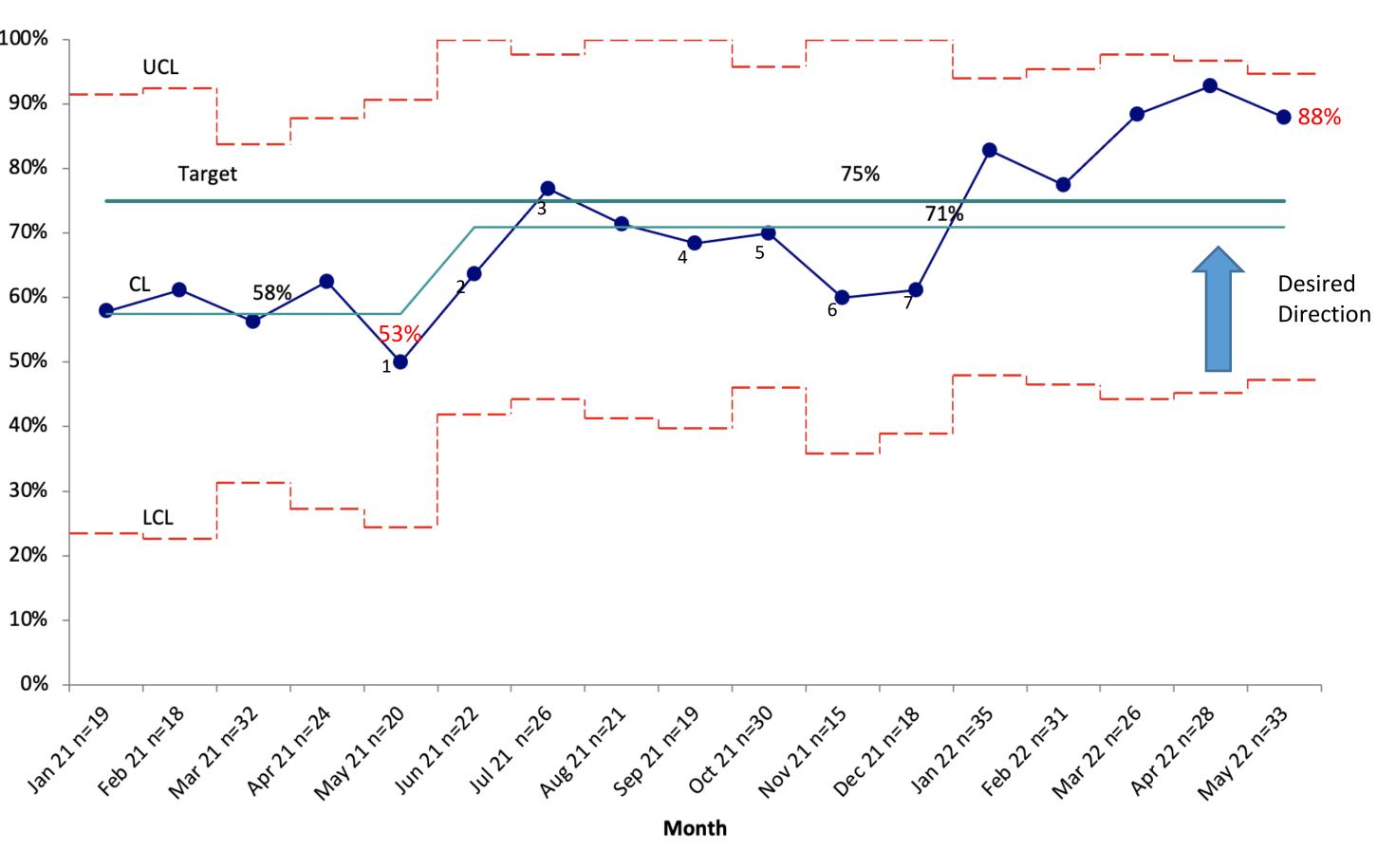
4. Rescue visits slots added to NP schedule

5. Care navigator appointment reminder call

6. Health Maintenance created in the EHR

7. Diabetes RN champion outreach call





As of May 2022, the percentage of children with TID who had four or more clinic visits per year increased by 35% from May 2021 baseline of 53% to 88% (goal: 75%)







## Results

p Chart Percentage of CKC insured patients with T1D who attended 4 or more outpatient clinic visits in the past 12 months

### Conclusions

 Continued follow-up of this population will help identify barriers to clinic attendance and the interventions with the most impact.

 New strategies to address inequities and improve visit frequency in TID are needed.

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