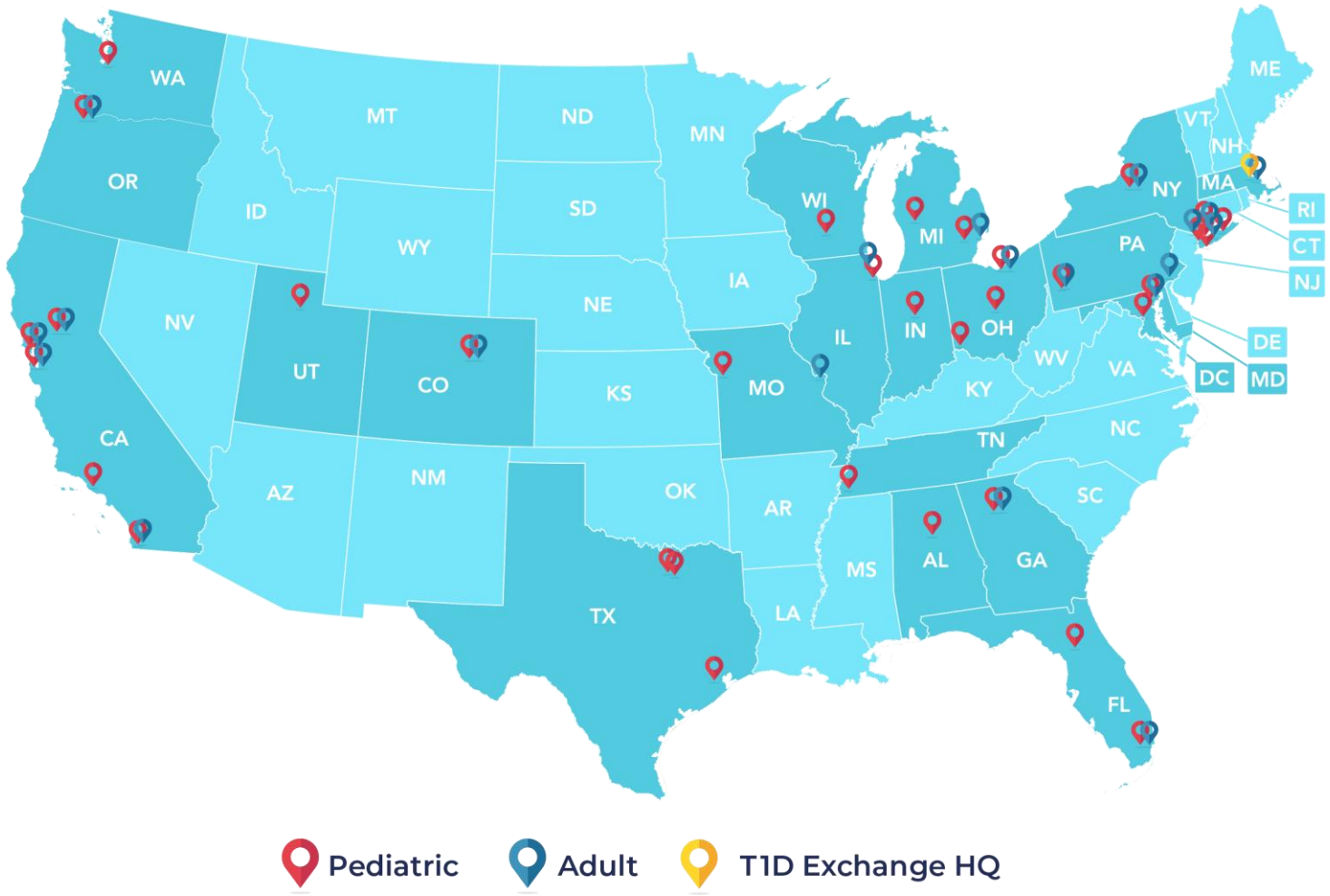
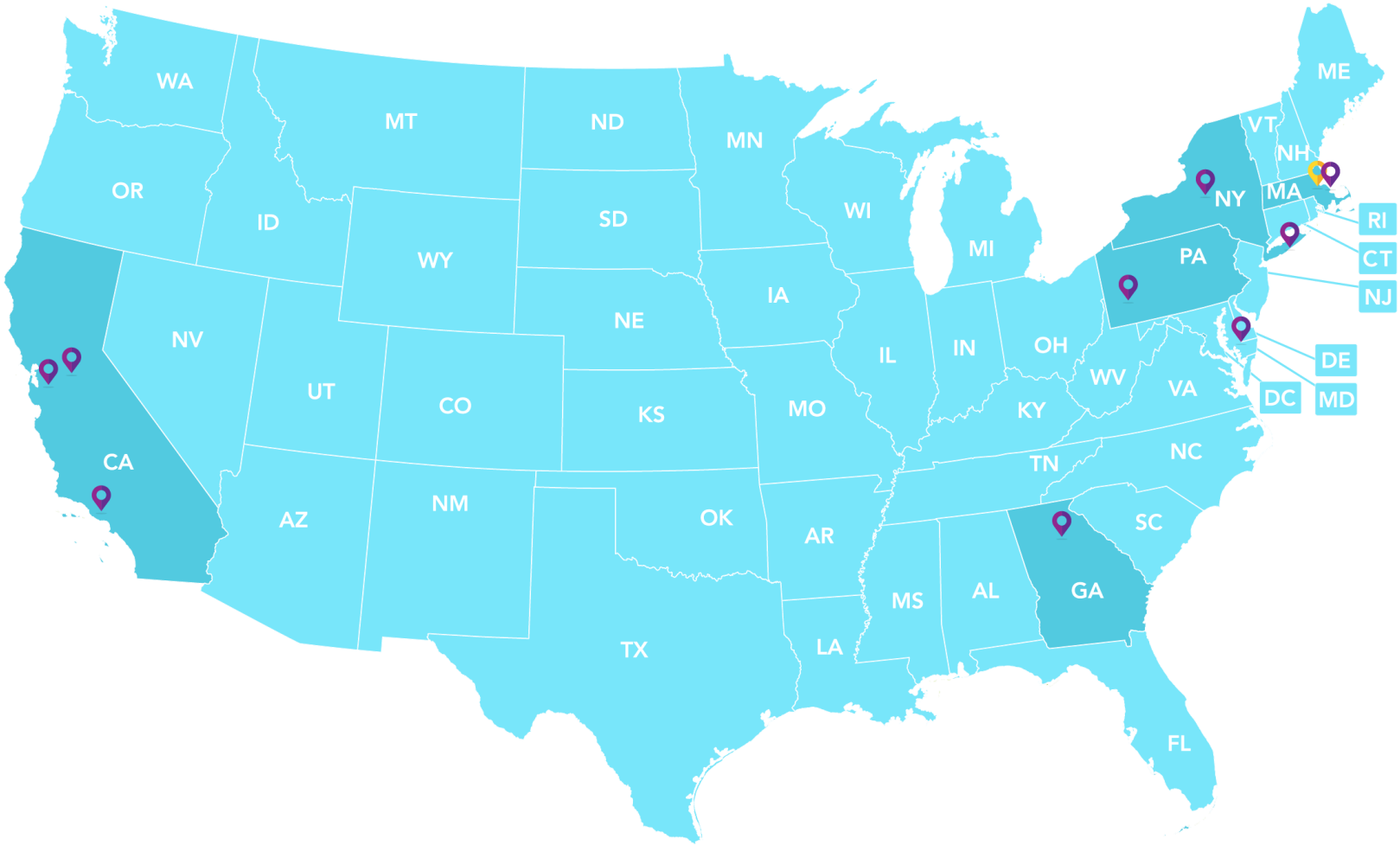
T1D Exchange Updates

T1DX-QI network of 55 centers, caring for 85,000+ T1D patients across 21 states and Washington D.C.

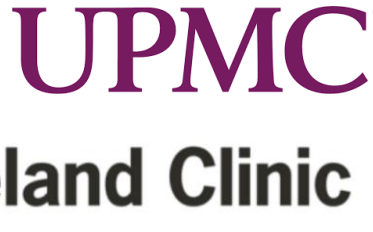


Priya Prahalad, Nicole Rioles et al. T1D Exchange Quality Improvement Collaborative: Accelerating Change through Benchmarking and Improvement Science for People with Type 1 Diabetes. Journal of Diabetes. Nov. 2021

T2DX-QI has expanded to 9 centers across 6 states



35 pediatric clinics – caring for 55,000 patients with T1D

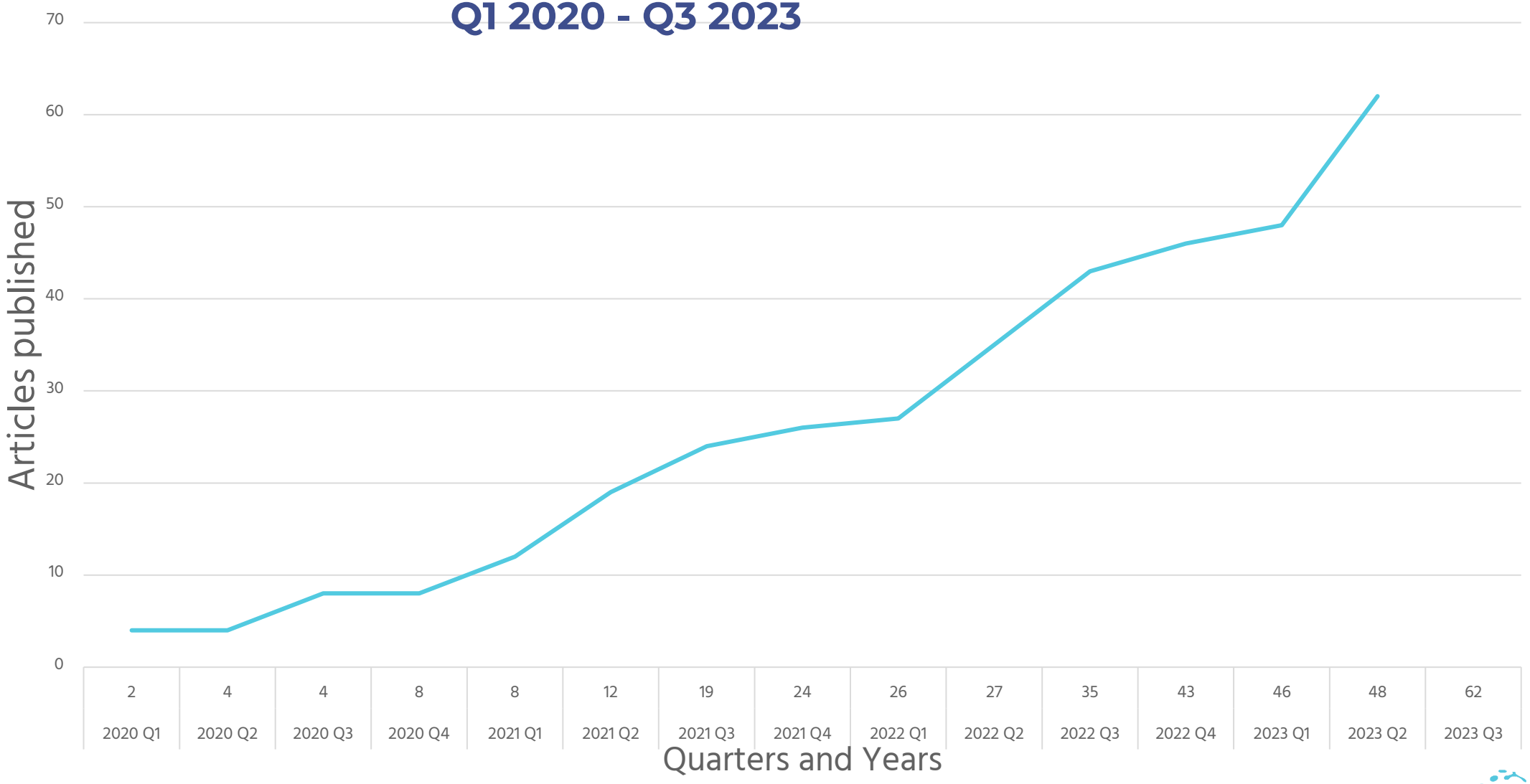


35 participating pediatric clinics

Barbara Davis Center Todd Alonso MD	Helen Devos Children's Donna Eng MD	Rady Children's Carla Demeterco Berggren MD PhD	University of Florida Laura Jacobsen, MD
Children's Mercy Hospital Mark Clements MD PhD	Indiana University Health Tamara Hanon MD	Seattle Children's Hospital, Faisal Malik MD, MSHS and Alissa Roberts MD	UPMC Alissa Guarneri, MD, MBOE
Children's Hospital Los Angeles Brian Miyazaki, MD	Johns Hopkins, Risa Wolf MD	Stanford University Priya Prahalad MD	University of Miami Janine Sanchez MD
Cincinnati Children's Hospital Sarah Corathers MD	Le Bonheur Children's, U TN Grace Bazan MD	SUNY Roberto Izquierdo MD	UC Davis Stephanie Crossen MD & Caroline Schulmeister, MD
CHOA Kristina Cossen MD	Lurie Children's Naomi Fogel MD	Texas Children's, Daniel DeSalvo MD	UCSF Jenise Wong MD
Children's Medical Center Abha Choudhary, MD	Mott Children's Joyce Lee MD	NYU Langone: Accacha MD. Hassenfeld Children's Hospital at NYU Mary Pat Gallagher MD	University of Utah, Intermountain Healthcare Vandana Raman MD & Allison Smego MD
Cleveland Clinic, Andrea Mucci MD MASc	Mount Sinai Robert Rapaport MD	Oregon Health & Science University Ines Guttmann-Bauman MD	University of Wisconsin, Madison Liz Mann MD
Cohen Children's Medical Center, Northwell Health, Jennifer Sarhis MD & Allison Mekhoubad MD	Nationwide Children's Manu Kamboj MD	University of Alabama Mary Lauren Scott MD	Weill Cornell Zoltan Antal MD
Cook Children's Paul Thornton MD & Susan Hsieh MD			

T1D Publication Journey

Cumulative number of articles published, Q1 2020 - Q3 2023

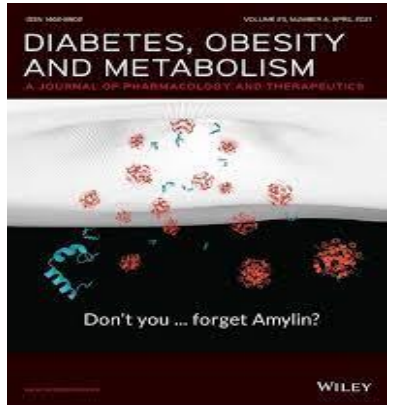


T1D Exchange

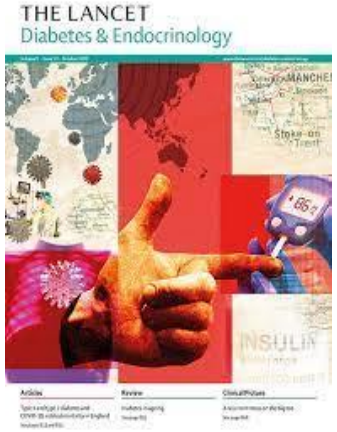
T1DX-QI Publications

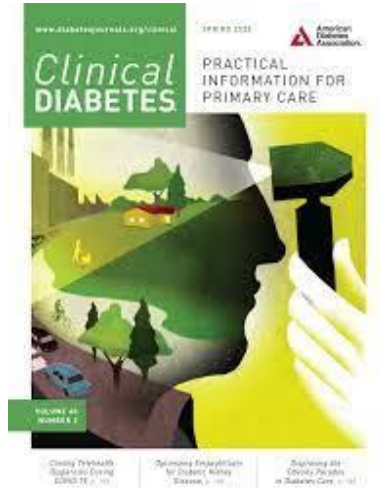
We have published 62 papers together!

We are grateful for all your contributions.

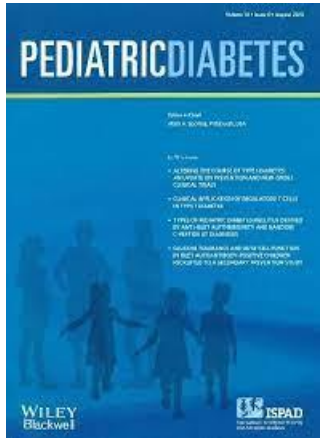


JAMA®
The Journal of the American Medical Association





nature



T1D Exchange

Learning Session

When: November 14-15 (Tues-Wed)

Where: NYC, Westin Grand Central

T1DX-QI Collaborative Fun Run 5k

2023 Learning Session Abstracts

We are excited to share that there were 45 accepted abstracts for the 2023 November Learning Session!

We are thrilled to continue our partnership with *Journal of Diabetes* again this year and look forward to seeing these go live before the Learning Session!

Learning Session Agenda

Day 1 November 14, 2023	
7:00 - 8:00 am	**Breakfast**
8:00 - 8:10 am	**Greetings, Logistics, and Agenda Overview,** *Nicole Rioles*
8:15 – 8:55 am	**Introduction and Welcome from New York Adult PI's,** *Moderated by Devin Steenkamp*
9:00 – 9:20 am	**Partnering with T1D Exchange,** *Dave Walton*
9:20-9:50 am	**Improving Outcomes for PwT1D,** *Osagie Ebekozien*
9:50 - 10:10 am	***T1D Exchange and Journal of Diabetes* Partnership,** *Robert Rapaport and David Bloomgarden*

Learning Session Tuesday November 14 (continued)

10:00- 10:15 am	Break
10:15-11:15 am	***Diabetes Care in NY: A Discussion with Pediatric Collaborative PIs,*** *Moderated by Todd Alonso*
11:20 - 12:30 pm **Breakout Session 1**	**Health Equity Session,** *Moderated by Joyce Lee* **Social Determinants of Health,** *Moderated by Francisco Pasquel* **Psychosocial Support,** *Moderated by Marina Basina* **Access &Transitions of Care,** *Moderated by Manu Kamboj*
12:30-1:30 pm	**Lunch**
1:30-2:00 pm	***International Comparisons in Diabetes Outcomes: Lessons from Abroad,*** *David Maahs*

Learning Session Tuesday November 14 (continued)

2:05 - 3:10 pm **Breakout Session 2**	**Health Literacy & Education,** *Moderated by Carol Levy* **New Therapies and Devices for Early Career Practitioners** *Moderated by Linda DiMeglio* **Care Models and Outcomes,** *Moderated by Mark Clements* **Insight from the T1D Exchange,** *Moderated by Abha Choudhary*
3:10-3:20 pm	**Collaborative Group Photo**

T1D Exchange | 101 Federal Street, Suite 440 | Boston, MA 02110
qi@t1dexchange.org | t1dexchange.org

4:00-5:00 pm	**New York Hospital Tours** *Mount Sinai and NYU Langone*
7:00-9:00 pm	**Dinner at Arno** for RSVPed attendees

Day 2

November 15, 2023

7:00-8:00 am	**Breakfast**
8:00-8:30 am	**Logistics and Awards,** *Nicole Rioles*
8:30-9:00 am	**JDRF Vision,** *Sanjoy Dutta*
9:05-10:10 am **Breakout Session 3**	**Insulin Delivery, Pumps, Pens, Inhaled, Looping/DIY, HybridClosed Loop,** *Moderated by Viral Shah* **Remote Monitoring, Digital Health, Data Science & Use of Data,** *Moderated by Halis Kaan Akturk* **Building Your Career in T1D Research,** *Moderated by Linda DiMeglio* **Shared Decision Making,** *Moderated by Anastasia Albanese O'Neill*
10:10- 10:25 am	Break

T1D Exchange

Group Photo Will be Taken Before Clinic Tours

Learning Session Wednesday November 15

10:25 – 11:30 am	**Funding Opportunities form the Helmsley Charitable Trustand JDRF, Panel Discussion** Deniz Dalton, Laurel Koester, Sean Sullivan, Danny Kovarik and Anastasia Albanese-O'Neill
11:30 – 12:00 pm	**Supporting People w/Diabetes to be Self-Advocates,** *Marissa Town*
12:00-1:00 pm	**Lunch**
1:05-1:25 pm	**Perspectives from People with Diabetes,** *Shivani Agarwal*
1:30- 2:50 pm **Breakout Session #4**	1. ***Committee & Working Group Updates:*** *Diabetes Distress; Hybrid Closed Loop; Transitions of Care; Glucose Monitoring* 2. ***QI Champions***
2:50-3:00 pm	**Wrap-up and Evaluation,** *Dave Walton*

All times in EST

T1DX-QI November Learning Session Virtual Attendance

zoom

T1DX-QI 2023 November Learning Session

Date & Time Nov 14, 2023 07:30 AM
Nov 15, 2023 07:30 AM

Time shows in Eastern Time (US and Canada)

Meeting Registration

First Name*
First Name
This field is required.

Last Name*
Last Name
This field is required.

Email Address*
join@company.com
This field is required.

City
City

State/Province
Select state/province

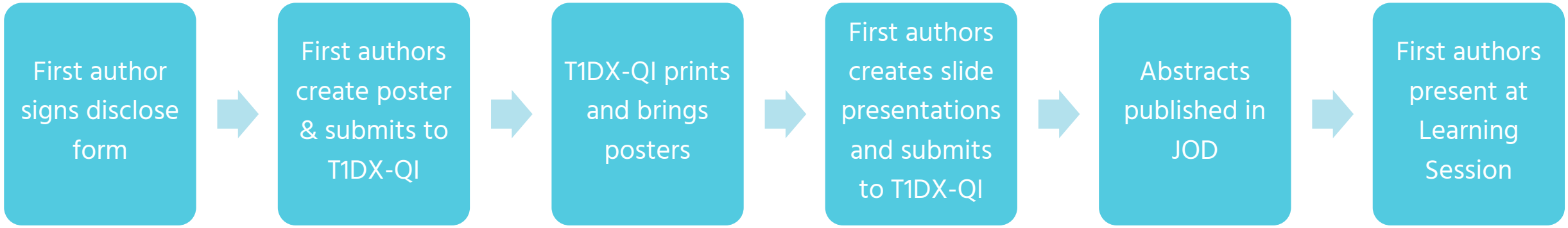
Organization*
Your organization

Credentials*

Information you provide when registering will be shared with the account owner and host and can be used and shared by them in accordance with their Terms and Privacy Policy.

Register

Presentations Reminders



- Share BU CME Disclosure forms by October 1st
- Please share your draft slides for CME by October 8th
- Please share your posters for printing by October 15th
- Share Final slides for presenting at the Learning Session by October 27th

Pre/Post learning

Clinical Presentation:

Weill Cornell Medicine
Pediatrics

NewYork-Presbyterian
Komansky Children's Hospital

Transitioning Children and Adolescents to HCL Insulin Pumps

Emily Coppedge, CPNP, CDCES

September 21, 2023

Learning Objectives

- Review rationale for promoting HCL use to improve A1c and TIR
- Review cycles to discuss efficient and inefficient PDSA cycles
- Review importance of choosing 'right' HCL with the patient

Questions

1. Which of the following are benefits of HCL pumps?
    a. Increased TIR
    b. Improved A1c
    c. Improved sleep quality
    d. All of the above

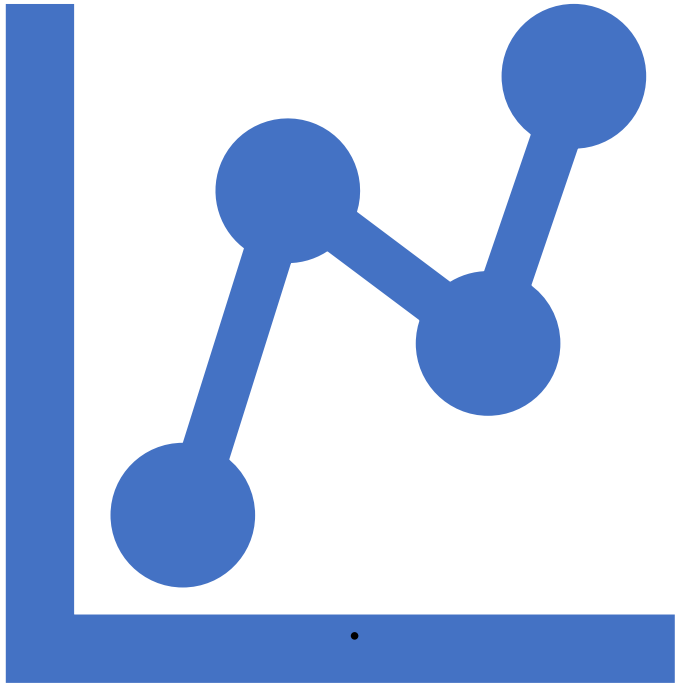
2. True/False: We saw a 1% improvement in A1c amongst all pump users

WCM Peds Endocrine/ NYP-Cornell

- Located in NYC on the Upper East Side
- Practice Make Up
  - 5 MDs
  - 3 Fellows
  - 2 Nurse Practitioners (1 CDCES)
  - 2 RNs
  - 1 RD, CDCES
  - Social Worker
- 184 T1D, 35 T2D
- Type 1: 42% Medicaid/58% Private

How our plans started:

- End of 2021- Looking for a direct effect on A1c
- Omnipod 5 with pending FDA approval
- Mid pandemic with provider burnout
- In short- we needed a win, and so did our patients



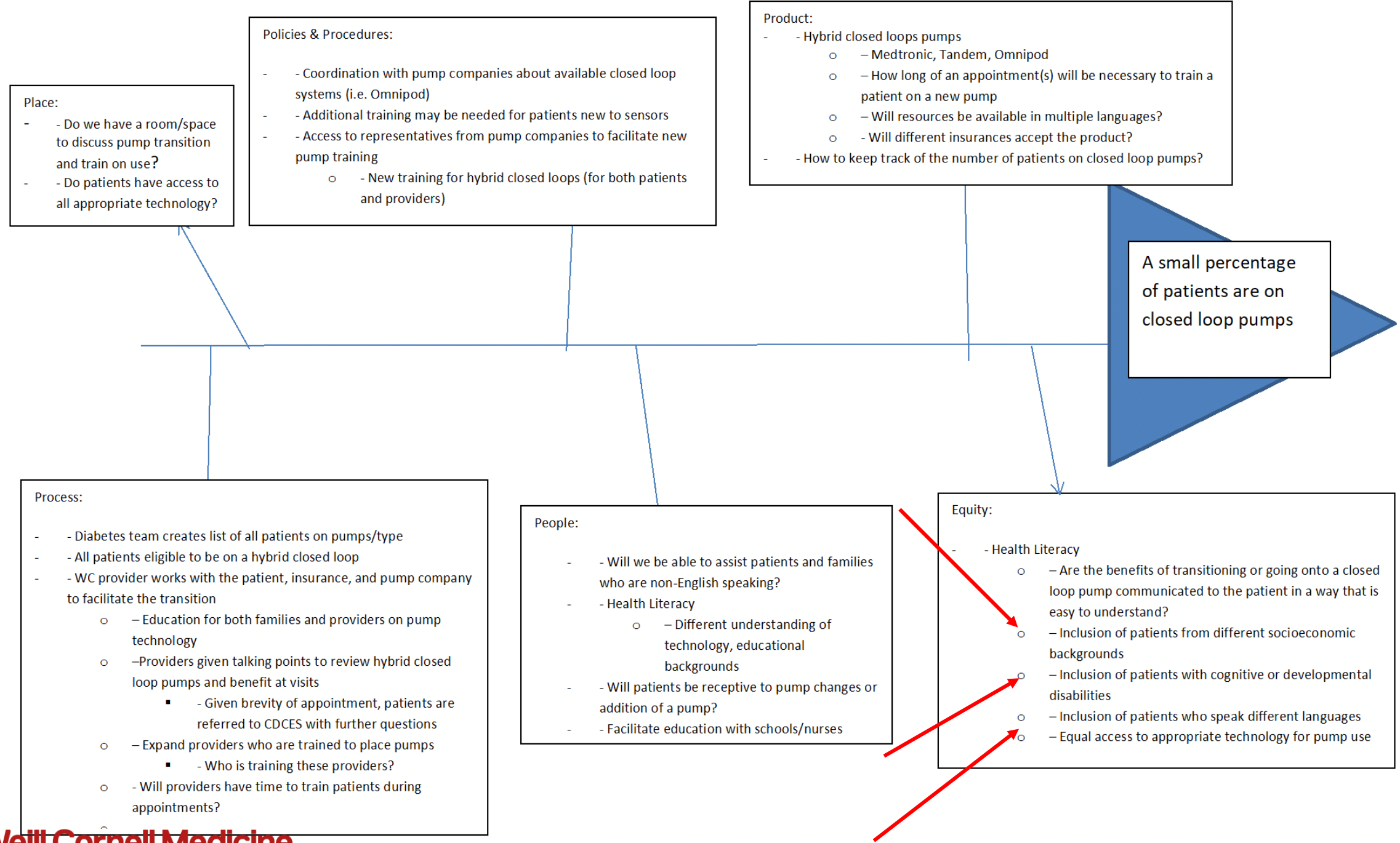
Problem and Aim Statement

Problem:

- A small percentage of patients are on closed loop pumps. Data suggests that closed loop pumps --> improvements in blood sugar control and A1C, TIR

Aim statement:

- Within 12 months, 50% of all pump users will be on a hybrid closed loop pump



Weill Cornell Medicine
Pediatrics

HCL KDD

Aim

Within 12 months, 50% of all pump users with Type 1 Diabetes will be on a hybrid closed loop pump

Primary Drivers

- Health Literacy/Education and Support
- Social Determinant of Health
- Glucose monitoring
- Psychosocial Support

Change Ideas

Health Literacy/Education and Support

- Pump education provided in-person and virtually with both digital and physical copies of education materials available
- Assessing individual patient readiness and create clear action steps
- Referral to nutrition to understand carb counting
- Pump education class
- Pump training sessions

Social Determinant of Health

- Barriers to pump use (insurance approval, time required for training, pump acceptance)

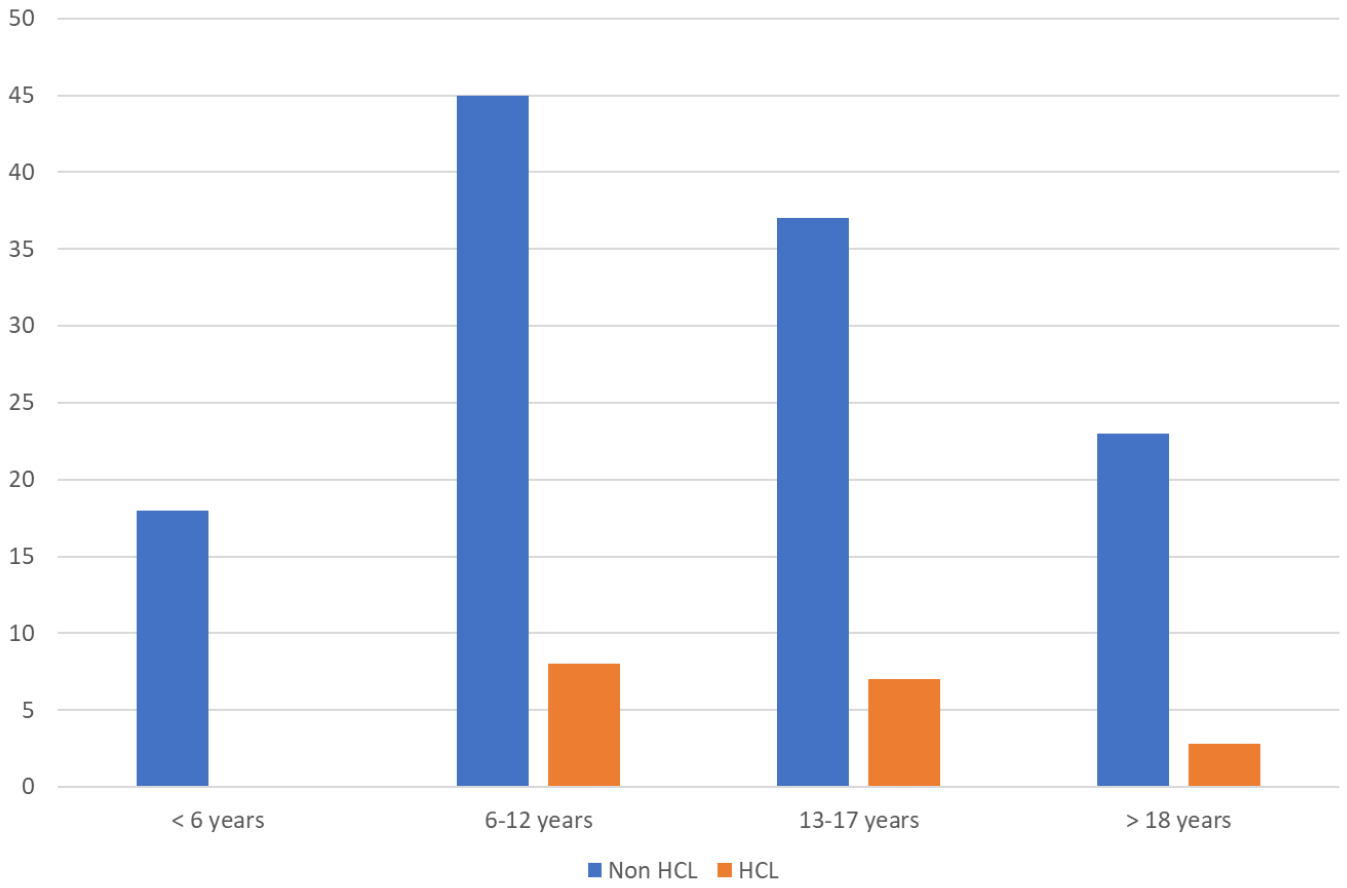
Glucose monitoring

- Device data reviews and interpretation
- Encourage CGM use with HCL systems
- Provide contact information for device reps/patient support

Psychosocial Support

- Conduct routine (annual) mental health screens for all eligible patients
- Provide mental health referrals
- Social work available to address patient needs

Background data on pump use at WCM Peds



73% of total patients with T1D on pumps

14% of pump users on HCL

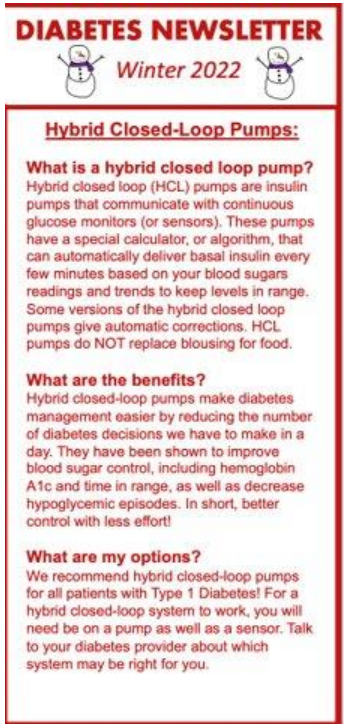
Weill Cornell Medicine
Pediatrics

PDSA Map

PDSA 1	PDSA 2	PDSA 3	PDSA 4	PDSA 5	PDSA 6
Patient education session Feb 2022	Staff education March 2022	Target existing pump users April 2022	Target patients with a1c > 10% April 2022	Omnipod 5 upgrades May 2022-ongoing	Pump Policy Sept 2023-ongoing

Patient Education

- Educate families on available options and benefits of hybrid closed loop pumps
- Hosted an educational zoom about HCL Technology and benefits of wearing HCL pump
  - Over 20 families attended
- Information about HCL in our Quarterly newsletter that is distributed online and at in-person visits to promote interest and education



DIABETES NEWSLETTER

Winter 2022

Hybrid Closed-Loop Pumps:

What is a hybrid closed loop pump?
Hybrid closed loop (HCL) pumps are insulin pumps that communicate with continuous glucose monitors (or sensors). These pumps have a special calculator, or algorithm, that can automatically deliver basal insulin every few minutes based on your blood sugars readings and trends to keep levels in range. Some versions of the hybrid closed loop pumps give automatic corrections. HCL pumps do NOT replace blousing for food.

What are the benefits?
Hybrid closed-loop pumps make diabetes management easier by reducing the number of diabetes decisions we have to make in a day. They have been shown to improve blood sugar control, including hemoglobin A1c and time in range, as well as decrease hypoglycemic episodes. In short, better control with less effort!

What are my options?
We recommend hybrid closed-loop pumps for all patients with Type 1 Diabetes! For a hybrid closed-loop system to work, you will need be on a pump as well as a sensor. Talk to your diabetes provider about which system may be right for you.

Staff Education

- Educated diabetes staff about QI project to encourage patients to start pump therapy or transition to HCL from current pump.
- Reviewed script to providers for discussion during visits

- **Not on a pump yet-**

I'd like to talk to you today about why it would be beneficial for you to start using an insulin pump. Insulin pumps can improve quality of life and improve blood sugar control. For one, you will need less shots. With an insulin pump, you can program different basal rates, or insulin amounts, throughout the day to meet your changing insulin needs-whether that be when you are sleeping or exercising. There are now pumps called hybrid closed-loop pumps that can make diabetes management even easier by further reducing the number of diabetes decisions you have to make in a day. These pumps have a special calculator/algorithm that can automatically give basal insulin every few minutes based on your blood sugar readings and trends. Some options also automatically give blood sugar corrections. You will need to wear a CGM or sensor with a HCL to communicate your blood sugars to the pump. These pumps do NOT replace bolusing for food. Though in short, better control with less effort!

These are the different systems that exist-

- Tandem Control IQ
- Medtronic 770G
- Coming soon-Omnipod 5

Next steps: schedule an appointment for pump training once patient has received pump

- **Already on a pump-**

I'd like to talk to you today about why it would be beneficial for you to upgrade to a hybrid closed loop insulin pump. There are now pumps called hybrid closed-loop pumps that can make diabetes management even easier by further reducing the number of diabetes decisions you have to make in a day. They have been shown to improve blood sugar control, including hemoglobin A1c and time in range, as well as decrease hypoglycemic episodes. These pumps have a special calculator/algorithm that can automatically give basal insulin every few minutes based on your blood sugar readings and trends. Some options also automatically give blood sugar corrections. You will need to wear a CGM or sensor with a HCL to communicate your blood sugars to the pump. These pumps do NOT replace bolusing for food. In short, better control with less effort!

These are the different systems that exist-

- Tandem Control IQ
- Medtronic 770G
- Coming soon-Omnipod 5

Next steps:

- If patient would like to upgrade current system-reach out to pump company
- If patient would like to change pumps-check with insurance

Targeting existing pump users

Reached out to existing pump users to schedule **appointments for upgrade to HCL**

Increase in HCL pumps (Tandem/Medtronic) of **8 patients**

20% of pump users (25/123) now on HCL pumps

Difficult to get patients to schedule appointments

For Tandem, required pump update

Weill Cornell Medicine
Pediatrics

Targeting high risk patients on MDI

- **Reached out to** patients with a1c over 10% to discuss transitioning to pump
- Challenges with agreeing to appointments and interest in pump therapy
- Ongoing, but in the background, cycle
- Did see some success- required creativity with HCL
  - 3 patients transitioned to Basal + Control IQ
  - 2/3 with significant improvement in A1c (>14% to 7.9% and 12.8% to 9.9%)

Omnipod Upgrades

- Target patients on Omnipod DASH and EROS
- Prescribe Omnipod 5 and complete prior authorization
  - Barriers and delay with insurance approval, pump supply
- Scheduled appointments to train on Omnipod 5
  - Limited staff availability (both from Omnipod and WCM)
  - Additional appointments required
- Difficulty tracking patients self upgrading and seeing HCL data

Pump Policy

1. Patients need to attend a pump info class prior to starting an insulin pump. These will be held bimonthly via zoom starting Sept 2022

2. Patients need to be seen by nutrition via video visit to ensure understanding of carb counting and recommendation to pre-bolus

3. At this time, patients can choose pump and it will be ordered by practice

4. Patients to be trained by company pump trainer / Omnipod 5 upgrade can be self-learn

5. Patients must schedule a follow-up appointment with our office (in-person) for 1-3 weeks after pump training

Results

- **Pre-Intervention:**
  - Median A1c of ALL pump users: 8.15%
    - Non HCL: 8.4%
    - HCL: 7.25%
  - TIR > 50%: 38% of ALL pump users
  - TIR > 70%: 13% of ALL pump users

- **Post-Intervention**
  - Median A1c of ALL pump users: 7.1%
    - Non HCL: 7.7%
    - HCL: 7.1%
  - TIR > 50%: 62% of ALL pump users
  - TIR > 70%: 21% of ALL pump users

HCL use increased from 14% to 80% by June 202398 out of 123 pump users

What did we learn?

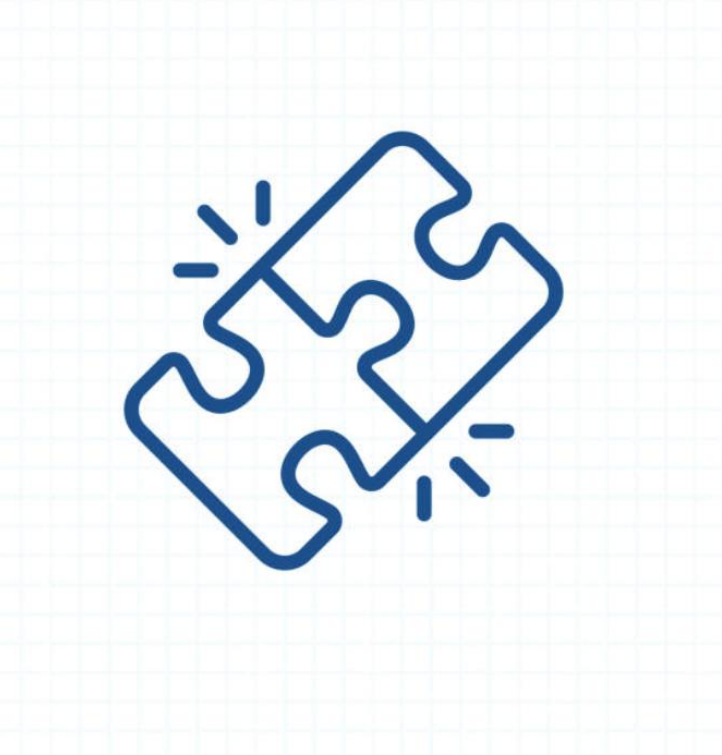
- **Fair insurance access to pumps allowed for a change in the ENTIRE practice**
- Needed more trainers (have since increased trained staff)
- Intro to Pumping class increased education and streamlined our pump process
- HCL Pumps changed our appointments-
  - Increased ability for telehealth visits
  - More relaxed appointments
  - Patients' behaviors factor into making the best HCL pump choice

Limitations

- Difficulty tracking data:
  - We did not consistently track TIR data in 2021
  - Some patients self-trained on Omnipod 5
  - A1c data not available for all telehealth visits
- Challenges with summarizing results
  - Comparing pre and post practice data vs pre and post patient data

Where to go from here

- PDSA Cycle 1000 (just kidding- Lucky #7)- Helping the patient make the ' best choice'
  - Patients switching to different HCL systems for best fit
    - Typically, patients who need auto corrections
  - Pump Class now has a slide with different features of insulin pumps
  - Recommend discussion of pump choice with provider prior to ordering



Questions?

Pre/Post learning

Clinical Presentation:

UCSF School of Medicine

Department of Pediatrics
Division of Endocrinology

UCSF Benioff
Children's Hospitals

Addressing "TechQuity" to Reduce Disparities in Glycemic Outcomes in Children with Type 1 Diabetes

September 21, 2023

Quality Improvement Team:
Jenise C. Wong, MD PhD
Angel Nip, MD
Barbara Liepman, RN MS CDCES

T1D Exchange

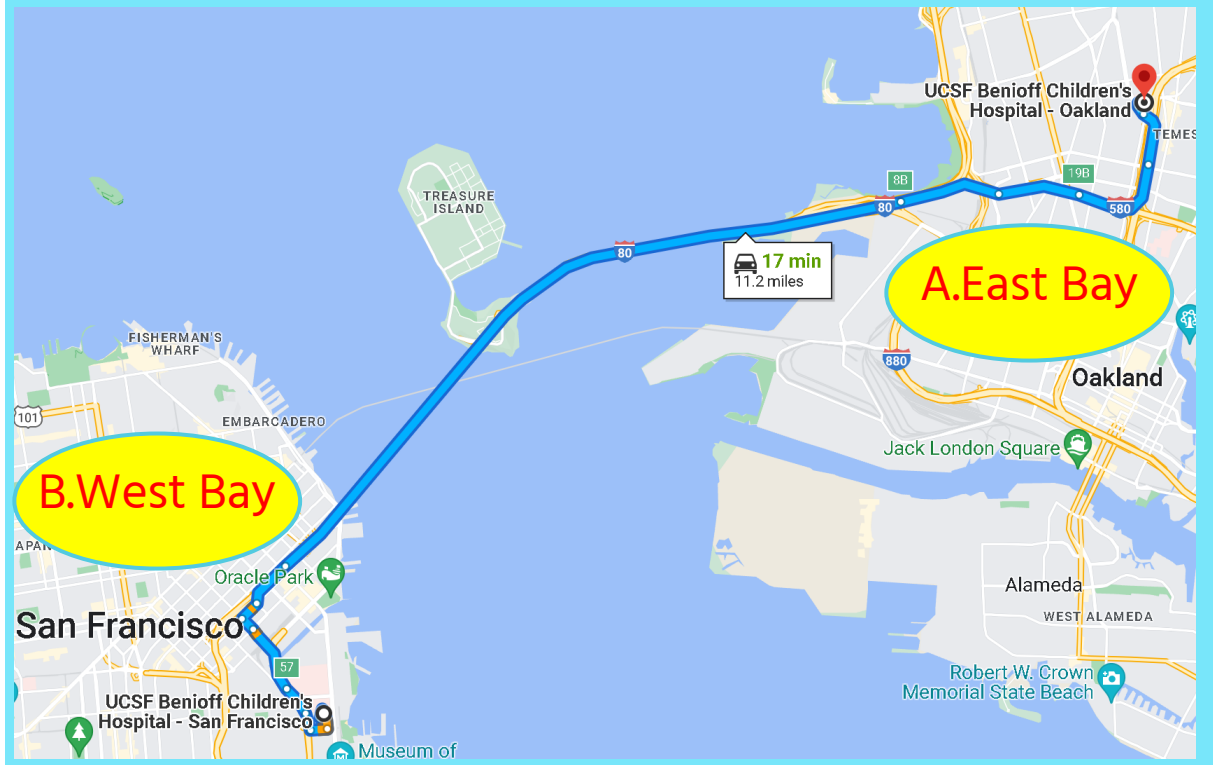
UCSF Endocrinology
Department of Pediatrics

UCSF Benioff Children's Hospitals
Oakland | San Francisco

Clinic	Multidisciplinary Team	Volume and Demographics	Contacts
UCSF (pediatric) Benioff Children's Hospitals **Locations** • 2 main campuses (San Francisco and Oakland) • 6 satellite clinics	• 24 attending physicians (16 provide diabetes care, ~7 FTE) • 6 fellows (1 med/peds) • 1.2 NP (for diabetes) • 6 RN/CDCESs • 3.6 dieticians/CDCESs • 2.5 social workers • 1 psychologist (pending) • 1 transition coordinator	**Volume** • 150-200 newly diagnosed T1D patients seen annually • ~1600 established T1D and ~420 T2D patients **Demographics** • 53% with government insurance (40% in SF, 63% in Oakland) • 30% Latinx, 9% Black, 7% Asian American/Pacific Islander	**Site PI-West Bay lead** Jenise Wong, MD PhD jenise.wong@ucsf.edu **East Bay lead** Angel Nip, MD **Quality Coordinator** Barbara Liepman, RN MS CDCES

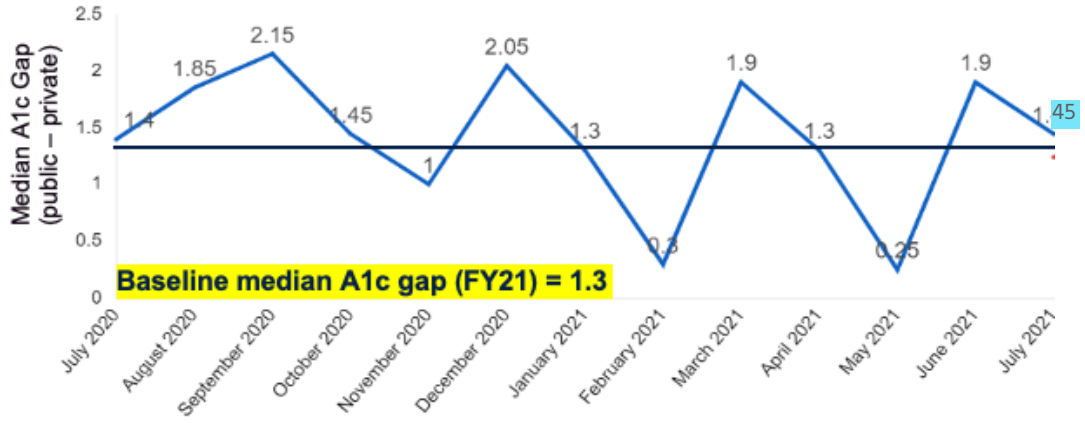
T1D Exchange

UCSF Benioff Children's Hospitals



Disparities in glycemic outcomes exist between publicly and privately insured children with type 1 diabetes (T1D).

A



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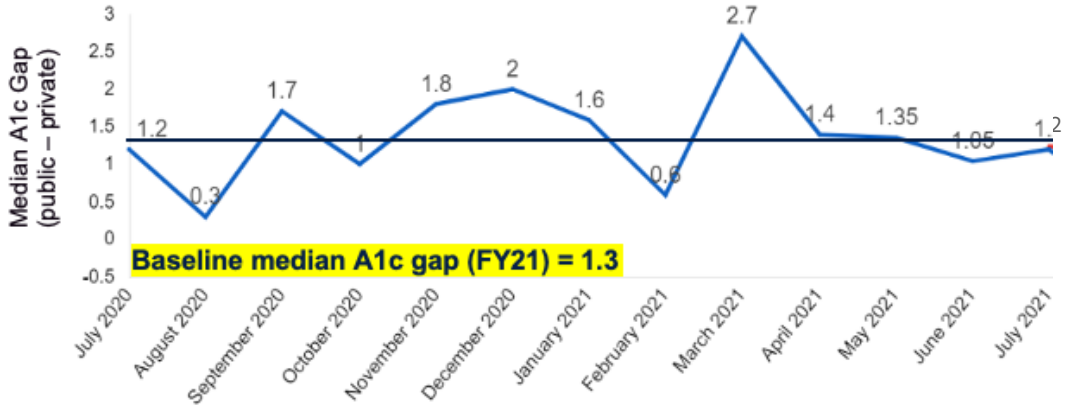


T1D Exchange

FY2022 Objectives

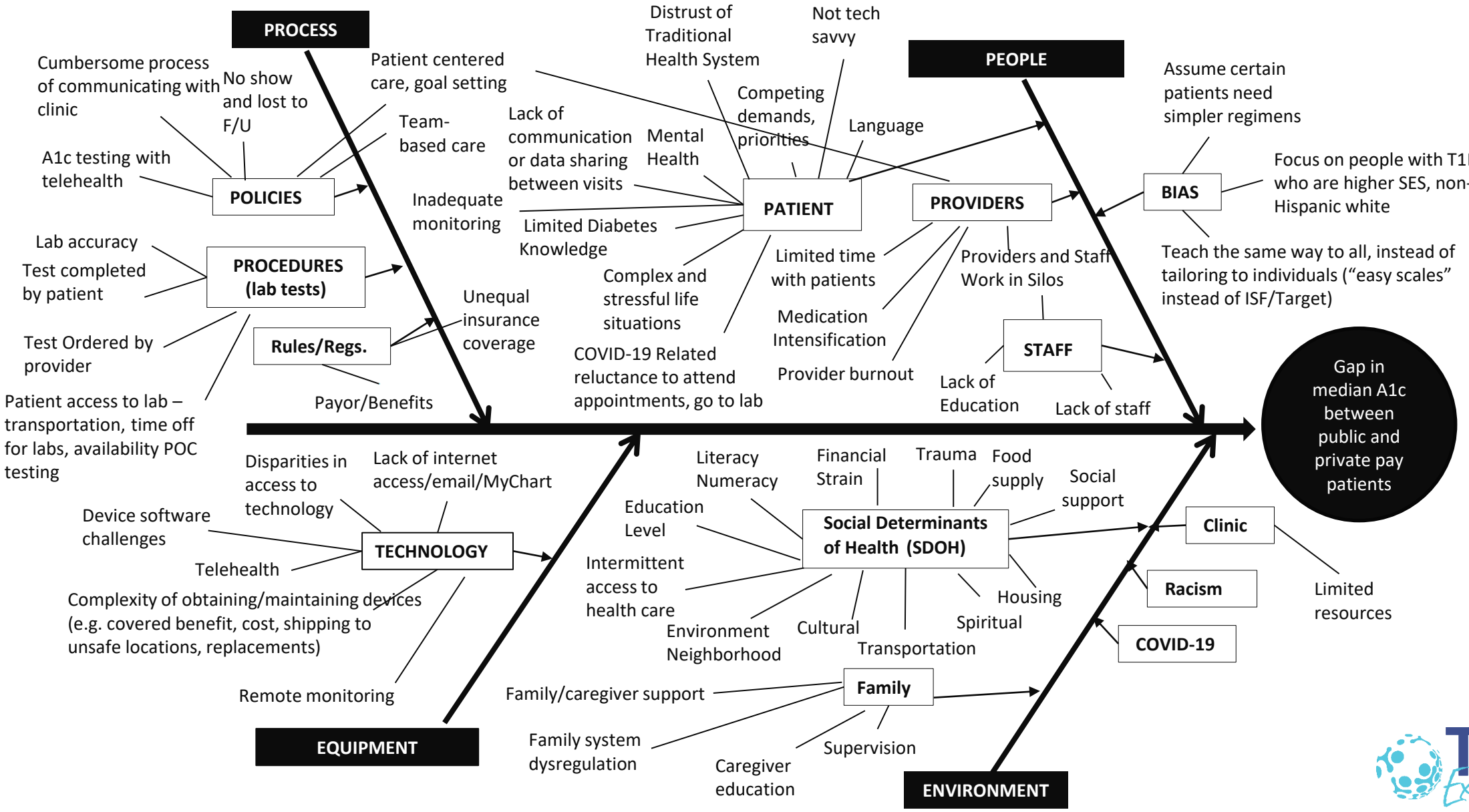
Project goal

- Reduce the monthly median A1c gap to ≤1.24% (5% reduction) between publicly and privately insured children with T1D by end of December 2021, and further reduce to ≤1.17% (10% reduction) in April-June 2022 without either population's median A1c increasing above baseline (1.3%).

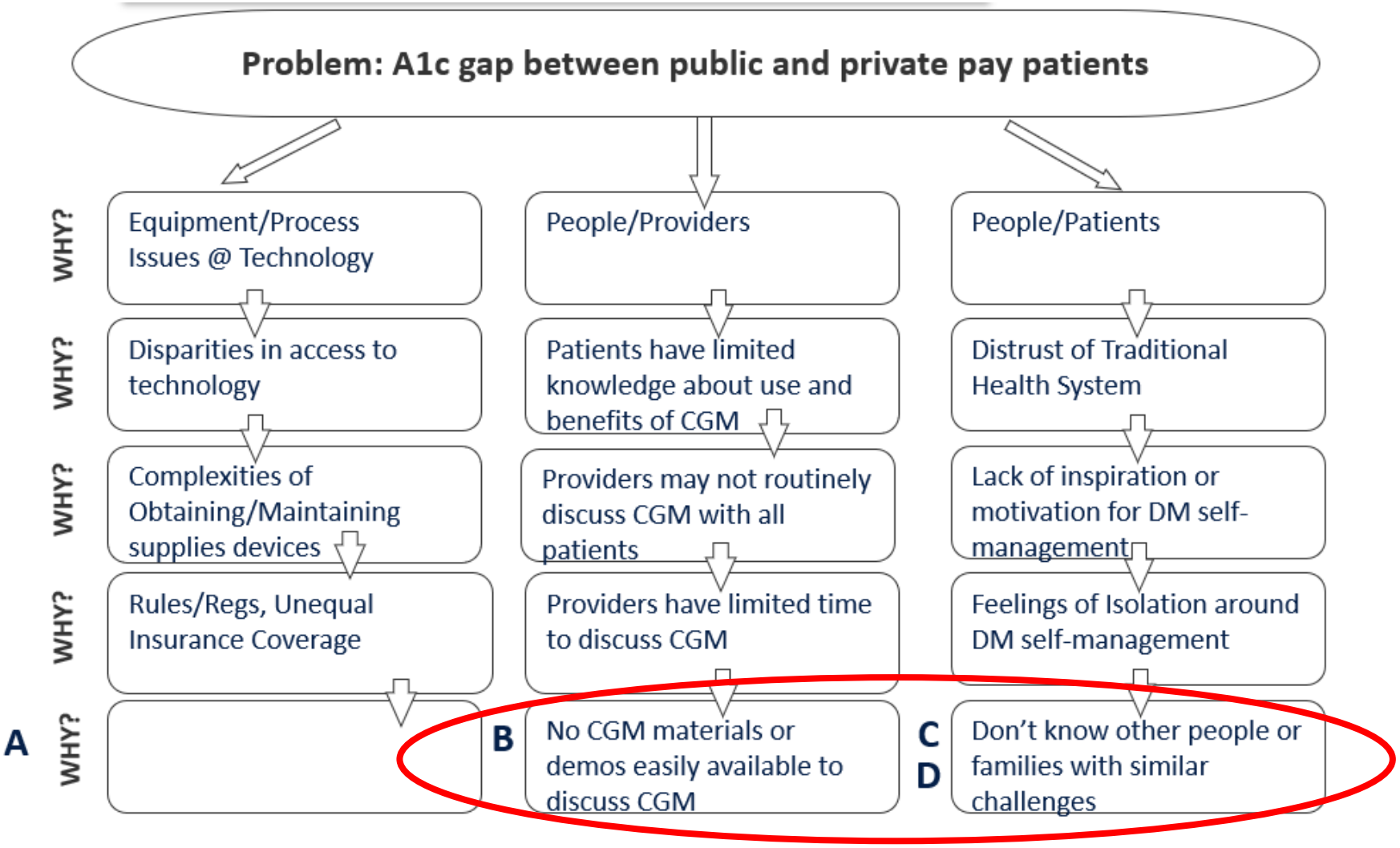
Global aim

- Achieve health equity for children with diabetes seen at Benioff Children's Hospitals (BCH).

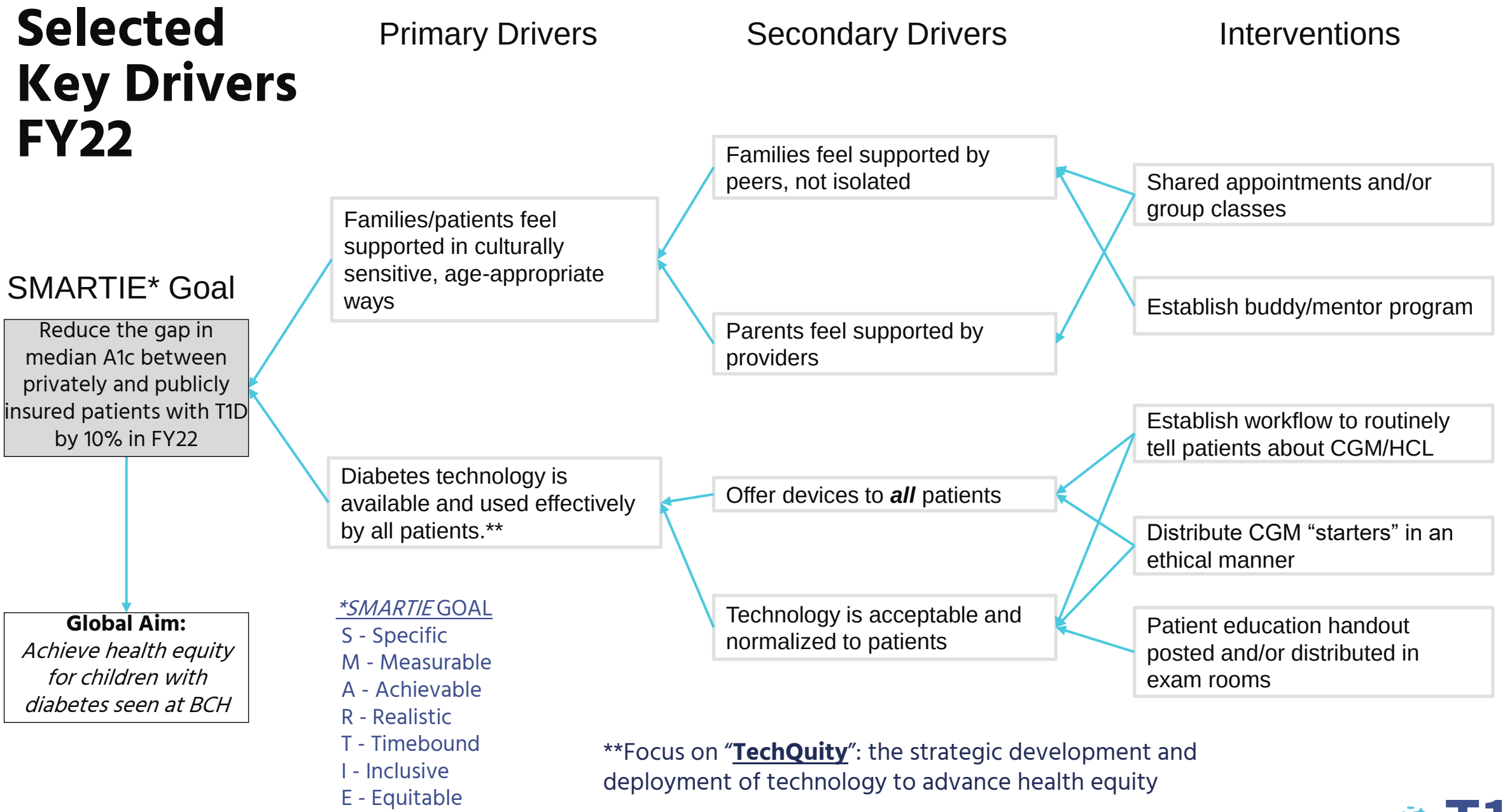
Diagram


PROCESS
Cumbersome process of communicating with clinic
No show and lost to F/U
Patient centered care, goal setting
Team-based care
A1c testing with telehealth
POLICIES
Lab accuracy
Test completed by patient
PROCEDURES (lab tests)
Test Ordered by provider
Rules/Regs.
Unequal insurance coverage
Payor/Benefits
Patient access to lab – transportation, time off for labs, availability POC testing
PEOPLE
Distrust of Traditional Health System
Not tech savvy
Competing demands, priorities
Language
Lack of communication or data sharing between visits
Mental Health
Inadequate monitoring
Limited Diabetes Knowledge
Complex and stressful life situations
COVID-19 Related reluctance to attend appointments, go to lab
PATIENT
PROVIDERS
Limited time with patients
Providers and Staff Work in Silos
Medication Intensification
Provider burnout
STAFF
Lack of Education
Lack of staff
BIAS
Assume certain patients need simpler regimens
Focus on people with T1D who are higher SES, non-Hispanic white
Teach the same way to all, instead of tailoring to individuals (“easy scales” instead of ISF/Target)
Gap in median A1c between public and private pay patients
Disparities in access to technology
Lack of internet access/email/MyChart
Device software challenges
Telehealth
TECHNOLOGY
Complexity of obtaining/maintaining devices (e.g. covered benefit, cost, shipping to unsafe locations, replacements)
Remote monitoring
EQUIPMENT
Literacy Numeracy
Financial Strain
Trauma
Food supply
Social support
Education Level
Social Determinants of Health (SDOH)
Intermittent access to health care
Environment Neighborhood
Cultural
Transportation
Spiritual
Housing
Clinic
Racism
COVID-19
Limited resources
Family/caregiver support
Family
Family system dysregulation
Caregiver education
Supervision
ENVIRONMENT

5 Whys


Problem: A1c gap between public and private pay patients
WHY?
Equipment/Process Issues @ Technology
People/Providers
People/Patients
WHY?
Disparities in access to technology
Patients have limited knowledge about use and benefits of CGM
Distrust of Traditional Health System
WHY?
Complexities of Obtaining/Maintaining supplies devices
Providers may not routinely discuss CGM with all patients
Lack of inspiration or motivation for DM self-management
WHY?
Rules/Regs, Unequal Insurance Coverage
Providers have limited time to discuss CGM
Feelings of Isolation around DM self-management
A
WHY?
B
No CGM materials or demos easily available to discuss CGM
C
D
Don't know other people or families with similar challenges

Selected Key Drivers FY22

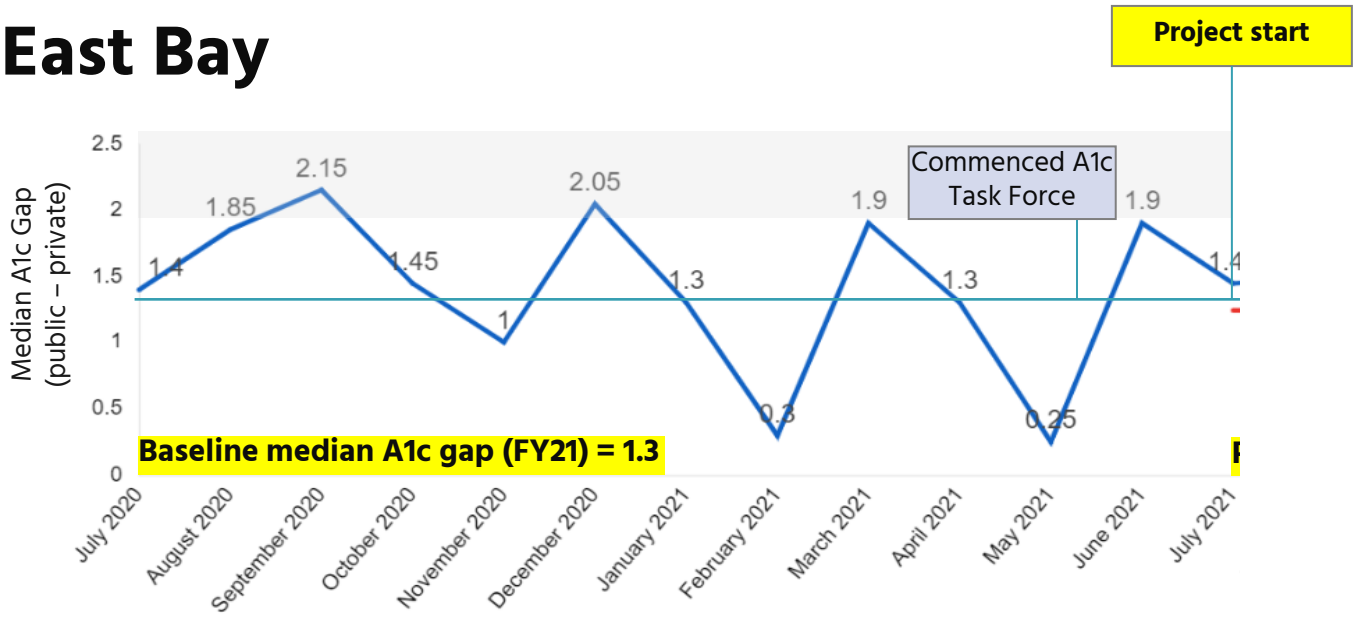


*SMARTIE GOAL
S - Specific
M - Measurable
A - Achievable
R - Realistic
T - Timebound
I - Inclusive
E - Equitable

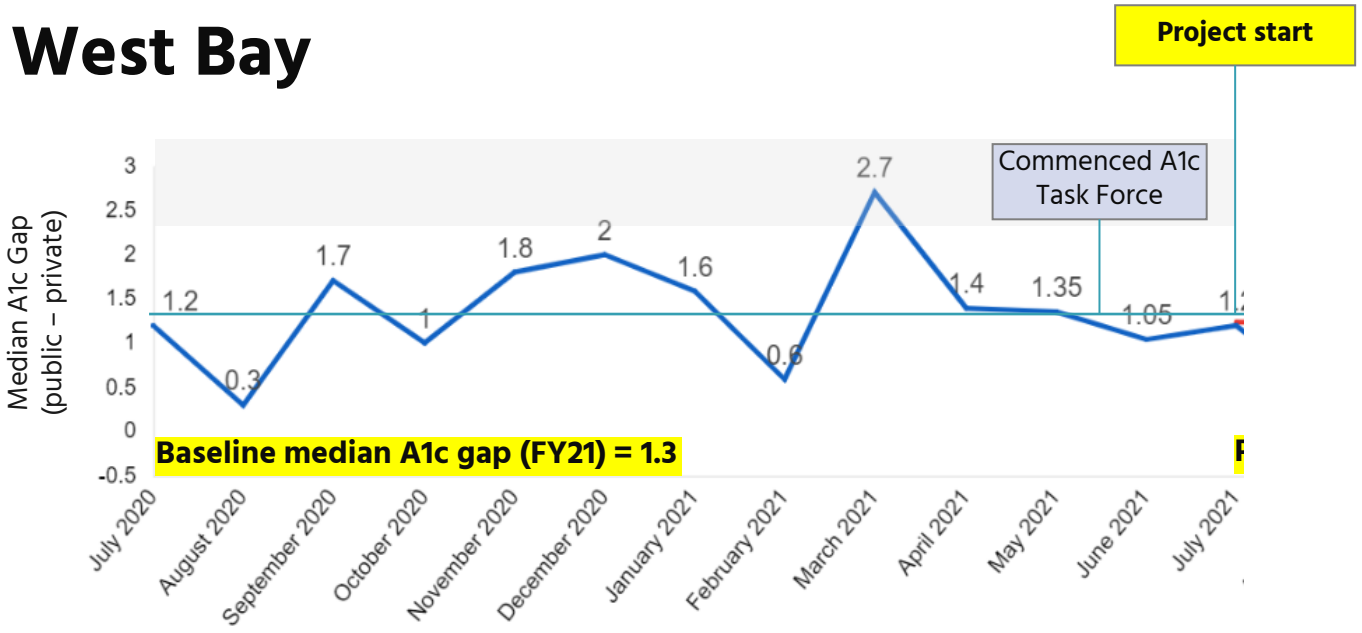
Focus on "TechQuity**": the strategic development and deployment of technology to advance health equity

Updated 9/24/21

East Bay



West Bay



Public-Private Difference

FY22 Goal Q1-Q3 (</=1.24); Q4 (</=1.17)

FY22 Goal: A1c Gap ≤1.17 (10% reduction from FY21 baseline of 1.3) in April, May and June 2022 without either population's median A1c increasing above baseline.

FY2023 Objectives

Percentage of pediatric patients <21 yo with A1c > 9% in FY22

- Publicly insured: 45%
- Privately insured: 20%

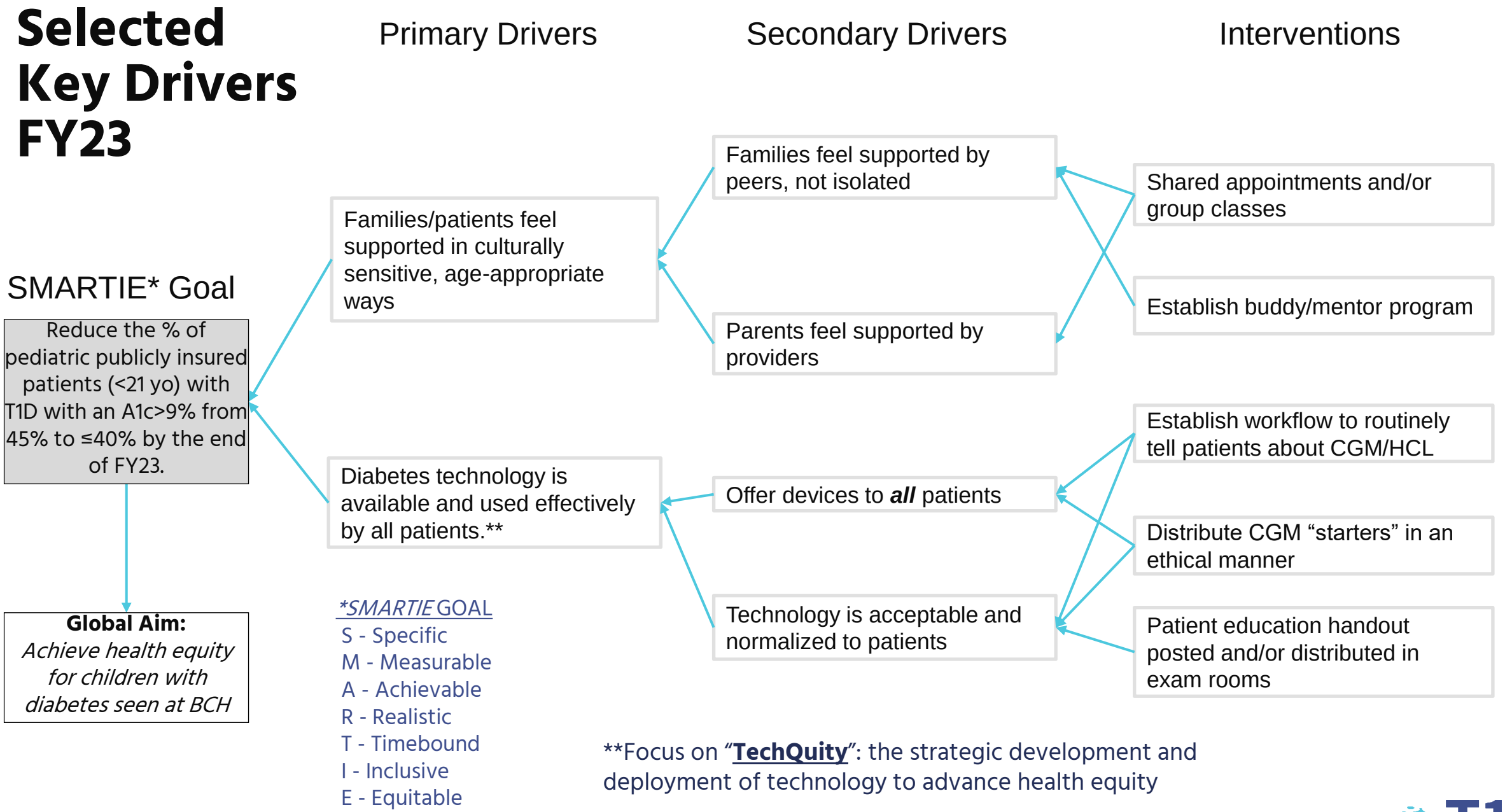
Project goal

- Reduce the percentage of pediatric publicly insured patients (<21 yo) with type 1 diabetes with an A1c > 9% from 45% to ≤40% by the end of FY23.

Global aim

- Achieve health equity for children with diabetes seen at Benioff Children's Hospitals (BCH).

Selected Key Drivers FY23



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Focus on "TechQuity**": the strategic development and deployment of technology to advance health equity

Updated 11/7/22

Standardizing CGM initiation

Hospitalization for new onset T1D diagnosis

- Incorporate CGM initiation into standard new onset teaching
- CGM company provided CGM starter kits for inpatients at no cost

Ethics for publicly insured patients

- CGM covered by Medi-Cal (Medicaid) as a pharmacy benefit in January 2022
- Few to no gaps in coverage

Concern about increased volume of calls to clinic

- Partnered with CGM company patient care specialist (CDCES)
- Documentation shared with clinic CDCES and entered into EHR

Data collection

Outcome measure: percentage of patients with A1c > 9%

Process measures:

- Number of hospitalized, publicly insured patients with CGM starts
- Number of patients with new starts who continued to use CGM during the project period

Balancing measures: phone encounters with patient care specialist and with the clinic

PDSA#1

CGM start for publicly insured, newly diagnosed inpatients with T1D

Plan

- Workflow established with inpatient educators, CGM company reps, and patient care specialist
- Created educational material for patients about CGM (English and Spanish)

Do

- Cycle 1: Started on 6/27/2022 in the West Bay (WB)
- Cycle 2: Started on 9/13/2022 in the East Bay (EB)

Study: 42 newly diagnosed inpatients started on CGM

Act

- Adopt: continue workflow for newly diagnosed inpatients
- Adapt: expand CGM starts to hospitalized, established patients not using CGM

T1D Exchange

PDSA#2

CGM start for publicly insured, established inpatients with T1D

Plan

- Workflow expanded to include established patients with T1D not currently using CGM

Do

- Cycle 1: Started on 9/13/2022 in the WB
- Cycle 2: Started on 1/18/23 in the EB

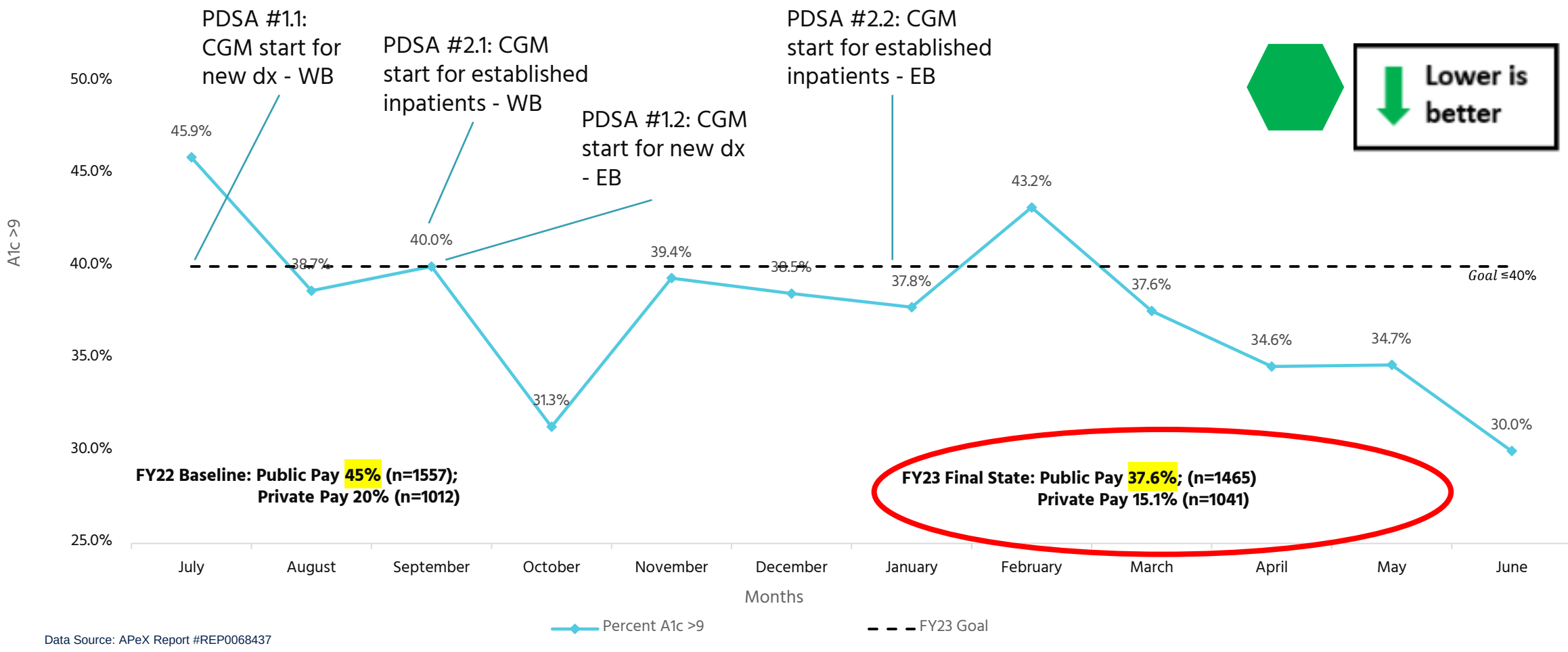
Study: 4 established inpatients started on CGM

Act

- Adopt: continue workflow for established inpatients

FY23 A1c Health Equity Project

Percent of publicly insured patients (age <21 yo) with T1D with A1c > 9%



Data Source: APeX Report #REP0068437

Process measures

Publicly insured inpatients with T1D started on CGM 6/30/2022– 8/29/2023

	n
Total started on CGM	46
Newly diagnosed	42
Established patients	4
West Bay	16
East Bay	30

Process measures

Patients still using CGM at time of follow-up (range 1-12 months)

	Newly diagnosed (n=42)	Established patients (n=4)	All patients (n=46)
Using CGM at follow-up	71%	50%	70%
Not using CGM at follow-up	14%	25%	15%
Unknown	14%	25%	15%

Balancing measures

Patient contacts after discharge from the hospital (n=31)

Patients with documentation from patient care specialist	n = 20
Patients with a clinic telephone encounter prior to first outpatient visit	n = 2

Addressing Techquity to reduce disparities

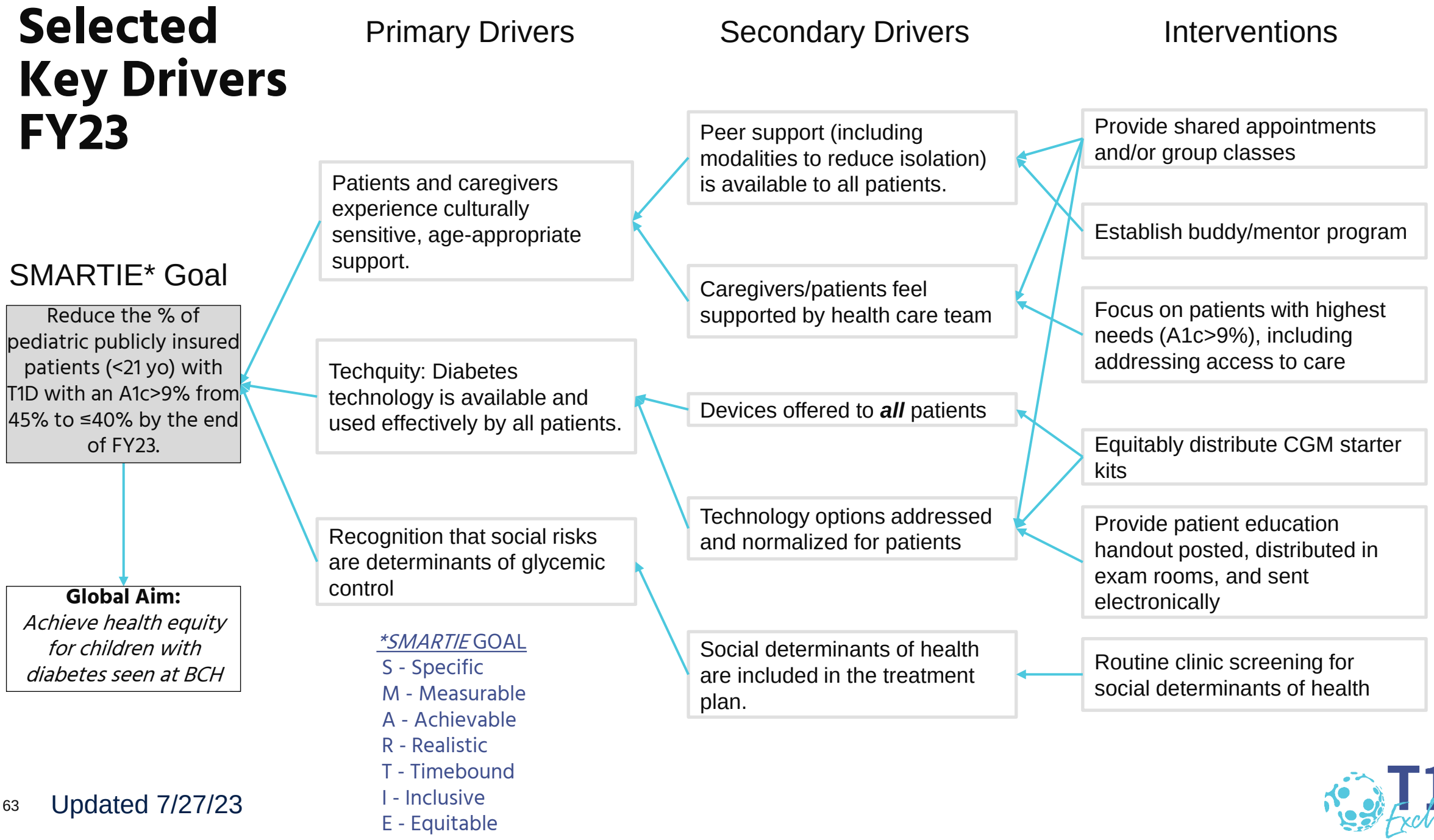
Summary

- CGM initiation with inpatients was associated with reduction in A1c disparities
- Most patients who started CGM at diagnosis generally continued use
- Proactive support from the device company may have reduced burden on the clinic team

Impact beyond the intervention

- Increased awareness to discuss and start CGM with *all* patients
- Noted reduction in A1c levels in privately insured patients
- Adult diabetes inpatient program interested in replicating project

Selected Key Drivers FY23



Updated 7/27/23

Ongoing and future work

Interventions to address disparities in care

Limitations

- Focused on high impact, lower effort interventions due to limited staffing and resources
- In person-only interventions impacted by continued use of telehealth

Access to care for patients with A1c above goal

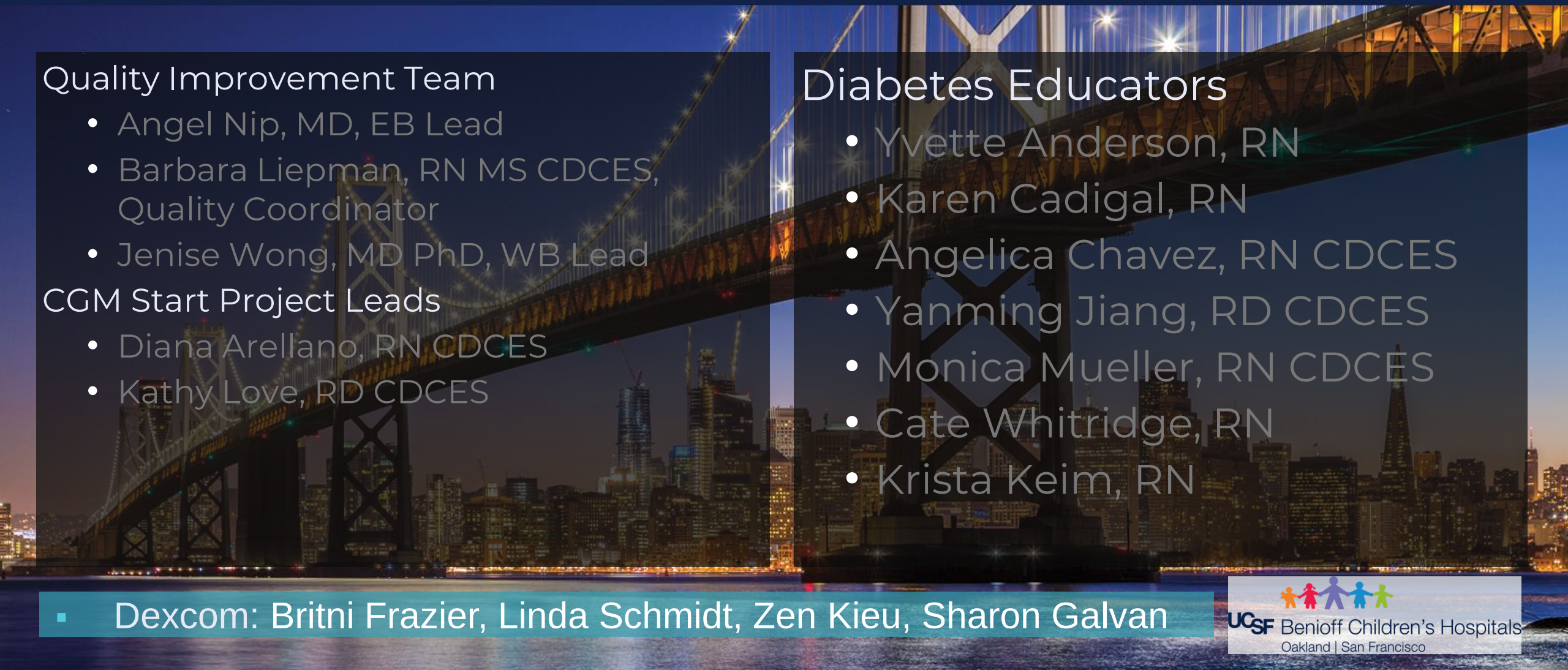
- Focus on those with missed appointments, and/or no visits within 6 months
- Goal 4 visits per year

Screening for social risks at every in person visit

- Food and transportation security
- Goal to screen every patient at least annually

UCSF Department of Pediatrics
Division of Endocrinology

Transforming child health



Quality Improvement Team

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CGM Start Project Leads

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- Cate Whitridge, RN
- Krista Keim, RN

- Dexcom: Britni Frazier, Linda Schmidt, Zen Kieu, Sharon Galvan

UCSF Benioff Children's Hospitals
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Pre/Post learning