

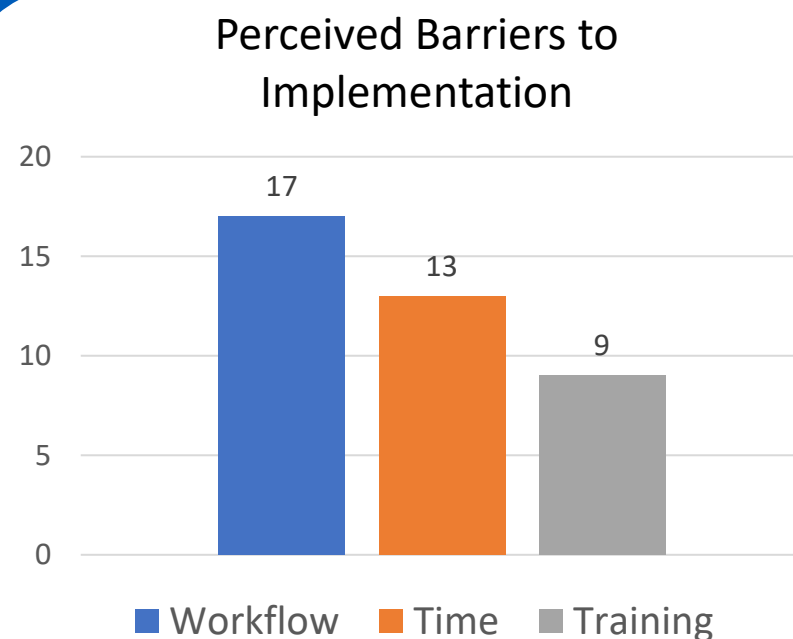
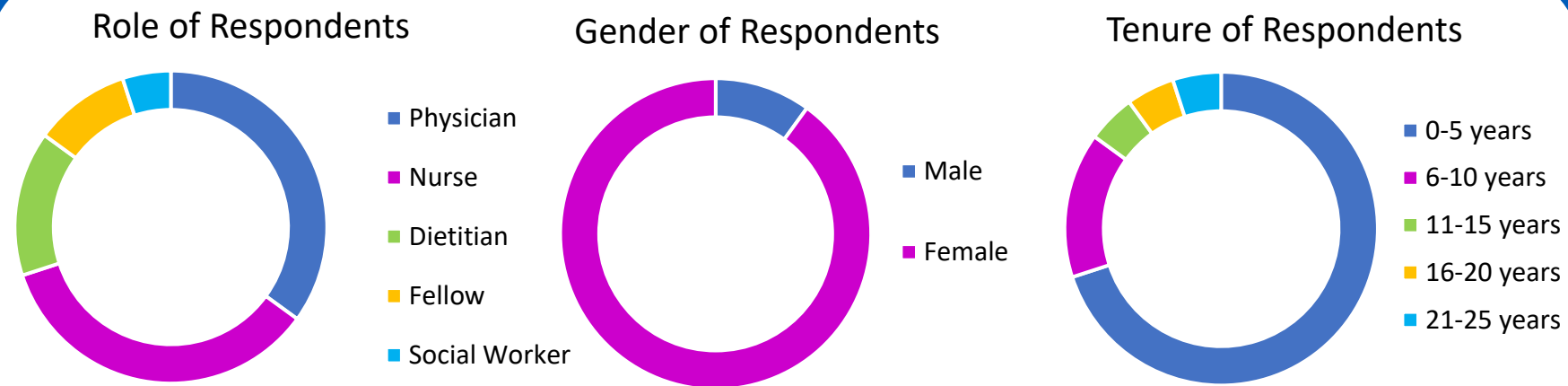
OBJECTIVE

To gain insights from clinicians to inform clinic-wide implementation of a CGM-based population health management tool that identifies patients in need of support due to the presence of suboptimal glycemic control.

METHODS

- Recruited diabetes clinicians to gather input to inform design and implementation of patient and provider-facing care delivery interventions.
- Participants completed an electronic survey that included a video introduction to the Timely Interventions for Diabetes Excellence (TIDE) platform, followed by thirty-four Likert scale, multiple choice, and free text response questions.
- The Capability, Opportunity, Motivation, and Behavior (COM-B) model and Organizational Readiness for Implementing Change (ORIC) scale provided the framework for these questions.

Understanding Facilitators and Barriers to Clinic-Wide Implementation of a Population-Based Tool to Identify Patients with Type 1 Diabetes (T1D) at High Risk for Suboptimal Glycemic Outcomes



Test Ideas/Facilitators

- De-implement ineffective practices
 - Build tracking into tool
- Incentives for self-identified champions to start
 - Review data on clinic visit time
 - Add visual cues to draw attention to risk level
- Recorded, live, and written trainings were developed

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RESULTS

Fifty-six clinicians received study information; 20 consented to participate. Participants perceived that the platform could serve as a proactive tool to support youth to improve glycemic control. Clinicians scored on average 45/60 on the ORIC scale, suggesting an overall readiness for implementing this change. Clinicians endorsed lack of time and training as barriers to implementing the tool. They identified that de-implementing ineffective clinical practices could address time as a barrier.

CONCLUSION

- Conducting a survey with clinic staff (ORIC and COM-B framed) guided implementation of the TIDE platform.
- Video introduction to tool functionality, and anchoring purpose to existing goals is an effective foundation for surveying.
- Acting on feedback from clinic staff gains buy-in
- Phased implementation beginning with self identified champions is key for success.

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