

EDICT: Equity in Diabetes Care & Transformation

Mind the Gap: Reducing Inequities in Diabetes Technology



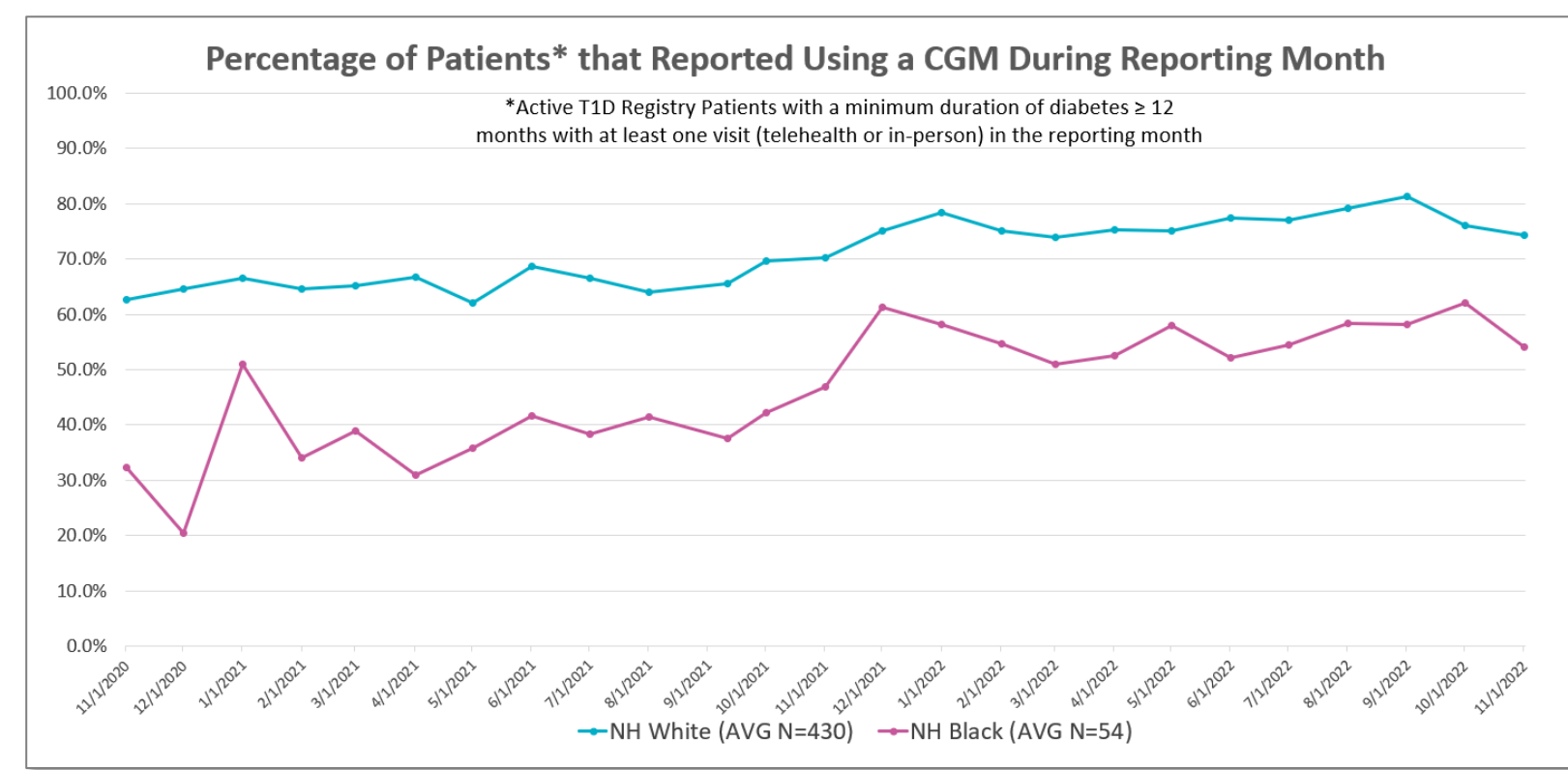
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Background

Mind the gap. This phrase has been used as a warning—there exists a gap needing attention and care. In healthcare, there is a gap and disparity in health outcomes that demands action. Patients in racial and ethnic minority groups encounter more financial burdens, increased healthcare utilization, and higher morbidity and mortality rates. Diabetes is a common chronic disease that is no stranger to these gaps.

It is well established that diabetes technology (i.e., continuous glucose monitors [CGM]) not only improves quality of life but also accelerates patients towards glycemic targets. Yet, at Cincinnati Children's there was a 27% difference in the utilization of CGM between Black and White patients and 21% difference between those with public and private insurance.

Using quality improvement methodology, we aim to ultimately eliminate the need for caution by supporting families, collaborating with community, and removing systemic barriers to care.

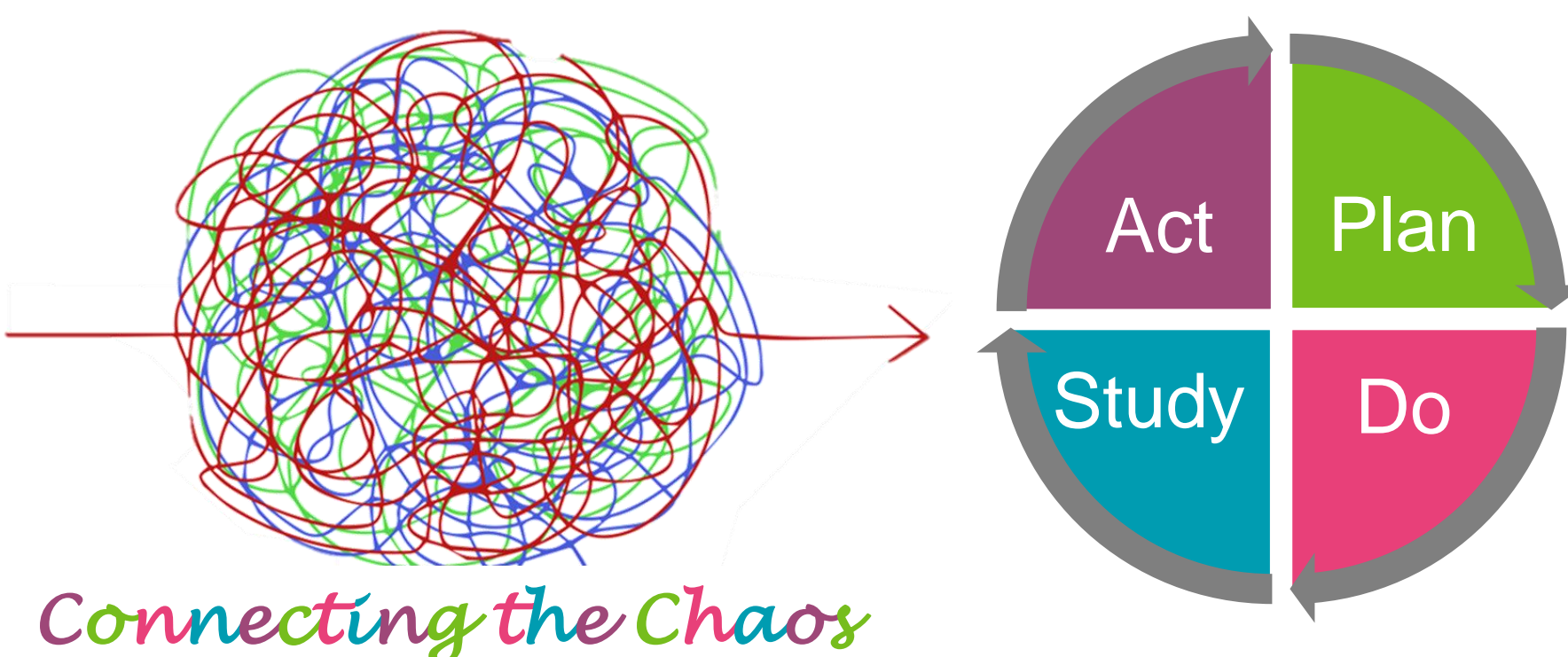


Methods

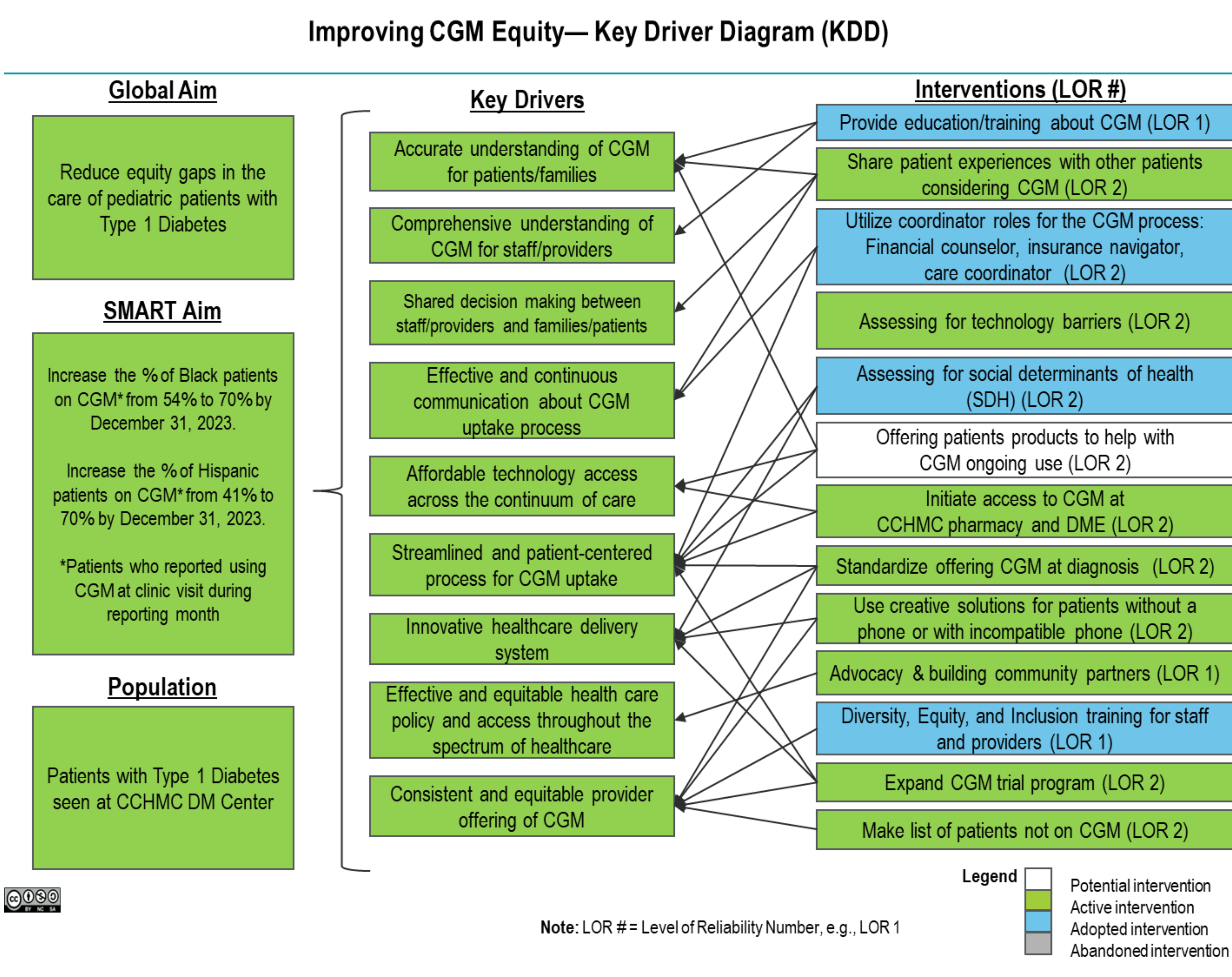
Between June 2021 - September 2023, we implemented several targeted strategies:

- Social determinants of health screening
- Diversity, Equity, and Inclusion training
- Voice of the Customer listening sessions
- Intentional identification and education of patients not on CGM
- CGM sampling program
- Onsite pharmacy and DME CGM distribution
- Shared decision-making tool
- Video with patients, families, and staff sharing their CGM experience (voice of the customer [VOC]).

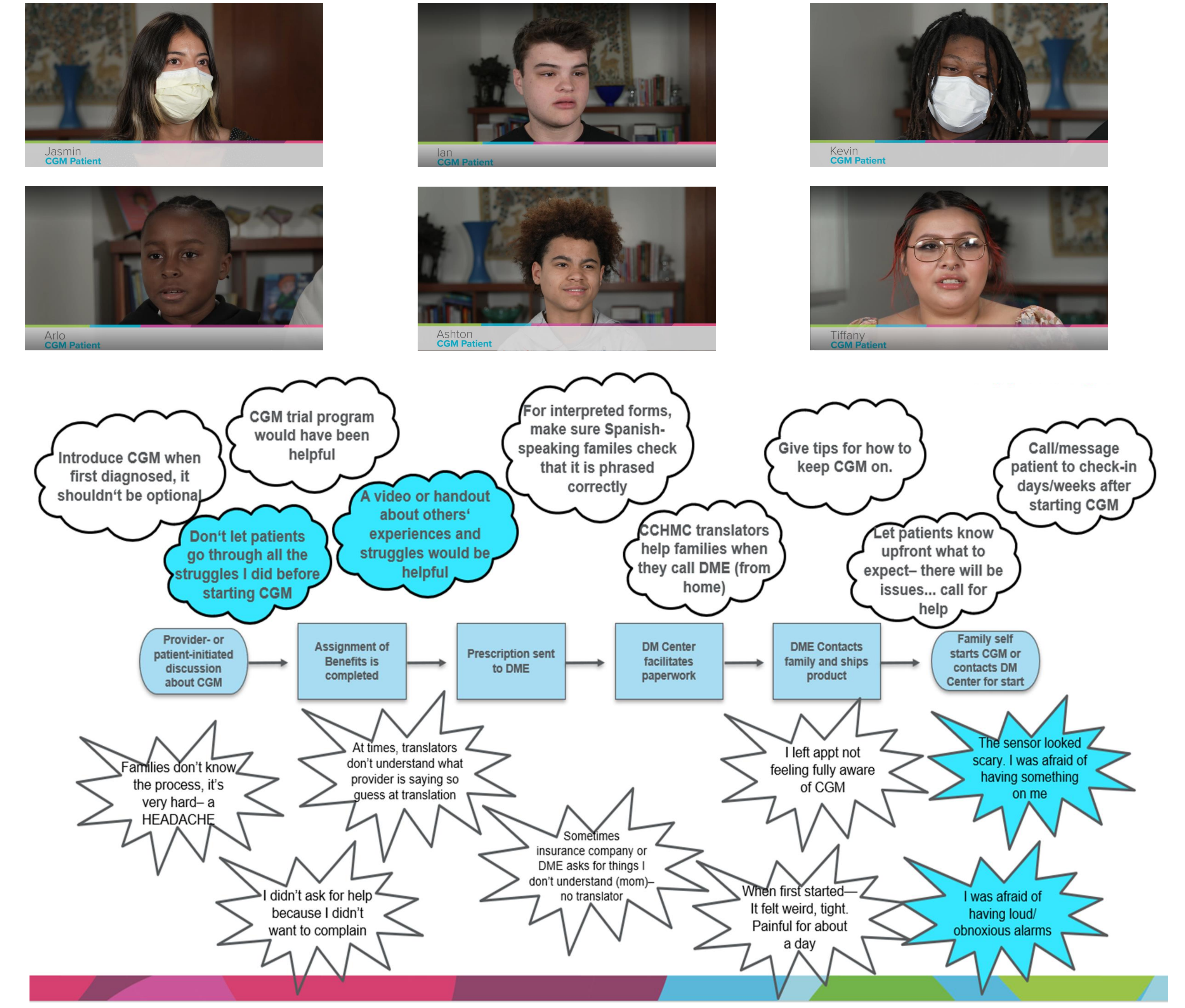
Health-equity-focused QI tools and Iterative Plan-Do-Study-Act (PDSA) cycles were used to monitor and assess implementation, impact, and improvement opportunities. Health outcomes were collected via patient registry. Data were stratified by race and insurance.



Theory for Improvement

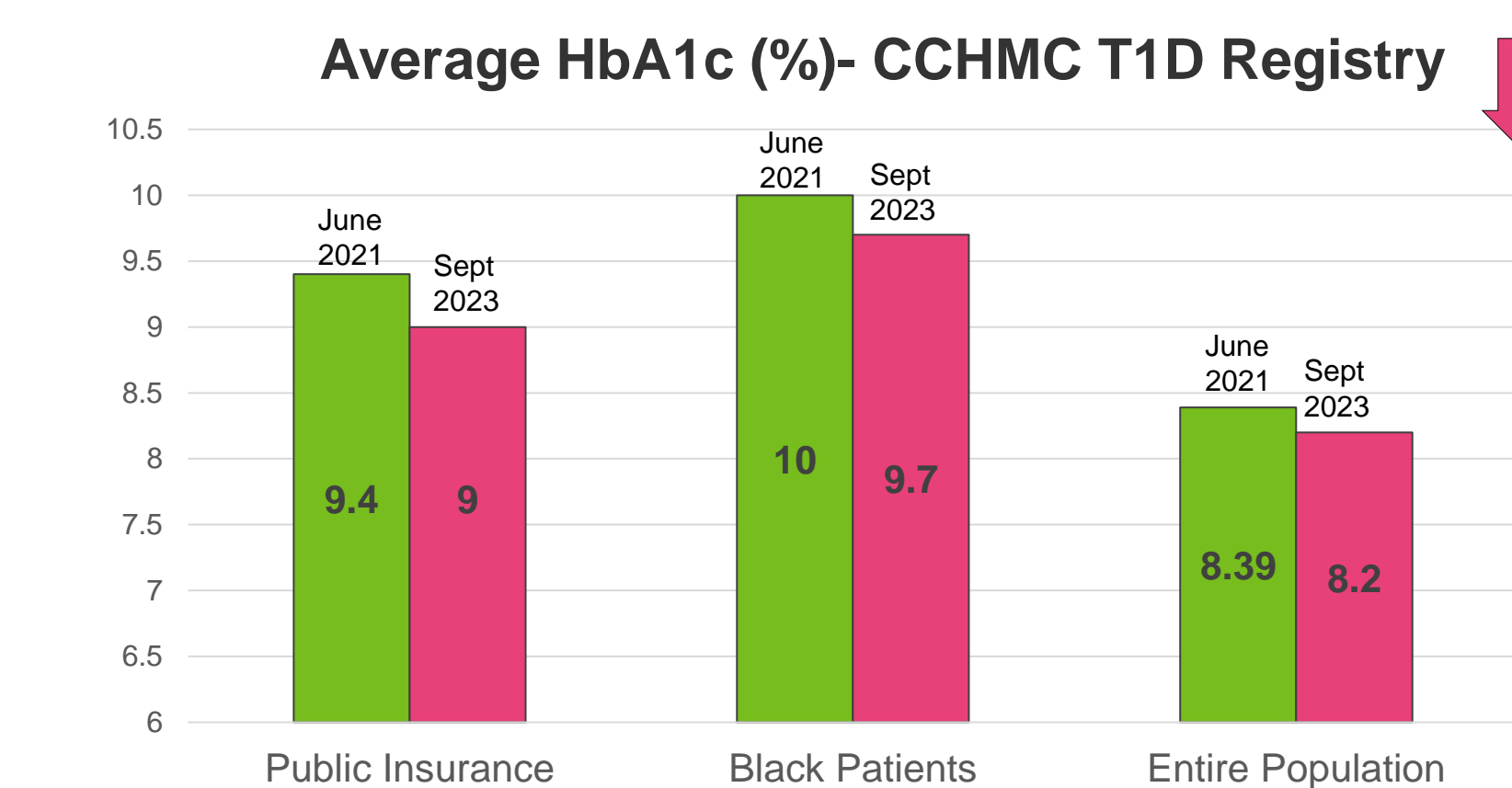
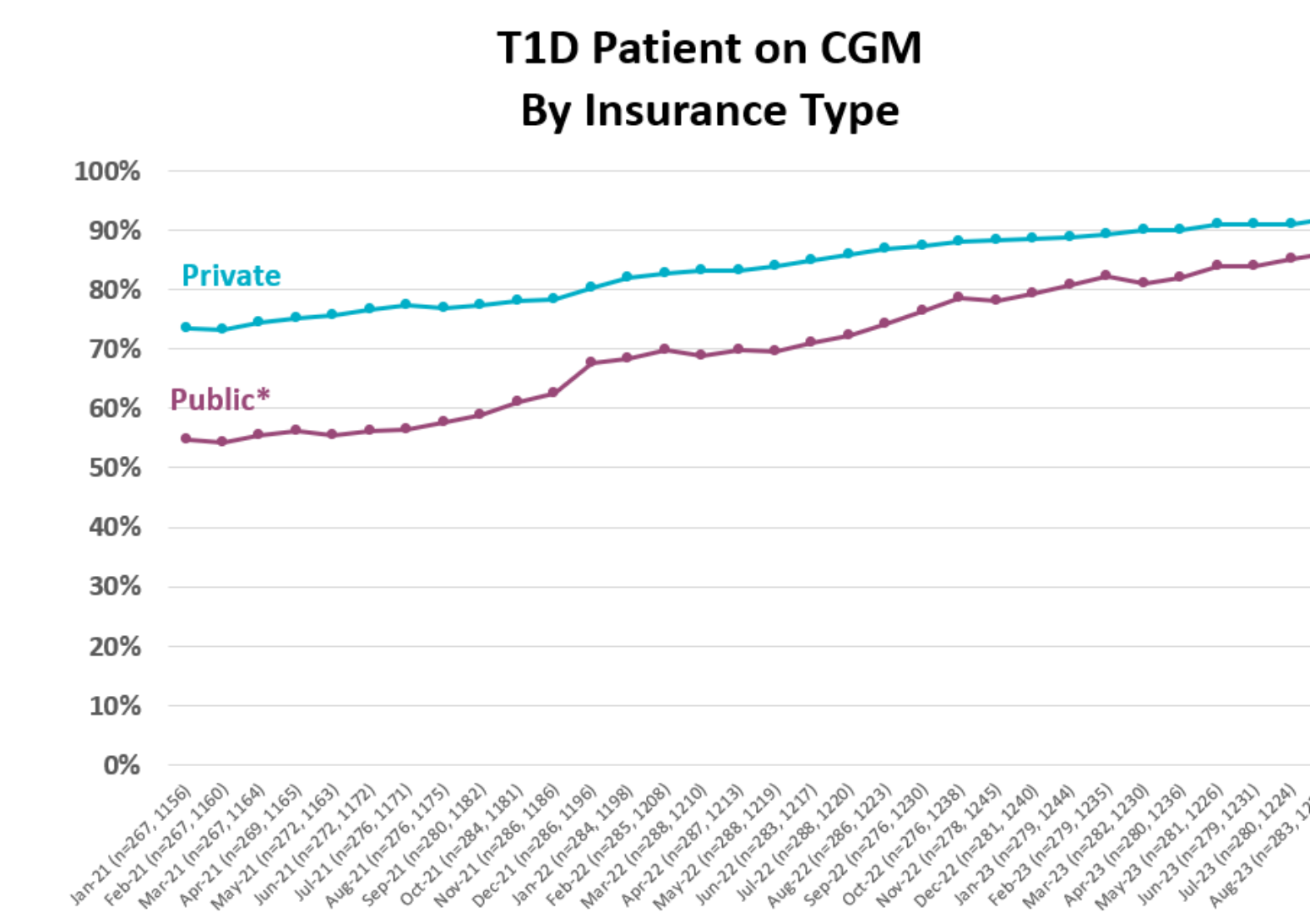
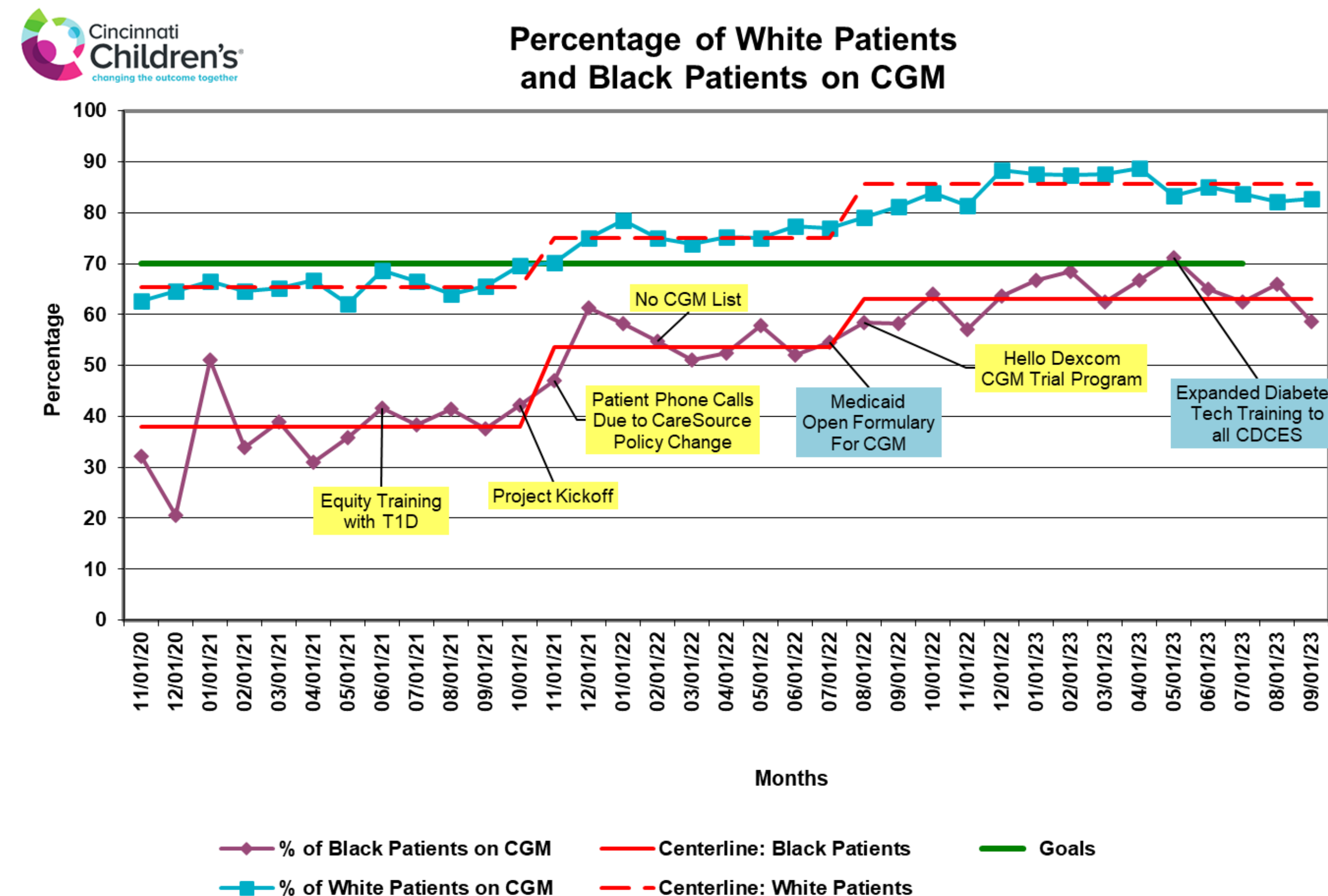


Voice of the Customer



Results

CGM usage among patients identifying as Black increased from 38% to 63% and from 65% to 86% for those identifying as White (reducing gap by 5%). CGM usage among patients on public insurance (HealthVine, our affordable care organization) increased from 55% to 86% and from 73% to 92% for patients on private insurance (reducing gap by 12%). Mean HbA1c for patients on public insurance decreased from 9.4% to 9.0% and from 10.0% to 9.7% for Black patients.



Conclusions

Multi-faceted, multidisciplinary and targeted interventions using quality improvement methodology resulted in improved CGM utilization while simultaneously improving glycemic control in T1D patients by race and insurance. Iterations of these interventions have demonstrated the importance of redesigning innovative, transformative, and inclusive healthcare solutions in partnership with patients.

Acknowledgements

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