# **EDICT:** Equity in Diabetes Care & Transformation Mind the Gap: Reducing Inequities in Diabetes Technology

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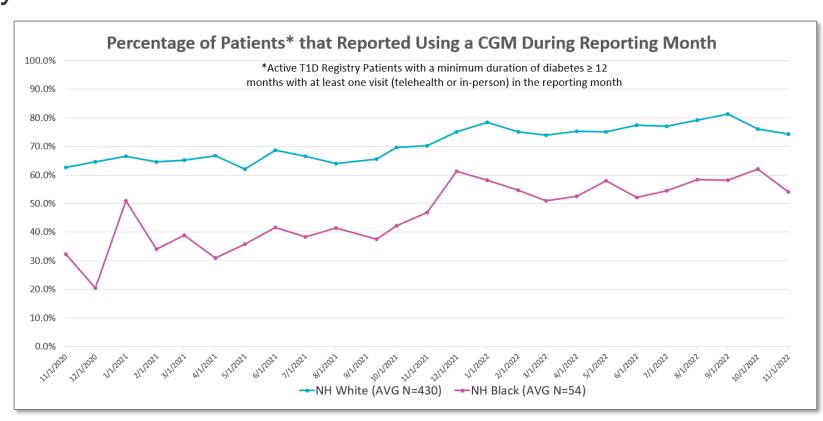


# Background

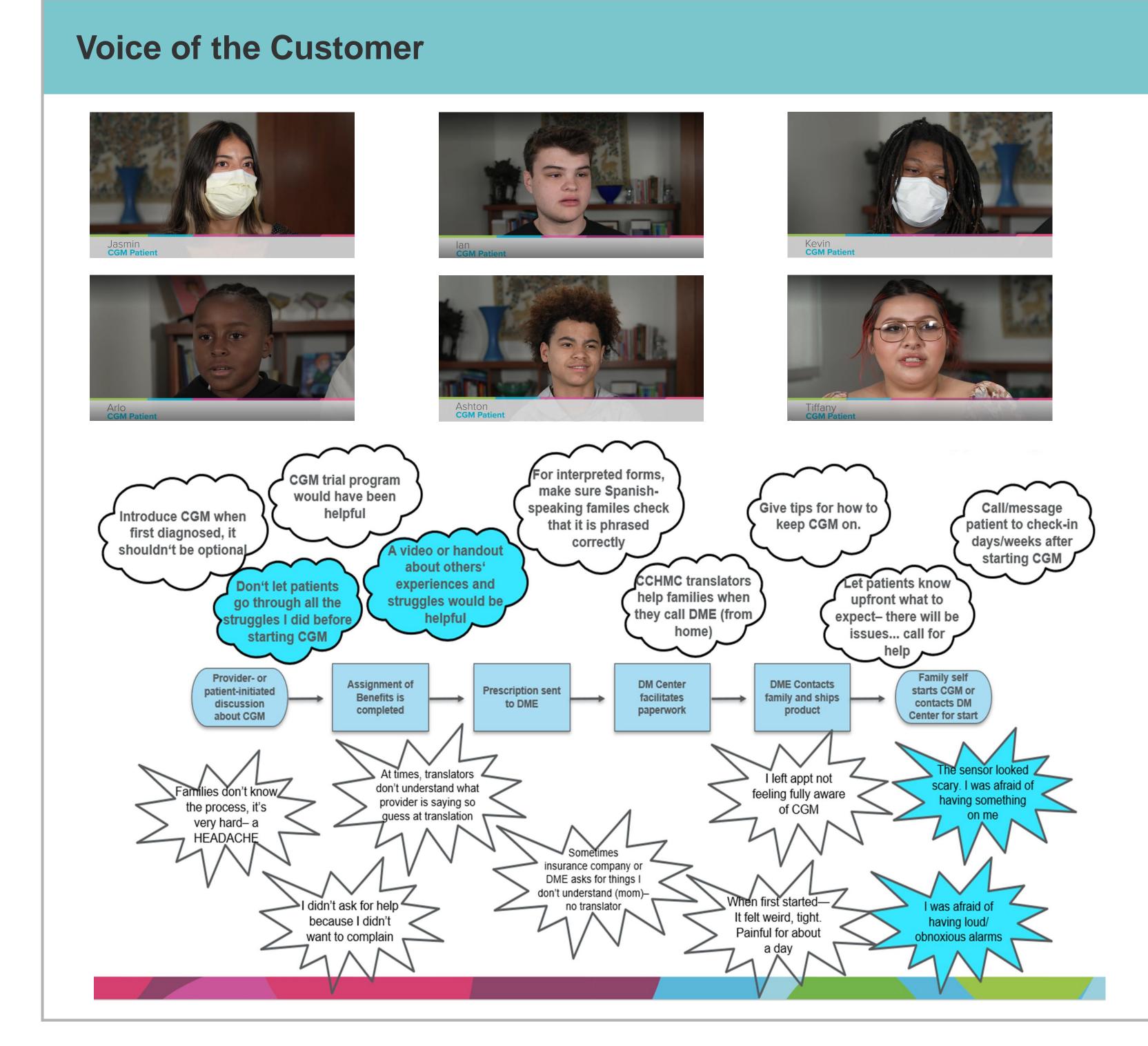
Mind the gap. This phrase has been used as a warningthere exists a gap needing attention and care. In healthcare, there is a gap and disparity in health outcomes that demands action. Patients in racial and ethnic minority groups encounter more financial burdens, increased healthcare utilization, and 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.



### Theory for Improvement Improving CGM Equity— Key Driver Diagram (KDD) Interventions (LOR #) Global Aim Key Drivers Provide education/training about CGM (LOR 1) Accurate understanding of CGM Share patient experiences with other patients Reduce equity gaps in the for patients/families considering CGM (LOR 2) care of pediatric patients with Utilize coordinator roles for the CGM process: Comprehensive understanding of Type 1 Diabetes Financial counselor, insurance navigator, CGM for staff/providers care coordinator (LOR 2) Shared decision making between **SMART Aim** Assessing for technology barriers (LOR 2) staff/providers and families/patients Assessing for social determinants of health Effective and continuous ncrease the % of Black patients on CGM\* from 54% to 70% by (SDH) (LOR 2) communication about CGM December 31, 2023. uptake process Offering patients products to help with CGM ongoing use (LOR 2) Increase the % of Hispanic Affordable technology access patients on CGM\* from 41% to Initiate access to CGM at across the continuum of care 70% by December 31, 2023. CCHMC pharmacy and DME (LOR 2) Streamlined and patient-centered Standardize offering CGM at diagnosis (LOR 2) \*Patients who reported using process for CGM uptake CGM at clinic visit during Use creative solutions for patients without a reporting month Innovative healthcare delivery phone or with incompatible phone (LOR 2) Advocacy & building community partners (LOR 1 **Population** Effective and equitable health care Diversity, Equity, and Inclusion training for staff policy and access throughout the and providers (LOR 1) spectrum of healthcare Patients with Type 1 Diabetes Expand CGM trial program (LOR 2) Consistent and equitable provider seen at CCHMC DM Center offering of CGM Make list of patients not on CGM (LOR 2) Potential intervention @<u>@</u>@@ Active intervention Note: LOR # = Level of Reliability Number, e.g., LOR 1 Adopted intervention Abandoned intervention

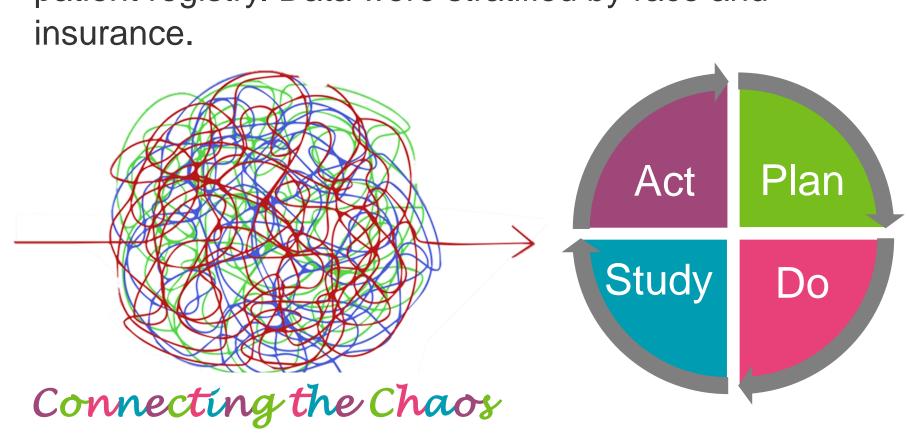


### Methods

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

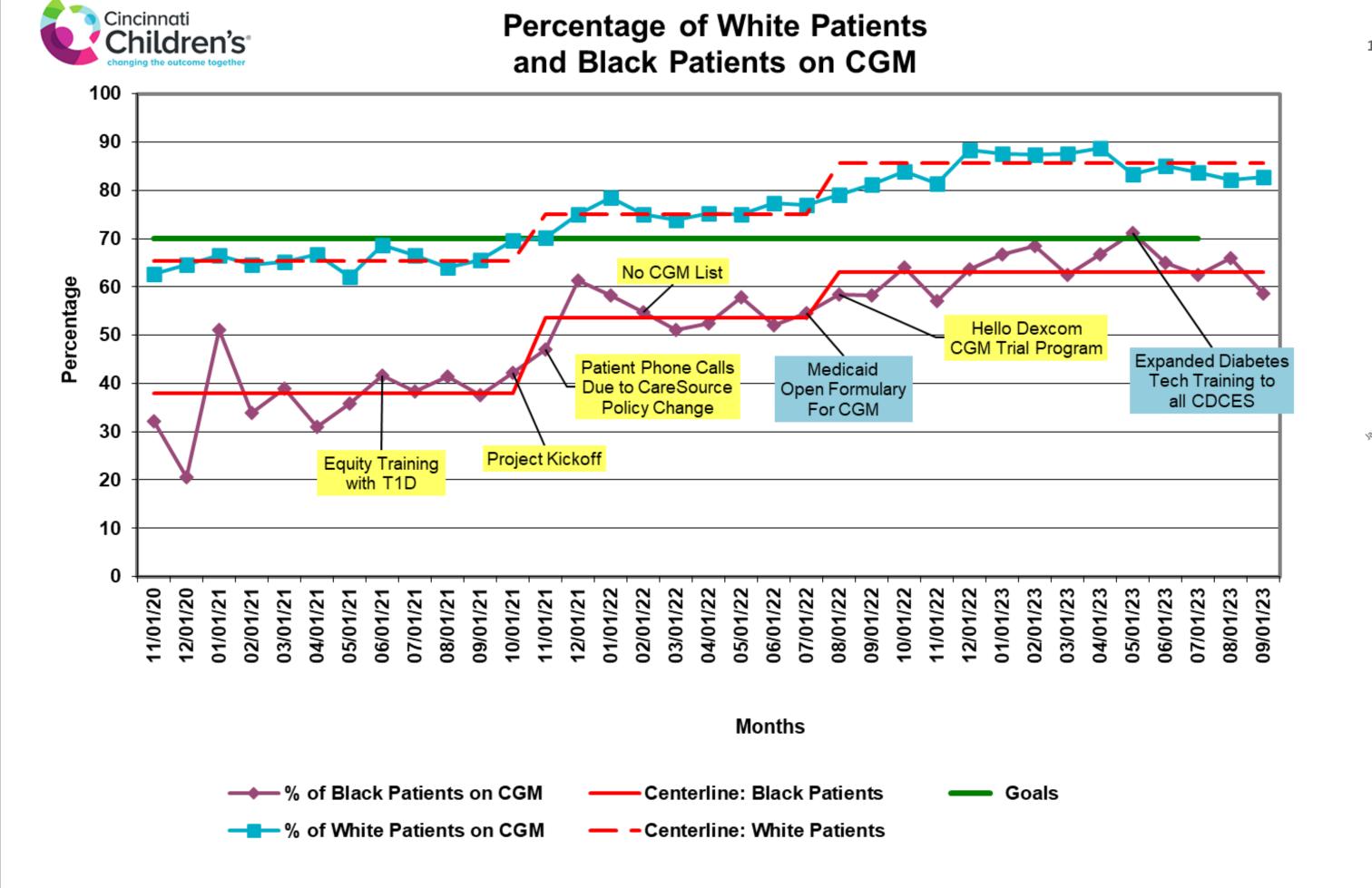
- Social determinants of health screening
- Diversity, Equity, and Inclusion training
- Voice of the Customer listening sessions
- Intentional identification and education of patients not on CGM
- CGM sampling program
- Onsite pharmacy and DME CGM distribution
- Shared decision-making tool
- Video with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

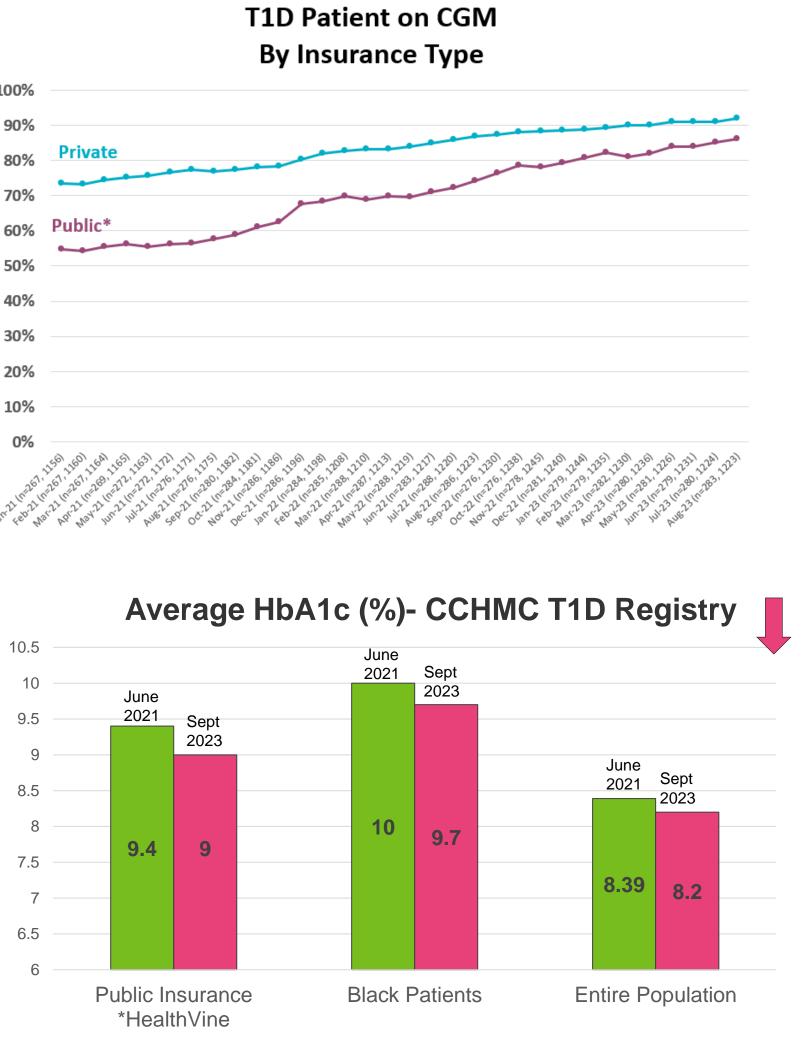
Health-equity-focused QI tools and Iterative Plan-Do-Study-Act (PDSA) cycles were used to monitor and assess implementation, impact, and improvement opportunities. Health outcomes were collected via patient registry. Data were stratified by race and



### 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

Janis Chiarenzelli, Gail Patten, Molly Williams, Rajvi Desai, Marissa Town, Amy Poetker, Tyler Mastin, Kristen Bell-Pryor, Karen Schiele, Tamika Matthews, Thomas Huang, Sarah Riddle, Melissa Healey, John Meyers, Josh Courter, Stacey Ishman, Staff and Providers of Cincinnati Children's Hospital Diabetes Center, T1D Exchange, Health Equity Network, The Leona M. and Harry B. Helmsley Charitable Trust

A special thank you to our patients and families!