

Effect of Remote Patient Monitoring on Subsequent 3-month Hemoglobin A1c in Youths and Young Adults with Type 1 Diabetes with Suboptimal Glycemic Control

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RISING TIDE
ALLIANCE



Children's Mercy
Research Institute
KANSAS CITY

THE LEONA M. AND HARRY B.
HELMSLEY
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Disclosures

No conflicts of interest



About Children's Mercy

Children's Mercy Diabetes Population

- 2,500 patients with Type 1
- 275 patients with Type 2

Staffing

- 2,900 Pediatric endocrinologists
- 5 APRN
- 27 Nurses; 16 FTE (15 with CDCES certification)
- 5 Dieticians (4 with CDCES certification)
- 5 Social Workers
- 2 Psychologists

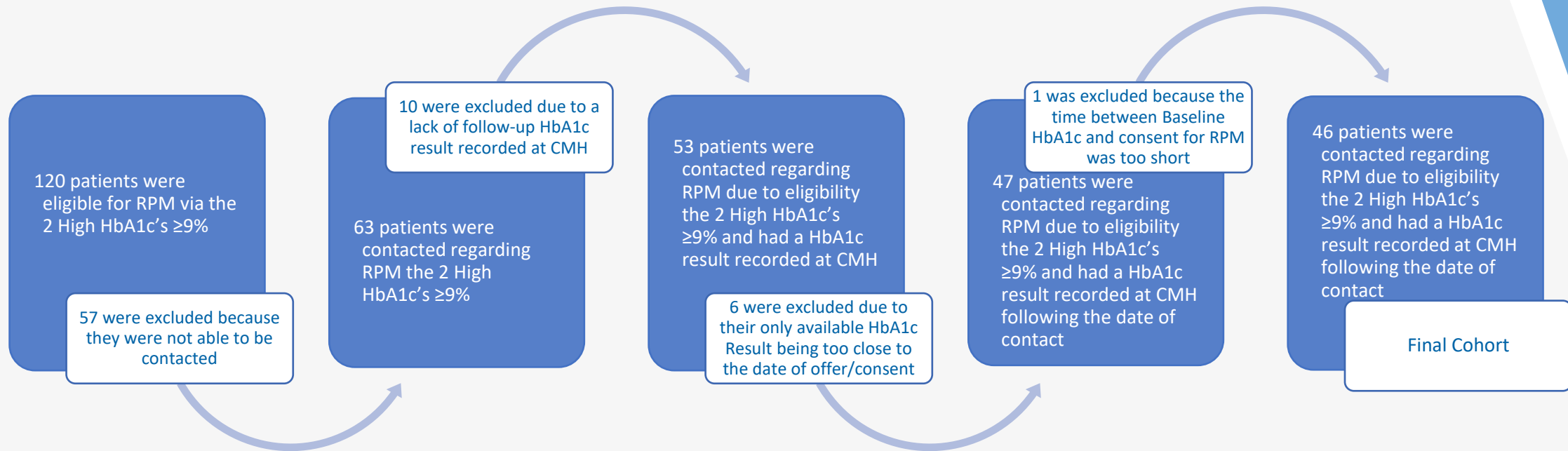
Background/Objective

- Remote Patient Monitoring (RPM) – Telehealth intervention
 - Offered free of charge to those eligible
 - No new onset included; minimum 6 months since Dx
 - Minimum HbA1c 7.2%
- Multiple Referral Sources
 - Predictive models
 - Provider Referral
 - 2 HbA1c's $\geq 9.0\%$ within the last 12 months (High A1c List)

Methods

- Retrospective analysis 2020-2023
- Inclusion/Exclusion
 - No more than 90 days between qualifying HbA1c date and contact regarding RPM
 - Must have HbA1c result at least 90 days after first completed RPM visit

Inclusion/Exclusion



Demographics

	Cohort	Completers	Non-Completers
Total No	46	20	26
Sex			
Female	17 (37%)	7 (35%)	10 (38.5%)
Race			
White	28 (60.9%)	12 (60%)	16 (61.5%)
Black	8 (17.4%)	4 (20%)	4 (15.4%)
American Indian or Alaska Native	1 (2.2%)	1 (5%)	0 (0%)
Multiracial	5 (10.9%)	2 (10%)	3 (11.5%)
Asian	1 (2.2%)	0 (0%)	1 (3.8%)
Hispanic	2 (4.3%)	0 (0%)	2 (7.7%)
Declined	1 (2.2%)	1(5%)	0 (0%)
Duration of T1D at baseline (years)	3.8 (2.3-9.5)	3.4 (2.2-9.3)	4.2 (2.4-9.5)
CGM Present at Baseline	38 (82.6%)	17 (85%)	21 (80.1%)
Pump Present at Baseline	27 (58.7%)	13 (65%)	14 (53.8%)
Baseline HbA1c	10 (9.1-12.2)	10.2 (9.2 - 12.6)	9.8 (9.1-11.7)

Results

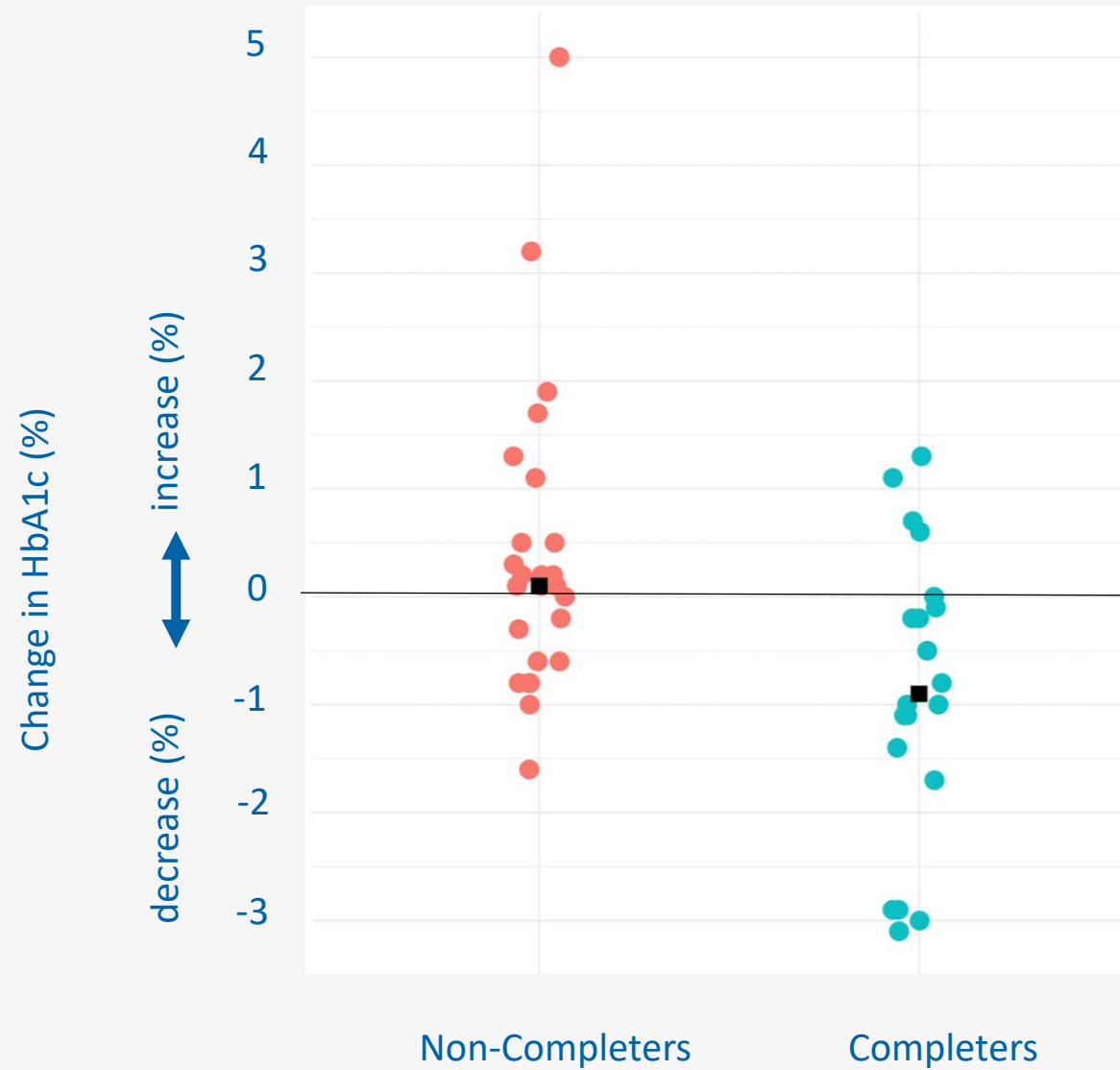


Figure 1. Change in HbA1c (%) in non-completers (n=21) versus completers (n=15). The black squares represent the median change in HbA1c (%) in each group.

Next Steps

- Larger Matched Cohort
- Dose effect of visits
- Implementation of High A1c list as introductory recruitment method



RISING T1DE
ALLIANCE

Leveraging EMR Data to Enable Remote Patient Monitoring in the ROCKET T1D Program

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PRESENTER DISCLOSURES

- Independent consultant to Dexcom and Insulet
- Patent: D3 hypoglycemia prediction algorithm

ROCKET T1D RPM PROGRAM



Remote Outreach & Care
for Kids' Empowerment and Technology
use in T1D

- Overarching Aim: To empower youth and their families to leverage emerging technology, improve diabetes self-management habits, and achieve their self-care goals to thrive with T1D

3 MAJOR COMPONENTS OF PROJECT



1) Remote patient monitoring (RPM):
via EMR diabetes registry
and Glooko Population
Tracker



2) Predictive analytics:
validated DKA risk score
(RI-DKA)



3) Timely interventions:
Targeted, timely, tailored
care by diabetes team





RPM PROGRAM

- **Launch:** Active participation phase with clinical outreach focused on diabetes management habits
- **Orbit:** RPM phase with periodic data review and therapy adjustment if needed
- **Team:** CDCES, Social Worker, Care Coordinator, MD, APP, Fellow meet weekly (**Mission Control Meetings**)

Target Population:

- All new onset T1D patients
- Established patients with
 - Moderate to high RI-DKA score
 - Starting new technology
 - Recent DKA

PREDICTIVE ANALYTICS

- Incorporates validated DKA risk score (RI-DKA)

The screenshot displays a clinical dashboard for a patient named Emily Test. On the left, a patient summary sidebar includes demographic information (Female, 10 y.o., 10/10/2011), MRN (1569012037), and various clinical metrics such as height, weight, and blood pressure. A red arrow points from this sidebar to the main dashboard. The main dashboard features a 'Diabetes DKA Risk Score' section with a large yellow callout showing a score of 4.5, a change of -0.375 over the last 3 months, and a color-coded bar chart showing the score decreasing from 4.875 3 months ago to 4.5 today. A red arrow points from a text box 'Risk score with change over user-specified timeframe' to this section. Below the score, a table lists 'Additional Factors' contributing to the risk, including 'Hemoglobin A1c' (8.8% increase, changed about an hour ago), 'Number of DKA Encounter in Past 2 Fiscal Years' (0, 15 months ago), and 'Patient is on Public/Self Pay/Charity' (Yes, 3 years ago). A red arrow points from a text box 'Factors contributing to risk and their change over time' to this table. Another red arrow points from a text box 'Risk levels color-coded' to the trend graph.

LAUNCH PHASE: ANCHORED BY THE 6 HABITS



Original Investigation | Diabetes and Endocrinology

Feasibility of Electronic Health Record Assessment of 6 Pediatric Type 1 Diabetes Self-management Habits and Their Association With Glycemic Outcomes

Joyce M. Lee, MD, MPH; Andrea Rusnak, MS; Ashley Garrity, MPH; Emily Hirschfeld, BA; Inas H. Thomas, MD; Michelle Wichorek, PhD; Jung Eun Lee, MS; Nicole A. Riales, MA; Osagie Ebekozien, MD, MPH, CPHQ; Sarah D. Corathers, MD

Ref: Lee et al. *JAMA Network Open*. 2021;4(10):e2131278

In collaboration with Joyce Lee, MD MPH; Ashley Garrity, MPH; and Justine Ross



U-M Pediatric Diabetes



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EMR TOOLS: TCH DIABETES REGISTRY

TCH Diabetes Registry

My Diabetes Patient Reports
Last Refresh: 03:09:23 PM

Provider Specific Registry Reports

[My Diabetes Patients](#)

Department Specific Registry Reports

[Registry Patients by Location](#)

Diabetes Qlikview Application

[Qlikview Application](#)

Clinic Process Team Aims
Last Refresh: 03:09:23 PM

Has Eye Exam Completed Past 2 Year (Types 1 & 2)				
Has Microalbumin/Creatinine Ratio Past 1 Yr (Types 1 & 2)	77%	77%	77%	77%
Has Lipid Panel Past 5 Years (Types 1 & 2)	99%	99%	99%	99%
Has TSH Past 2 Years (Type 1)	94%	91%	91%	91%
Has 4 or More Endocrine Visits Past 1 Year (Type 1)	56%	47%	47%	47%
Has RD Encounter Past 1 Year (Types 1 & 2)	76%	78%	78%	78%

Community Team Aims
Last Refresh: 03:09:24 PM

	Aug	YTD	QTD	MTD
Received School Packet Past 12 months (Types 1 & 2)	69%	68%	68%	68%
Received Flu Vaccine in Past 6 months (Types 1 & 2)	0%	0%	0%	0%

At Risk Team Aims
Last Refresh: 03:09:24 PM

TCH ROCKET T1D
All Patients Registry
(includes all metrics)

ROCKET T1D
LAUNCH
Registry

ROCKET T1D
ORBIT
Registry

results expired: Fri 9/29 03:02 PM

19 New Patients

results expired: Fri 9/29 03:03 PM

0 Due Today

Next 10 Days

[No Value]

Registry Reports
Last Refresh: 03:09:24 PM

REACH

[My Active REACH Patients \(Care Team\)](#)

[Active Patients](#)

[Inactive Patients](#)

[Inactive Patients With Rising Risk](#)

Outreach Reports

[SW Patients Due For Outreach](#)

[Active Patients Scheduled Next 7 Days](#)

[Canceled/No Show Appointments: Past 2 Weeks](#)

HELLO

Diabetes Patients Reports
Last Refresh: 03:09:23 PM

[Diabetes Registry High Risk / Social Work- Minimal Metrics](#)

[Diabetes Registry High Risk / Social Work- Minimal Metrics - Active](#)

[Diabetes Registry High Risk / Social Work- Minimal Metrics - Inactive](#)

[Diabetes Registry Administration- primary](#)

[T1/T2 Bulk Communication Report](#)

[Diabetes Care Coordinator Report](#)

[Diabetes Registry USWNR- primary](#)

ROCKET T1D Registry Summary
Report completed: Fri 9/29 03:09 PM

RT1D Phase	Total Patients
Graduated from ROCKET T1D Program	13
Launch (Phase 1)	5
Launch established T1D (Phase 1)	1
Launch new onset T1D (Phase 1)	56
Launch: graduation/not progressing to orbit	13
Launch: new onset T1D (Phase 1)	6
Launch: withdrawal	3
Orbit (Phase 2)	28
Orbit withdrawal	1
[No Value]	2

ROCKET T1D Reports
Last Refresh: 03:09:24 PM

[Active Phase | LAUNCH Established Patients](#)

[Active Phase | LAUNCH New Onset](#)

[Monitoring Phase | ORBIT Patients](#)

[Graduated Patients](#)

[CDCES: Patients Due For Follow Up Next 7 Days](#)

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FLWSHEET & DASHBOARD

Endocrine ROCKET T1D: Patients Due For Follow Up Next 7 Days [9829026] as of Fri 7/29/2022 9:31 AM

Follow Up Date	Follow Up Need	RT1D Assigned Team	Launch FYI	Orbit FYI	RT1D Phase	Diabetes Type	Date of Dx	Pump?	CGM?	DKA Risk Score	Last A1c	Date
08/05/2022	Other	Mission A (Med Center)	7/15/2022		Orbit (Phase 2)	Type 1	03/09/2020			2		09/18/2020
08/01/2022	Check in Week 3	Mission A (Med Center)	7/18/2022		Graduated from ROCKET T1D Program	Type 1	11/03/2014			?		

ROCKET T1D Intake

1m 5m 10m 15m 30m 1h 2h 4h 8h 2

Note Only from 6/5/2023
6/5/2023
1200

ROCKET T1D Details

Phase

6 Self-Management Habits

Habit #1: Blood glucose checking frequency on download

Habit #2: Average # of bolus insulin doses per day on download (for pump) and patient report

Habit #3: Type of intensive therapy

Habit #4: Timing of insulin with meals

Habit #5: Times blood glucose or insulin data were downloaded and reviewed for blood glucose

Habit #6: Times insulin was adjusted by family or by diabetes team since the last diabetes clinic visit

CDCES ROCKET T1D Follow Up

CDCES Follow Up Date

CDCES Follow Up Need

Launch: established T1D (Phase 1)

Launch: new onset T1D (Phase 1)

Launch: withdrawal

Launch: graduation/not progressing to orbit

Orbit (Phase 2)

Orbit: withdrawal

Graduated from ROCKET T1D Program

Allergies

- Azithromycin (High - Hives)
- Fish-derived Products (High - Anaphylaxis)
- Amoxicillin (Medium - Itching)
- Penicillin G Benzathine (Medium - Rash)
- Cefzil [cefprozil] (High - No reactions specified)
- Penicillins (High - Hives, Itching, Rash)
- Lanolin (Medium - Itching, Swelling)
- Sulfasalazine (Medium - Diarrhea)

Outpatient Medications

- acetaminophen PO CHEW TAB 160 mg (9 months ago)
- amphetamin/dextroamphetamine (ADDERALL XR (10MG)) PO CAP XR 10 mg (1 year ago)
- azelastine NASAL SPRY 137 mcg/spray (1 year ago)

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OUTREACH DOCUMENTATION VIA FLOWSHEETS

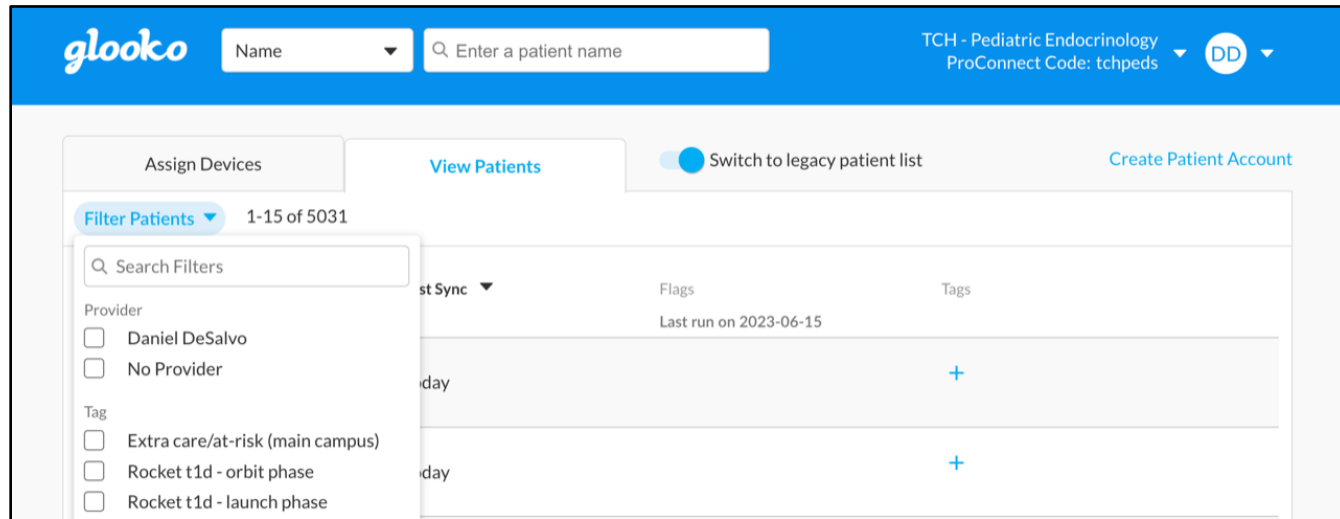
The screenshot displays a medical software interface for documenting patient care. The main window is titled 'Flowsheets' and shows a patient's record for 'Diabetes Self-Mgmt Be...'. The interface includes a navigation bar with tabs for Snapshot, History, Chart Review, Rooming, Screening, Notes, Flowsheets, Plan, Wrap-Up, Research Studies, Patient Goals, and Flowsheets. Below the navigation bar, there are various toolbars and a search bar. The main content area shows a table of data points for the patient's care. The table has columns for time intervals (1m, 5m, 10m, 15m, 30m, 1h, 2h, 4h, 8h, 24h) and a column for the value. The value '1400' is highlighted in blue. The table also includes a section for 'OTHER' data points, such as 'Blood glucose testing frequency on download' (2 times/day), 'Average # of bolus insulin doses per day on download (for pump) and patient report (for MDI)' (4 times/day), 'Type of intensive therapy' (MDI), 'Timing of insulin with meals' (Immediately be...), 'Times blood glucose or insulin data were downloaded and reviewed for blood glucose patterns since the last diabetes c...' (3 times), and 'Times insulin was adjusted by family or by diabetes team since the last diabetes clinic visit' (4 times). The right sidebar provides detailed information about the value, including 'Value Information' (2 times/day !, Taken by: Test, Tch Rn Int DI, RN at 5/13/22 1400 (today), Recorded by: Test, Tch Rn Int DI, RN at 5/13/22 1435 (today)), 'Row Information' (Definition of performing habit #1: Checks blood glucose >= 4 times per day if not on a CGM or uses CGM.), 'Last Filed Values (24 hours)' (2 times/day !, by Test, Tch Rn Int DI, RN at 5/13/22 1400), and 'First Filed Value' (2 times/day !, by Test, Tch Rn Int DI, RN at 5/13/22 1400).

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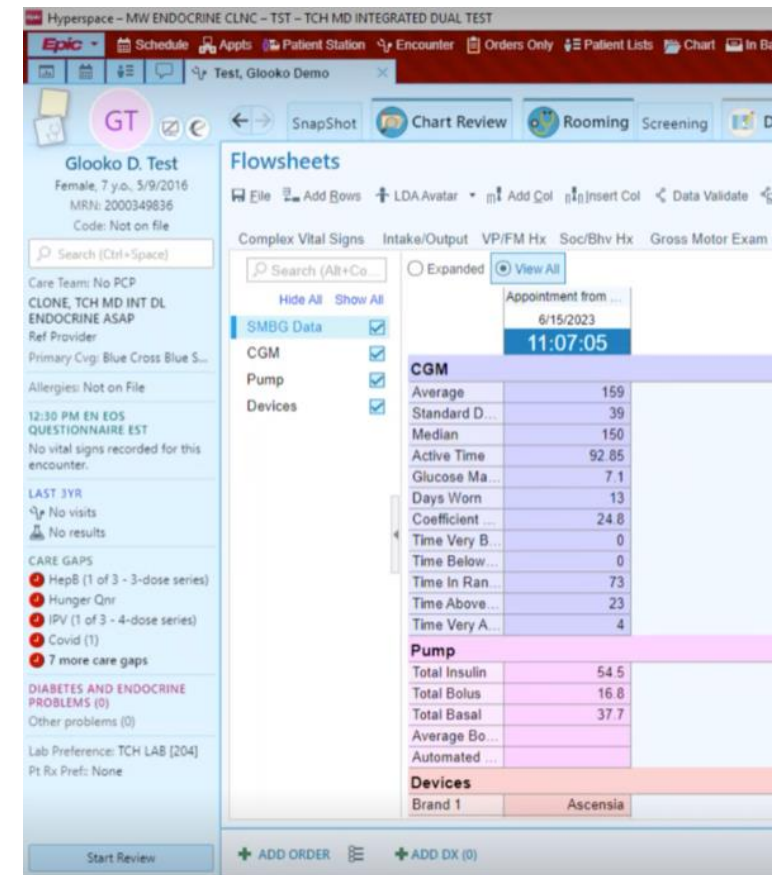


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RPM USING GLOOKO POPULATION TRACKER

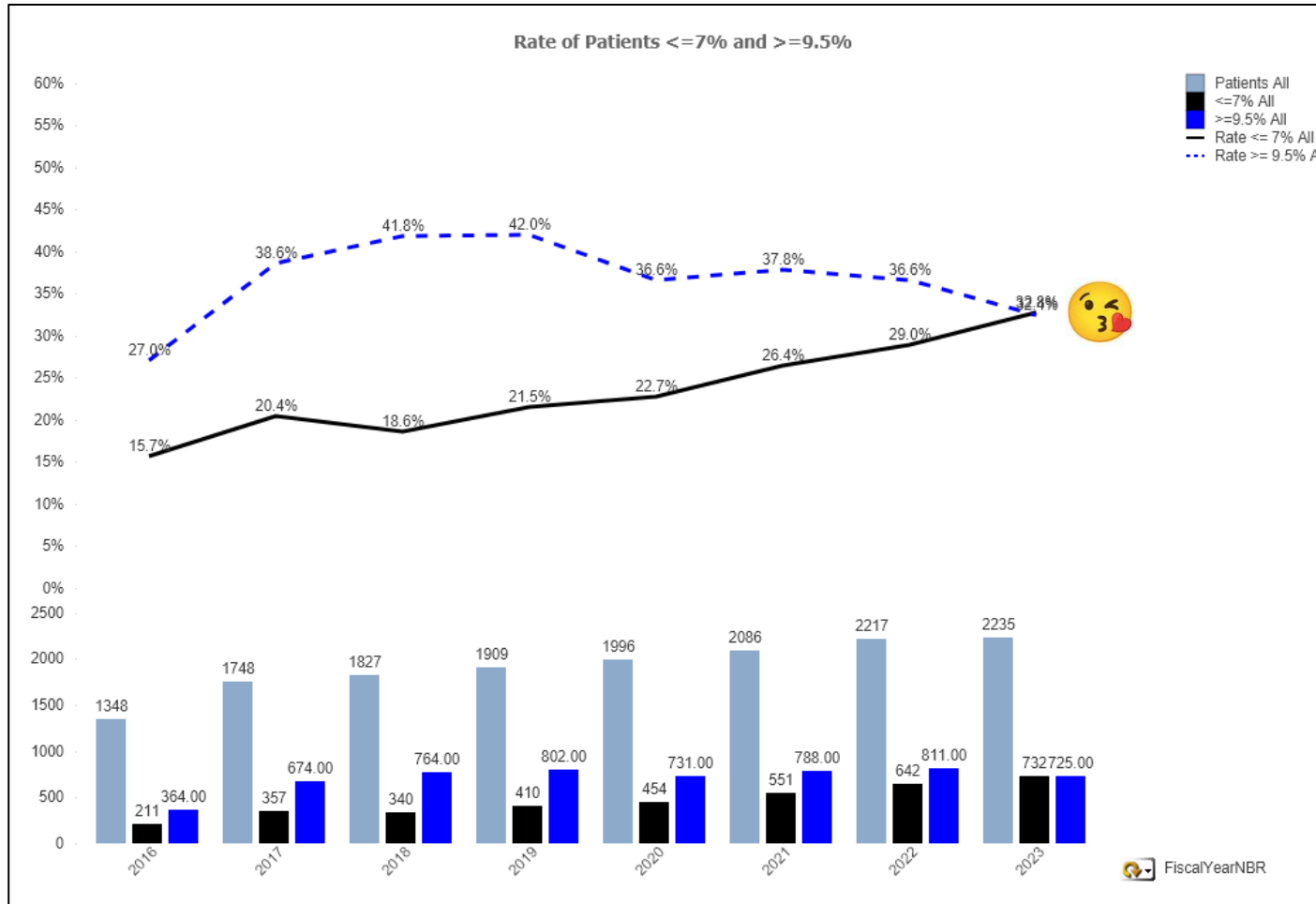


- Syncs data in real-time
- Access remote data on-demand as interactive reports
- EMR integration





IMPACT ON TCH T1D POPULATION



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ACKNOWLEDGEMENTS AND GRATITUDE

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- **HELMSLEY** G-2206-05307
CHARITABLE TRUST



- Clinical team, including CDCES, social workers, care coordinator, community health worker, APPs, fellow
- Kelly Timmons, BSN, RN
- Don Buckingham, MBOE, CPHQ
- Youth with diabetes and their families

PEDIATRIC DIABETES & ENDOCRINOLOGY



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November 15, 2023

The Design of the Electronic Health Record in Type 1 Diabetes Centers: Implications for Metrics and Data Availability for a Quality Collaborative

Donna S. Eng, MD¹; Emma Ospelt, MPH²; Brian Miyazaki, MD³; Ryan McDonough, DO, FAAP⁴; Justin A. Indyk, MD, PhD⁵; Risa Wolf, MD⁶; Sarah K. Lyons, MD⁷; Anna Neyman, MD⁸; Naomi R. Fogel, MD⁹; Marina Basina, MD¹⁰; Mary Pat Gallagher, MD¹¹; Osagie Ebekozien, MD, MPH, CPHQ¹²; G. Todd Alonso, MD¹³; Nana-Hawa Yayah Jones, MD¹⁴; Joyce M. Lee, MD, MPH¹⁵

¹Michigan State University Helen DeVos Children's Hospital; ²T1D Exchange, Quality Improvement and Population Health; ³Children's Hospital of Los Angeles; ⁴Children Mercy Hospitals and Clinics; ⁵Nationwide Children's Hospital; ⁶Johns Hopkins University; ⁷Baylor College of Medicine; ⁸University Hospitals Rainbow Babies & Children's Hospital; ⁹Ann and Robert H. Lurie Children's Hospital of Chicago; ¹⁰Stanford University School of Medicine; ¹¹NYU; ¹²T1D Exchange; University of Mississippi; ¹³University of Colorado Denver - Anschutz Medical Campus, Barbara Davis Center; ¹⁴Cincinnati Children's Hospital Medical Center; ¹⁵Michigan Medicine, Pediatric Endocrinology and Susan B. Meister Child Health Evaluation and Research Center



Disclosures

Dr. Joyce Lee is on the GoodRx medical advisory board and a consultant for Tandem Diabetes Care.

Dr Osagie Ebekozen is an advisor for Medtronic Diabetes and Sanofi Diabetes. He has received research support through his institution (T1D Exchange) from Abbott, Vertex, Eli Lilly, Dexcom and Medtronic.

Dr. Risa Wolf receives research support through her institution (Johns Hopkins) from Novo Nordisk as the center PI of a trial.

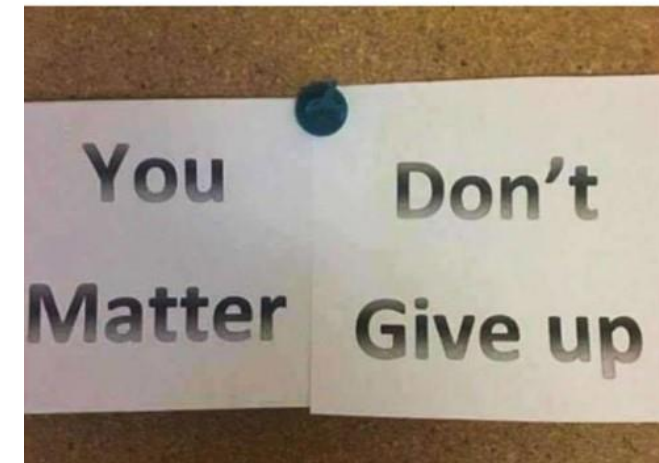
Design Matters!

Background

- Optimal Design of the EHR is critical to the quality and reliability of data captured to improve care and outcomes.
- We described EHR tools, workflows and data elements which contribute to core quality metrics in the TIDX-QI.



My boss loves putting inspirational quotes in the break room 👍👏😊



Methods

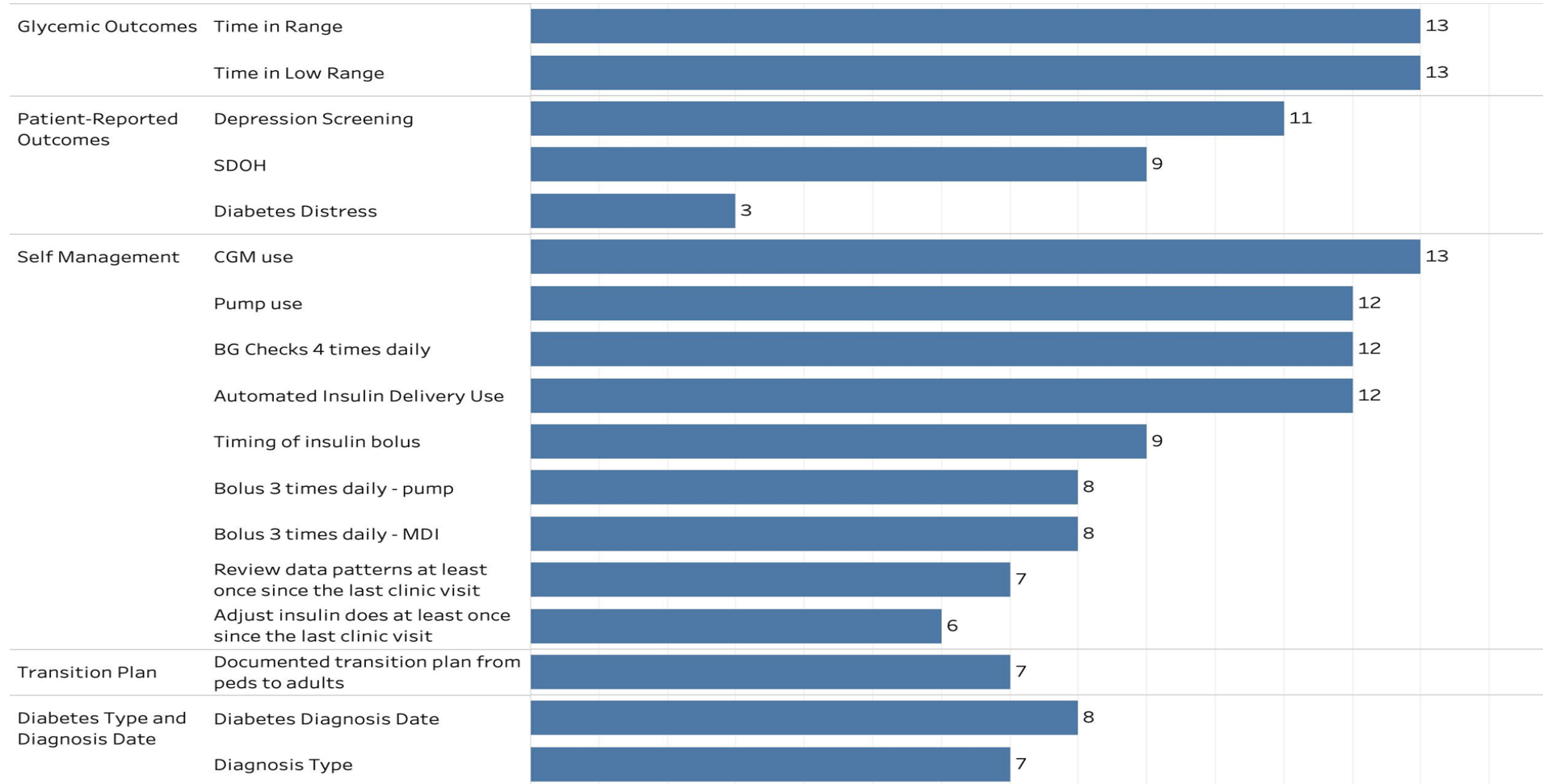
- Interview conducted over Zoom with QI representatives at thirteen T1DX-QI centers about their EHR tools and clinic workflows.
- Centers shared screenshots of EHR tools/interfaces used to capture and contribute to 17 data elements.

Insulin Delivery Data	
Daily Carbs entered into device	230
Patient Weight in kg	85
TDD/kg	1.2
Ketone dose	4
Diabetes Interval History	
Date of last diabetes visit	9/27/2022
Attended Clinic With	Mother
Associated Complications	none
# of DKA events (pH <7.3 or HCO3 <15) ...	0
number of school days missed since last ...	0
Number of times BG data was download...	0
Number of times insulin was adjusted by ...	0
Timing of Insulin with meals	Immediately before the meal
Pump site/ injection locations	Arms; Abdomen; Thighs
PHQ-9 Score	
If abn PHQ-9, has patient been refer for ...	
Interval History	
Self Management Behaviors	
Pt/Caregiver knows when to check for ke...	yes
Pt/caregiver knows how to manage exer...	yes
HYPOGLYCEMIA	
Experiencing Blood Glucose <50	No
Experiencing Nocturnal Hypoglycemia	Yes
Threshold at which child feels symptoms ...	60-69 mg/dl
Symptoms experienced by child when low	Dizziness; Sweating
Number of times child had severe hypogl...	
Pt/caregiver has glucagon and knows ho...	yes
Patient/caregiver knows how to treat a lo...	yes

Results

- 12 pediatric and 1 adult center
- All centers used structured data tools
- 10 using EPIC, 3 using Cerner
- Metrics per center ranged from 4 to 17 at each site

Results

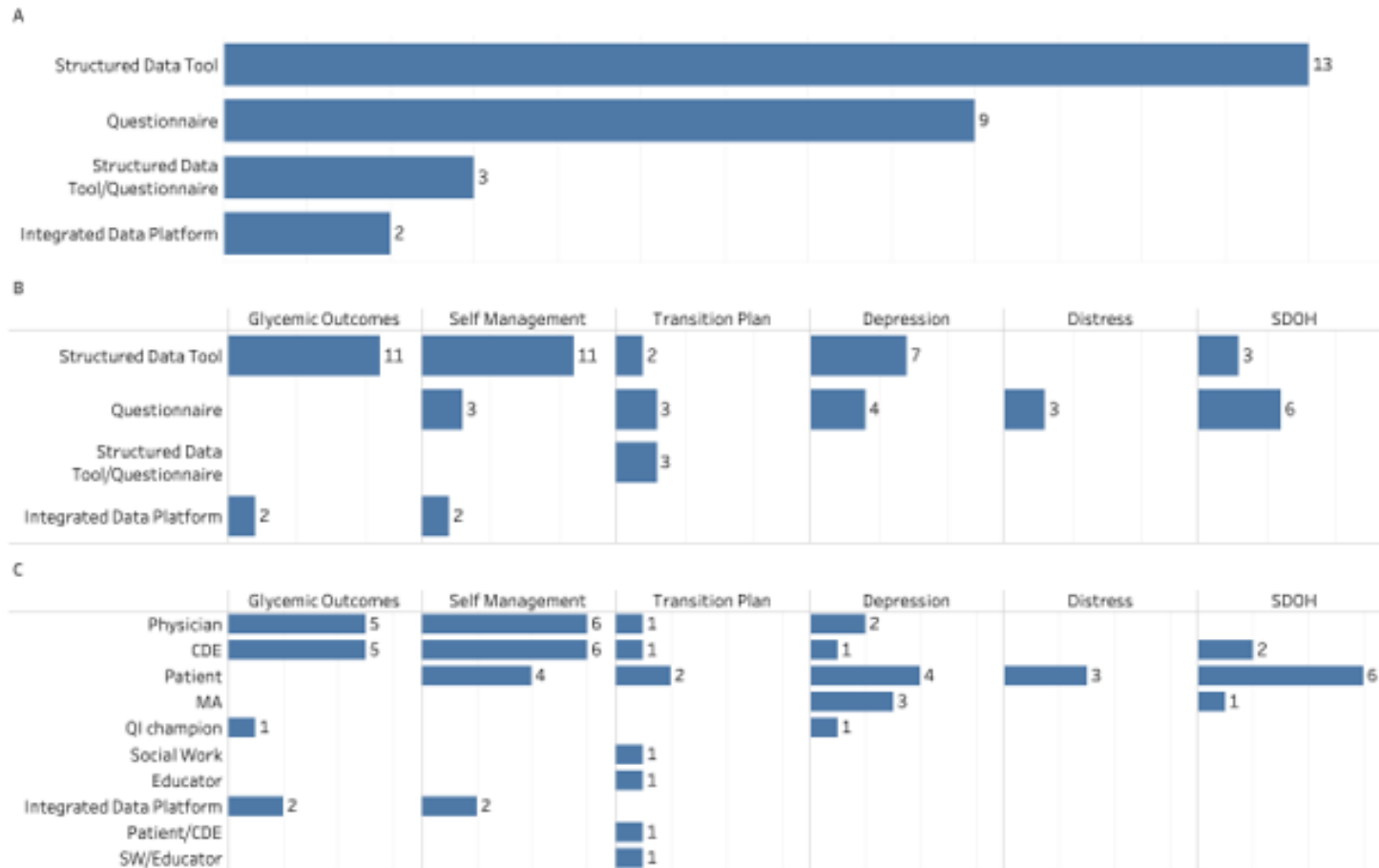


Results

CGM
<ul style="list-style-type: none"> • Is the patient using and wearing a continuous glucose monitor (Yes, No) • Days worn in the past 14 days (Numeric)
<ul style="list-style-type: none"> • Uses CGM (Yes, No) • CGM Type (Brands) • Wears CGM >70% of the time (Yes, No) • % Wear time
<ul style="list-style-type: none"> • CGM Model (Brands) • Days with CGM data (out of 14) (Numeric) • % Time CGM is active
<ul style="list-style-type: none"> • Does Patient Have a CGM? (Does Not Have CGM, CGM Brands) • CGM Use in the last 14 days (CGM Use-10-14 days; CGM Use-1-9 days; No CGM Use-0 days)

<ul style="list-style-type: none"> • Are you currently using a CGM? (Yes, No)* • Which CGM are you using? (Brands)* • % of time CGM used per 2 weeks (Numeric)
<ul style="list-style-type: none"> • CGM Brand (Brands)
<ul style="list-style-type: none"> • Continuous Glucose Monitor Device (Brands) • Number of days (Numeric) • % of time CGM active (Numeric)
<ul style="list-style-type: none"> • CGM Brand (Brands) • Start Date of CGM (Date) • Days with CGM data (typically out of 14) (Numeric) • How does your child usually do blood sugar checks? (Finger stick and glucose meter, CGM, Both meter and CGM, Don't check blood sugars)*
<ul style="list-style-type: none"> • Do you use CGM (Never used, Intermittent/used in past, Regular/currently in use) • Name of CGM Manufacturer (Brands) • % time CGM worn/active (Numeric)

Results



Results

Site	Data Elements	EHR Tools			Clinic Workflow	Individual who Inputs Data					Data Capture Frequency
		Automated Data Tools	Structured Data Tool	Questionnaire		DCES /Nurse	HCP	Patient	Social Work	QI champion	
A	17	•	•	•	Paired	•		•			Each Visit
B	17		•	•	Paired	•		•			Each Visit
C	15		•	•	Paired	•	•	•			Each Visit
D	16		•	•	Paired	•		•			Each Visit
E	14		•	•	HCP only	•		•		•	Each Visit
F	15		•		Paired		•		•		Each Visit
G	10		•	•	Paired	•	•	•			Each Visit
H	10		•	•	HCP only		•	•			Each Visit
I	12		•	•	Paired	•		•			Each Visit
J	12	•	•	•	Paired		•				Each Visit
K	8		•		HCP only		•			•	Each Visit
L	6		•		HCP only		•				Each Visit
M	4		•		HCP only	•					At Education Visits

Conclusions

- Systematic and comprehensive data acquisition from the EHR is critical for quality improvement.
- Current design of metric specification, tool design, and integration into workflows lacks standardization and poses barriers for provider adoption and data availability.
- Further work is needed to address standardization in EHR data elements, tools and workflows

Limitations

- Convenience sample of centers in the T1DX-QI skewed to those with more Health IT capacity
- Did not do video capture or electronic capture of workflows screenshots
- Did not evaluate data quality but focused on data availability at centers.

This work was supported by The T1DX-QI Collaborative is supported through the Leona M. and Harry B. Helmsley Charitable Trust. Support was also received from P30DK020572 (MDRC), P30DK092926 (MCDTR), and P30DK089503 (MNORC) from the National Institute of Diabetes and Digestive and Kidney Diseases and the Elizabeth Weiser Caswell Diabetes Institute at the University of Michigan.





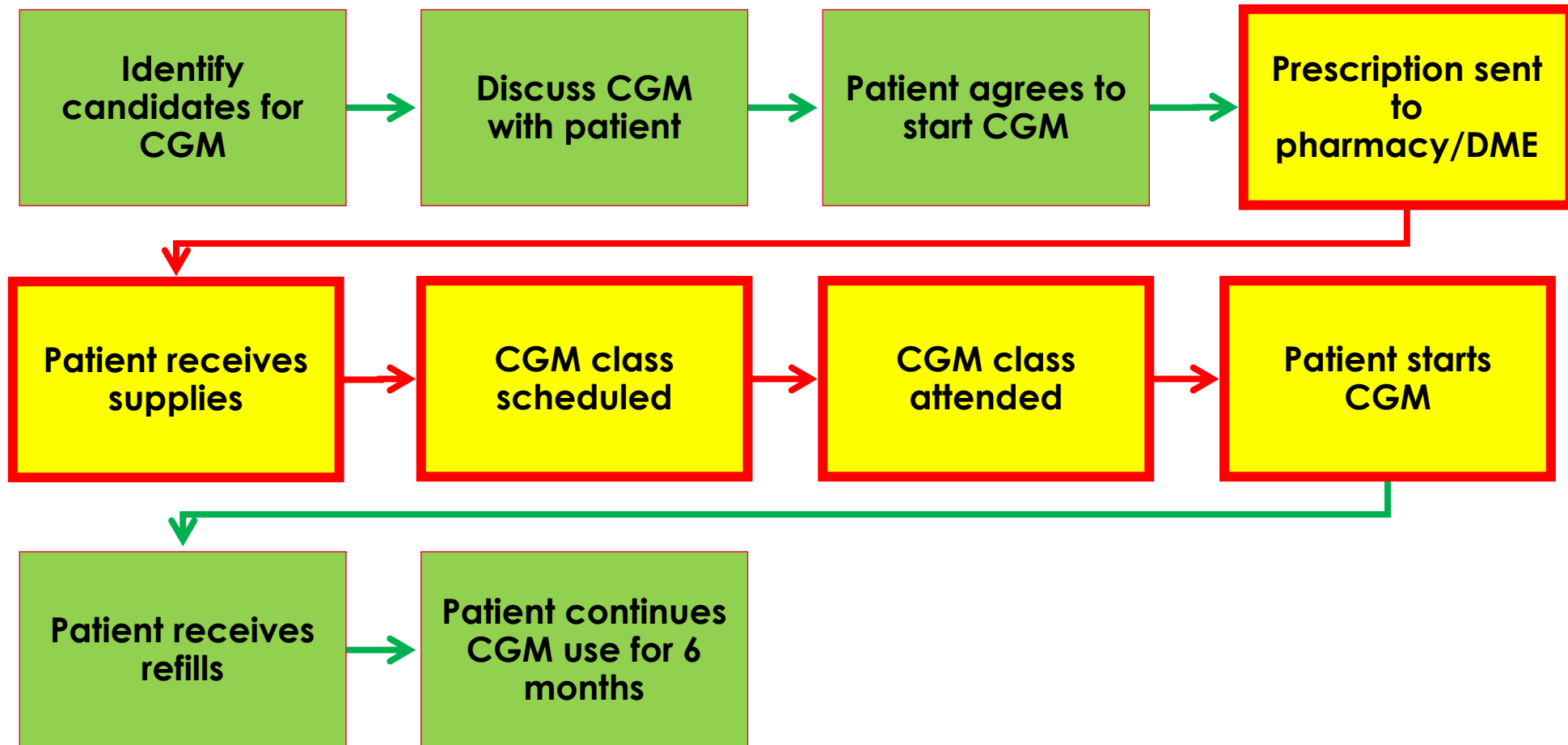
Developing a Tracking Tool for Continuous Glucose Monitor Prescriptions Among Children and Young Adults with Type 1 & Type 2 Diabetes

Amanda Perkins, CPNP, CDCES, MPH; Mai Tran, PharmD; Jody Grundman, MD, MPH; Sarah Lydia Holly, RN, BSN; Jennifer Reilly, RD, CDCES; Nina Verma, RRT; Shideh Majidi, MD, MSCS

Background

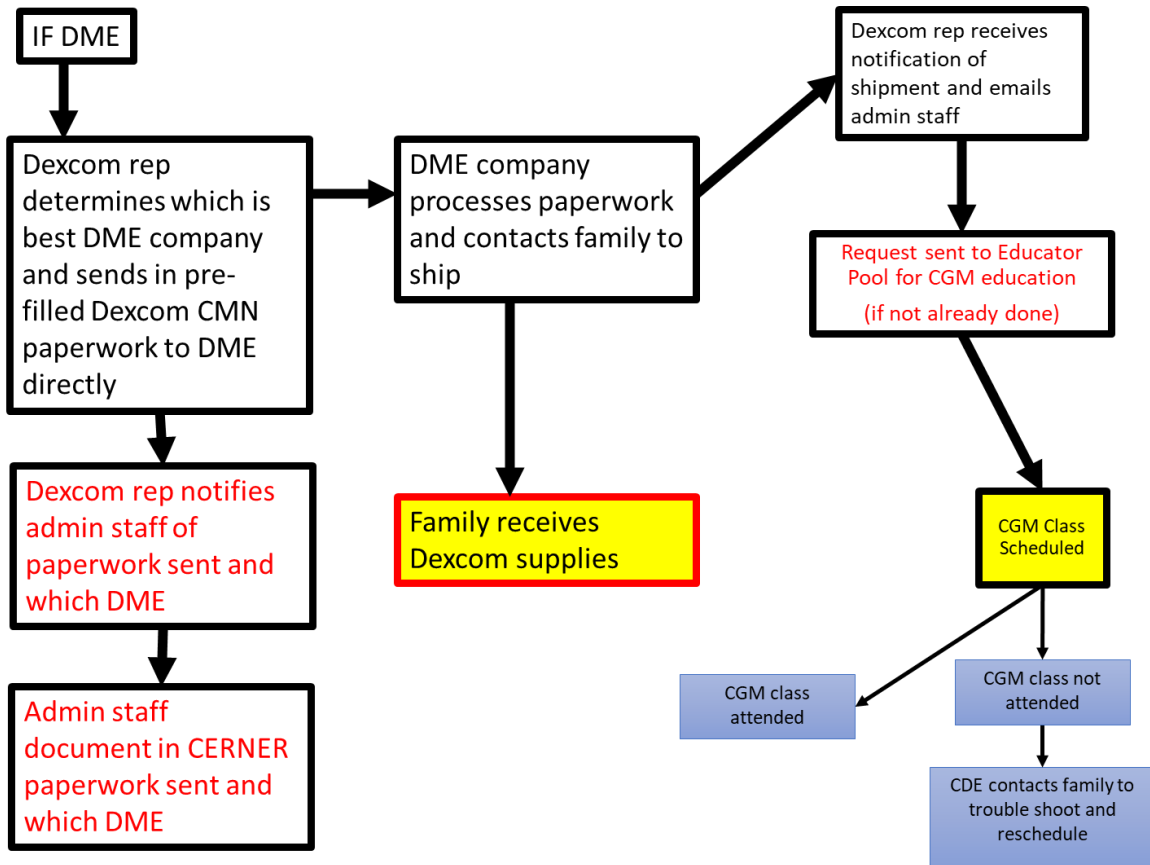
- Rates of Continuous Glucose Monitor (CGM) uptake remain suboptimal despite evidence that CGM use improves diabetes control and disparities exist
- Successful CGM uptake requires a multi-disciplinary team of prescribers, pharmacists, diabetes educators and administrative staff
- Inability to track new CGM prescriptions through initiation, fulfillment and patient education were identified in a fishbone diagram as barriers to uptake
- Change idea: Ability to track the process as a strategy to increase uptake

CGM Process Map: How it started

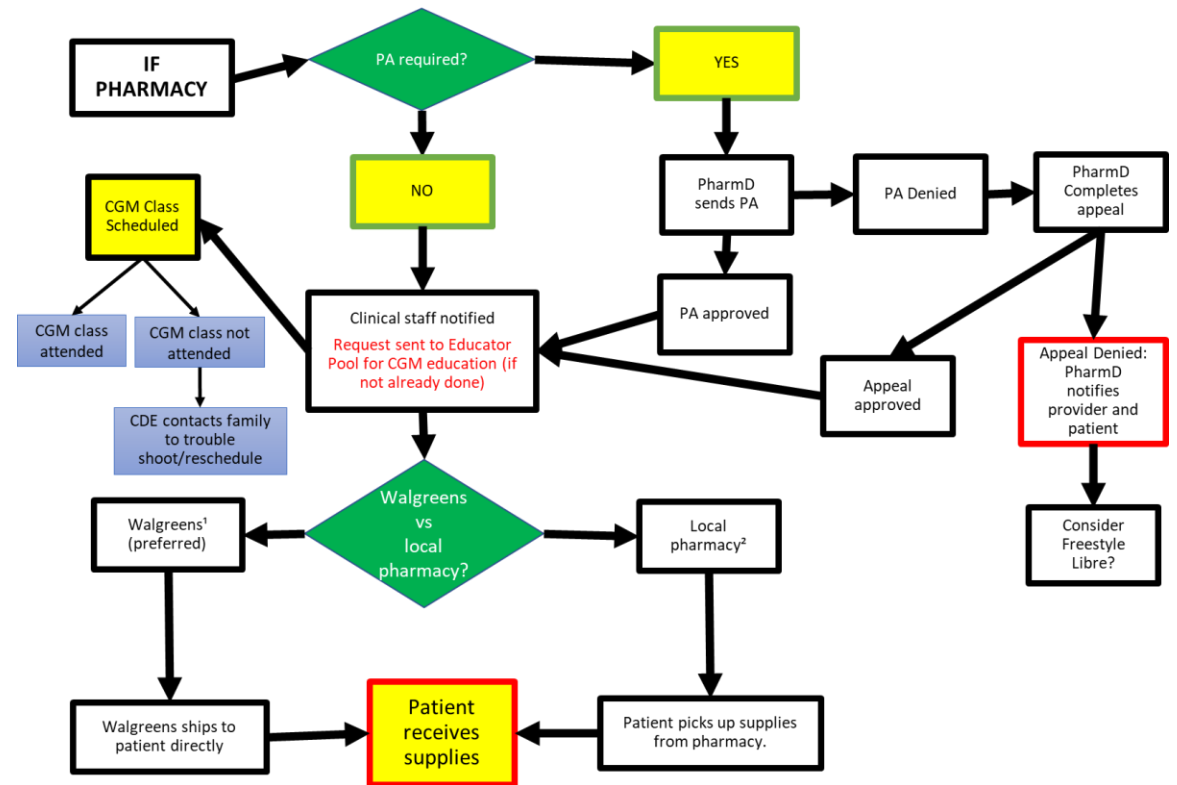


CGM Process Map: How it's going

Map for patients using DME



Map for patients with pharmacy benefit



- General Information
- Education
- Pharmacy Benefit
- DME Benefit

General Information

Date Request Initiated

Contact Information If Different From Below

Preferred Language

- English
- Spanish
- Other:

Type of CGM Requested

To enter free-text, start typing in combo box above

Comments

Receiver Needed

- Yes
- No

Contact Information

Primary Guarantor Info

Primary Care Provider Info

Insurance Information

No Data Available

Pharmacy Benefit Information



Education

Date CGM Education Requested

Date CGM Class Scheduled

Date CGM Class Attended

If CGM Class Not Attended,
Follow-up Call To Family Done On:

Send education request to
educator pool with subject line
"CGM Education Request"

Notes - CGM Class Not Attended

**CGM
Powerform**

- General Information
- Education
- Pharmacy Benefit
- DME Benefit**

DME Benefit

DME Company

To enter free-text, start typing in combo box above

Paperwork Sent to DME Company

Document Sent	Date Document Sent	Comment
<Alpha>	<Date>	
<Alpha>	<Date>	
<Alpha>	<Date>	
<Alpha>	<Date>	
<Alpha>	<Date>	

DME Supplies Shipped to Patient

Yes
 No

Date DME Supplies Shipped to Patient

Reasons DME Supplies Not Shipped to Patient

Date DME PA Not Approved

PA Not Approved

Appeal or peer to peer completed
 Alternate CGM prescribed

Date DME Appeal/Peer to Peer Completed

Appeal Approved?

Yes
 No

Date Appeal Approved

Alternate CGM Prescribed

Date Alternate CGM Prescribed

To enter free-text, start typing in combo box above

Appeal Not Approved

Provider notified of appeal denied and consider alternate CGM
 Patient notified of appeal denied
 Other:

Date Provider Notified Appeal Not Approved

Alternate CGM Prescribed

Date Alternate CGM Prescribed

Date Patient Notified Appeal Not Approved

To enter free-text, start typing in combo box above

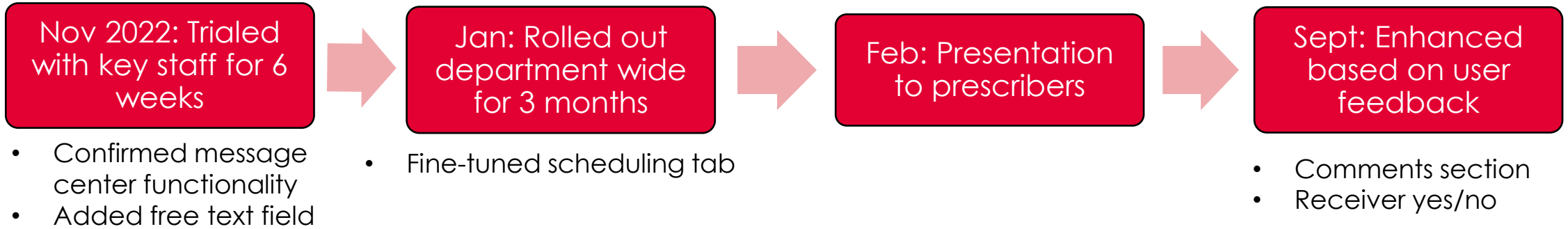
Appeal Paperwork

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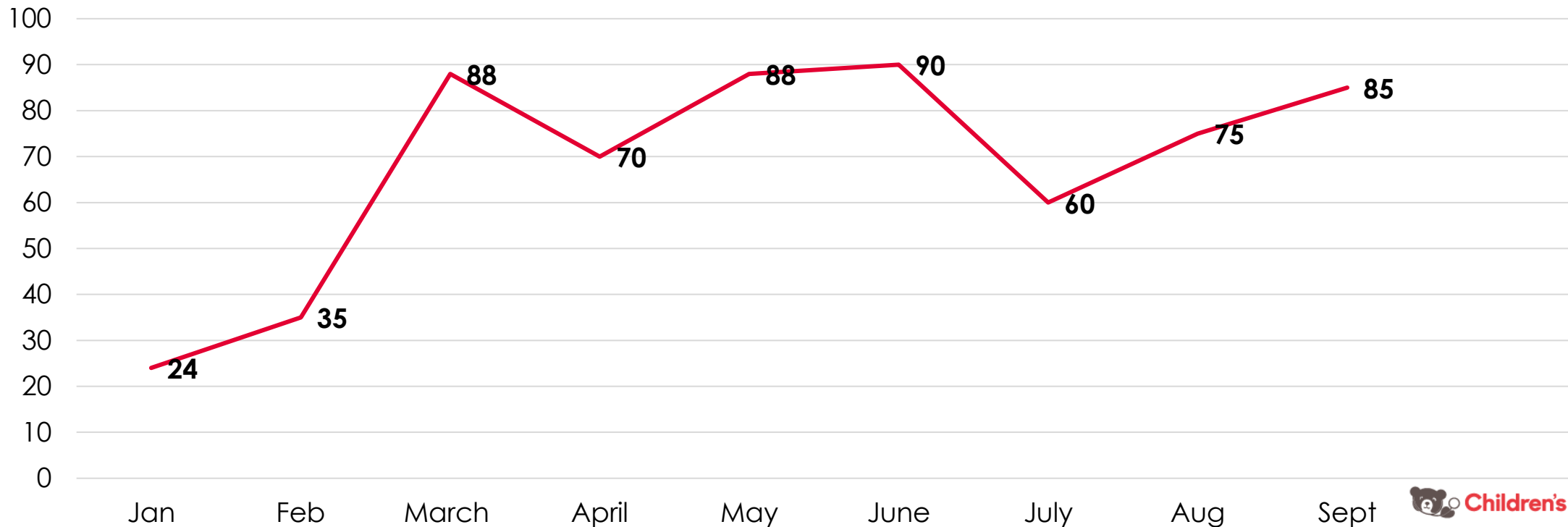
Additional Comments



PDSA Cycles and Usage



CGM Powerform Usage January – September 2023



Lessons learned

- Have a unified process and define it
- Multidisciplinary involvement is key

Next steps

- Extracted data from the CGM Powerform will identify areas for further process improvement and disparities in the process
- The QI team plans to implement a similar form to track insulin pump initiation

Conclusion

- An EMR embedded Powerform is a feasible and acceptable way for a multi-disciplinary team to track new CGM prescriptions through initiation, fulfillment and patient education and allows for a multi-disciplinary team to follow progress