T1D Exchange

State of Type 1 Diabetes 2023

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Chief Medical Officer

Disclosures

- Member of the Medtronic Diabetes and Sanofi Advisory Board.
- Research support from Medtronic Diabetes, MannKind Pharmaceutical, Dexcom, Eli Lilly Diabetes, Abbott, Vertex Pharmaceutical, Janssen Pharmaceutical.
- Consultation and speaker fees from Medtronic Diabetes, Sanofi and Vertex.
- All financial support from Industry through my organization T1D Exchange

- T1D Exchange is supported by grants from Leona M and Harry B Helmsley Charitable Trust and JDRF – Thank you!

Objectives

1. Demonstrate the importance of collaboration and quality improvement to improve outcomes for people with type 1 diabetes (PwT1D)

2. Highlight recent data on the glycemic and adverse outcome for PwT1D.

3. Describe practical strategies for improving population-based and reducing inequities for PwT1D.

4. Share lessons from a large network for T1D centers (T1DX-QI) committed quality improvement and practice transformation.

The State of Type 1 Diabetes in 2023

- **Engaging**: QI collaboration is supporting culture change!

- **Encouraging**: Inequities persists but gaps are reducing!

- **Exciting**: Outcomes are improving for everyone!

<u>Engaging</u>

Collaboration to contribute, benchmark and transform


Driving Equity and Innovation in the T1D Exchange Quality Improvement Collaborative: Advancing Outcomes Through Collaborative Change FREE

Shivani Agarwal ✉ iD ; Shideh Majidi; Nicole Rioles; Osagie Ebekozien; T1D Exchange Quality Improvement Collaborative

Evolution of the T1D Exchange Quality Improvement Collaborative (T1DX-QI): Using Real-World Data and Quality Improvement to Advance Diabetes Outcomes ⊘

Shideh Majidi ✉ iD ; Nicole Rioles; Shivani Agarwal; Osagie Ebekozien; T1D Exchange Quality Improvement Collaborative

Worsening HbA1c outcomes – T1DX Registry 2010/2012 vs 2016/2018
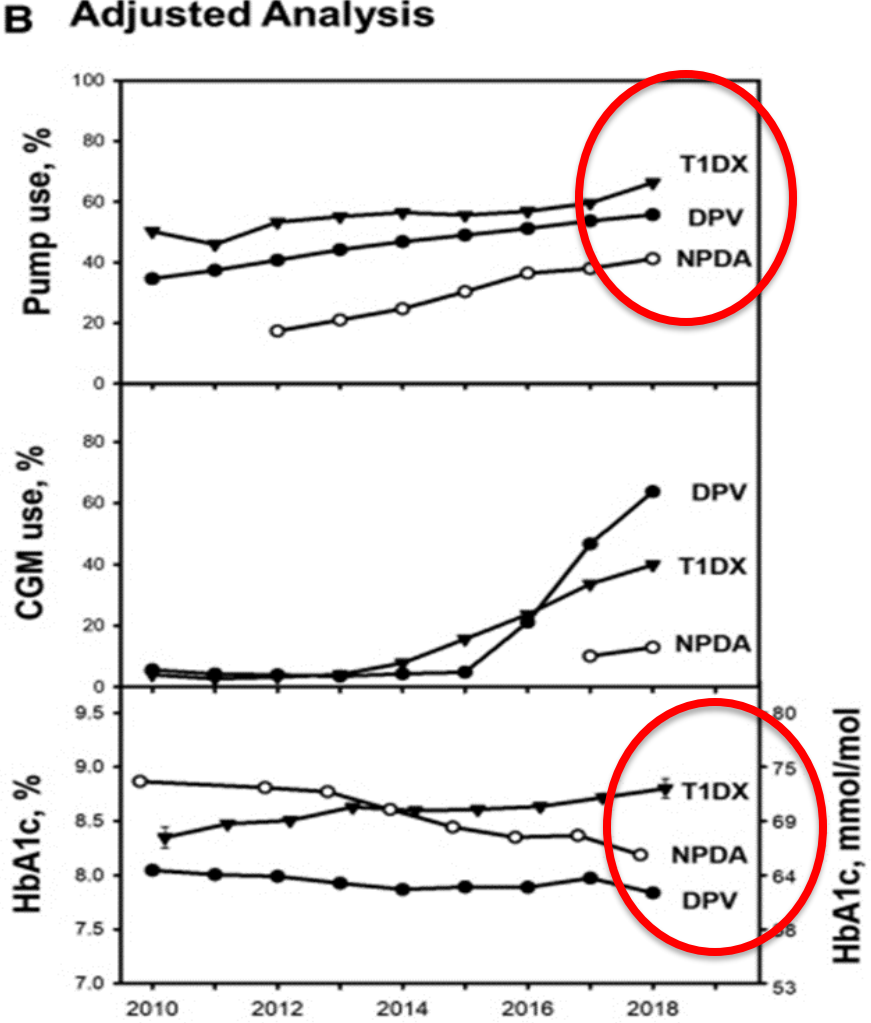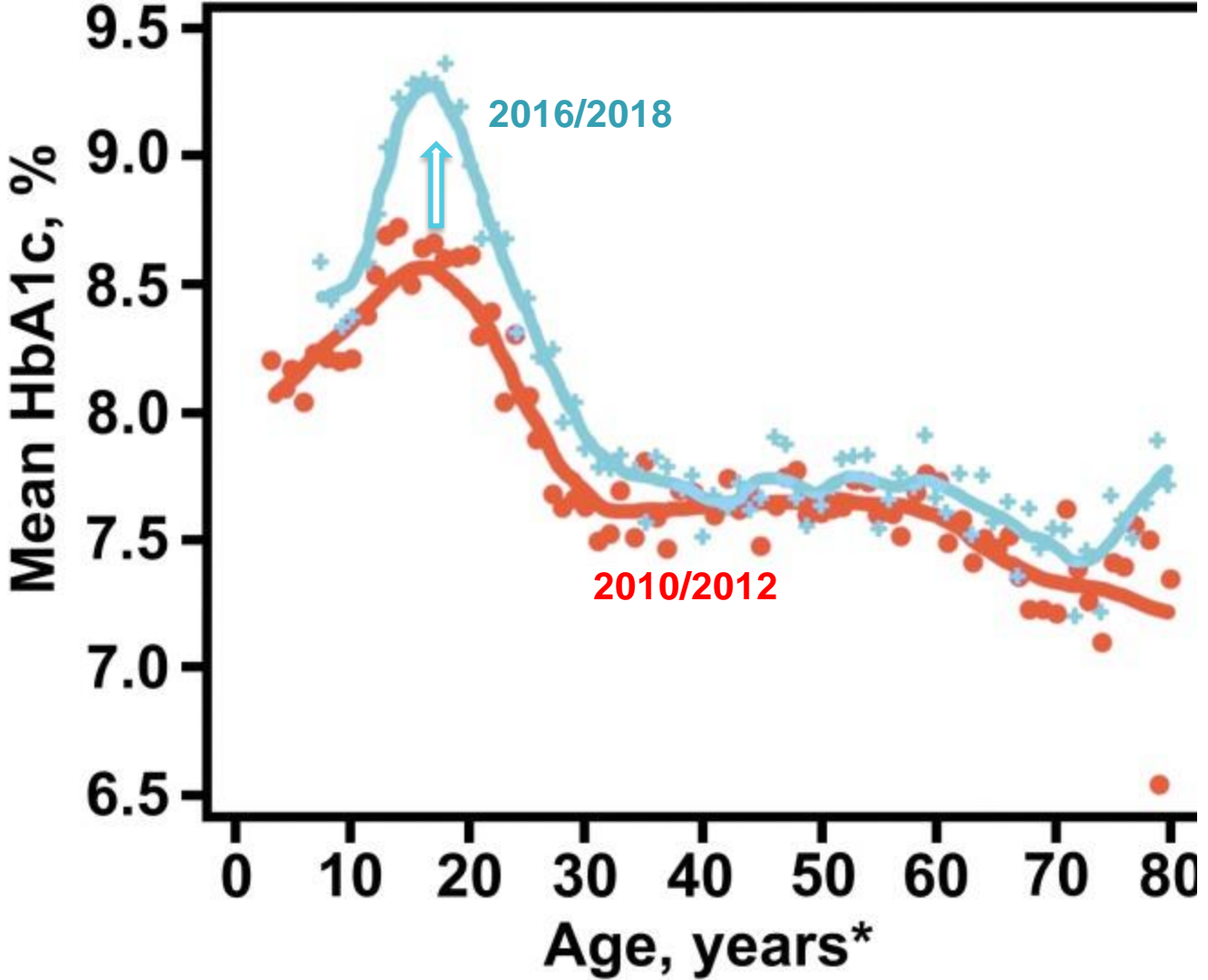
Foster NC, Beck RW, Miller KM, et al. State of Type 1 Diabetes Management and Outcomes from the T1D Exchange in 2016-2018. Diabetes Technol Ther 2019;21(2):66-72, doi:10.1089/dia.2018.0384

Lal RA, Robinson H, Lanzinger S, et al. Temporal Changes in Hemoglobin A1c and Diabetes Technology Use in DPV, NPDA, and T1DX Pediatric Cohorts from 2010 to 2018. Diabetes Technol Ther 2022;24(9):628-634, doi:10.1089/dia.2022.0095

T1DX-QI was established in 2016 to address this challenge

2016
Establishment of the T1D Exchange Quality Improvement Collaborative with 10 pilot centers

2017
Data specification developed
Key driver diagram developed

QI Portal v. 1
6,000 patients in the EMR database
1 change package
Improvement tracked in process metrics

2018
12 participating centers
QI Portal v. 2.0
20,000 patients in the EMR database
2 change packages
3 conference abstracts

2019
30 participating centers
QI Portal v. 2.5
26,000 patients in the EMR database
8 publications
18 conference abstracts
2 change packages
Improvement demonstrated in outcomes measures

2020
41 participating centers
QI Portal v. 3.0
55,000 patients with T1D served
38,000 patients in the EMR database
24 publications
59 conference abstracts
4 change packages
Sustained improvement in outcomes measures

2021
52 participating centers
QI Portal v. 3.4.4 version
80,000+ patients
58,000+ T1D patients in the EMR data base
41 publications
80 abstracts
5 change packages
Expanded international collaborations

2022
55 Centers serving 100,000+ people with T1D
9 Centers serving 25,000+ people with T2D
QI Portal v. 4.1
65+ publications
82,000+ T1D patients in the EMR database
Expanded health equity program
ADA President's Award

2023

Shivani Agarwal, Shideh Majidi, Nicole Rioles, Osagie Ebekozien. Driving Equity and Innovation in the T1D Exchange Quality Improvement Collaborative: Advancing Outcomes Through Collaborative Change Clinical Diabetes 2023.

T1D Exchange (T1DX-QI) Network of 55 T1D Centers in 22 States
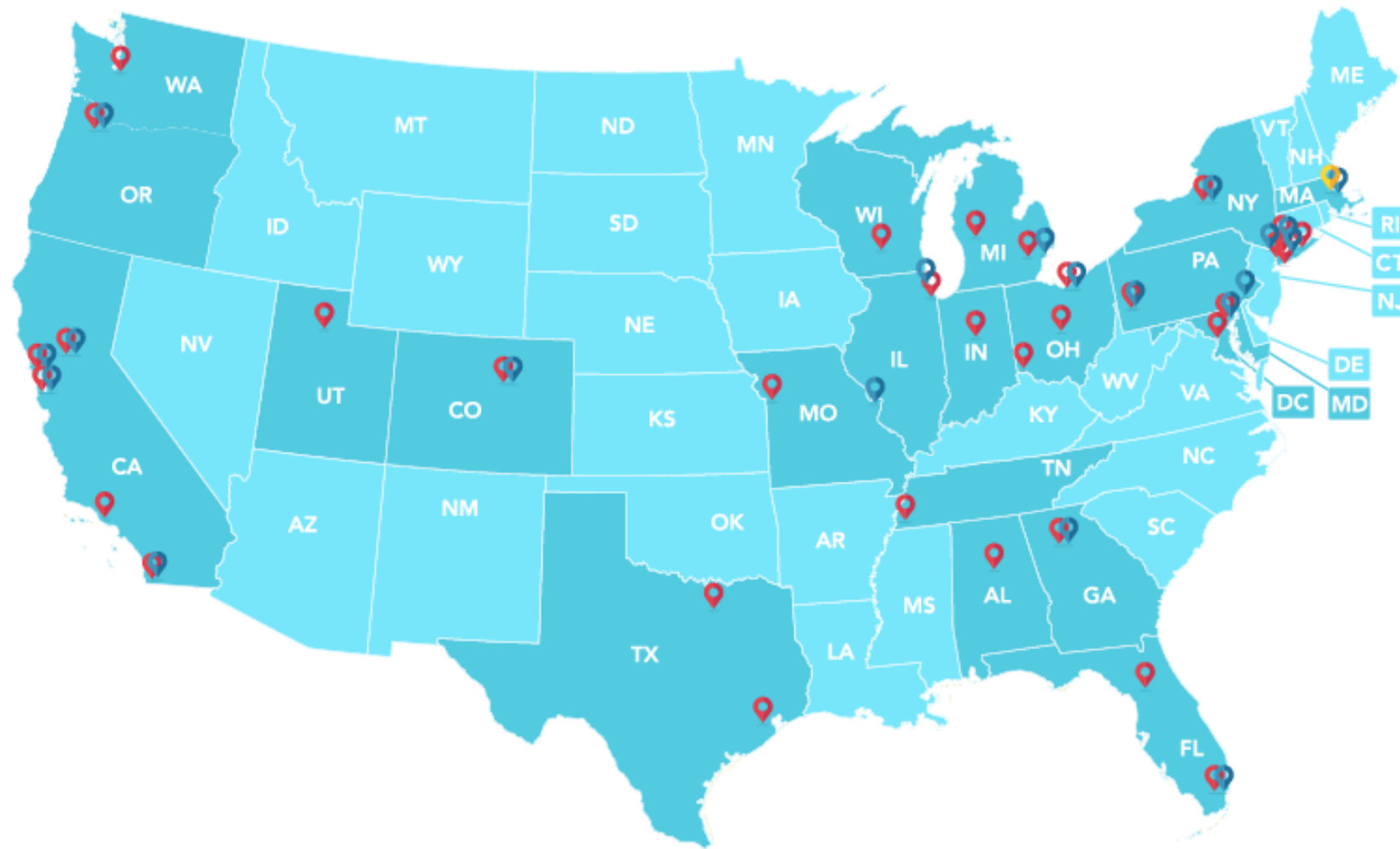
Pediatric   **Adult**   **T1D Exchange HQ**

Shivani Agarwal, Shideh Majidi, Nicole Rioles, Osagie Ebekozien. Driving Equity and Innovation in the T1D Exchange Quality Improvement Collaborative: Advancing Outcomes Through Collaborative Change Clinical Diabetes 2023.

Engage with PwT1D

- Advisory group

- Quality Improvement (QI) Team

- Insights on workflows

- Barriers and concerns

- Communication feedback

T1D *Exchange*

Sick Day Management for People with Type 1 Diabetes

Engage to share operational insights

Institutional Barriers to the Successful Implementation of Telemedicine for Type 1 Diabetes Care FREE

Joyce M. Lee; Emma Ospelt ✉ (iD) ; Nudrat Noor; Ann Mungmode; Osagie Ebekozien; Meenal Gupta; Faisal S. Malik; Naomi R. Fogel; Siham Accacha; Susan Hsieh; Meredith Wilkes; Anna Neyman; Francesco Vendrame; T1D Exchange Quality Improvement Collaborative

Study Aims:

1. Describe rate of telemedicine practice among pediatric and adult type 1 diabetes centers 18 months after the start of the COVID19 Pandemic.
2. Assess Institutional barriers to telemedicine implementation.

Key Results:

1. Telemedicine rate as of September 2021 was 20% higher than pre-pandemic levels.
2. Telemedicine visit decreased by 17% from September 2021 to September 2020.
3. Higher institution capacity for supporting telemedicine associated with higher telemedicine use.

Conclusion: A strong institution capacity which includes tested workflows, assigned staff, upload support and institutional goals are associated higher level of telemedicine use by diabetes centers.

Engage to share clinical perspectives

Understanding Providers' Readiness and Attitudes Toward Autoantibody Screening: A Mixed-Methods Study FREE

Emma Ospelt ✉ iD ; Holly Hardison; Nicole Rioles; Nudrat Noor; Ruth S. Weinstock; Kristina Cossen; Priyanka Mathias; Allison Smego; Nestoras Mathioudakis; Osagie Ebekozien; T1D Exchange Quality Improvement Collaborative
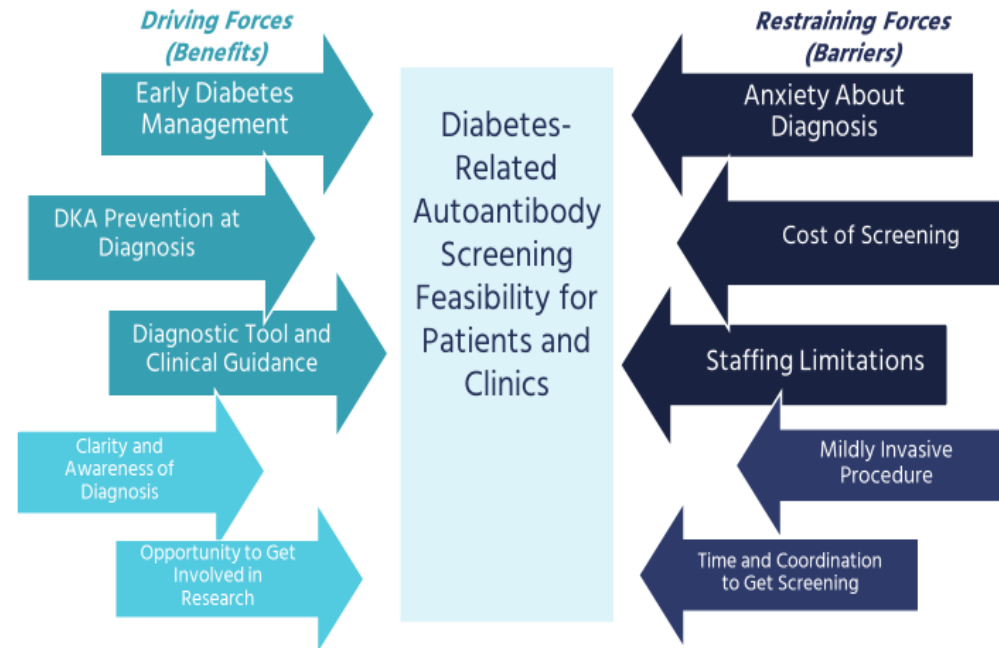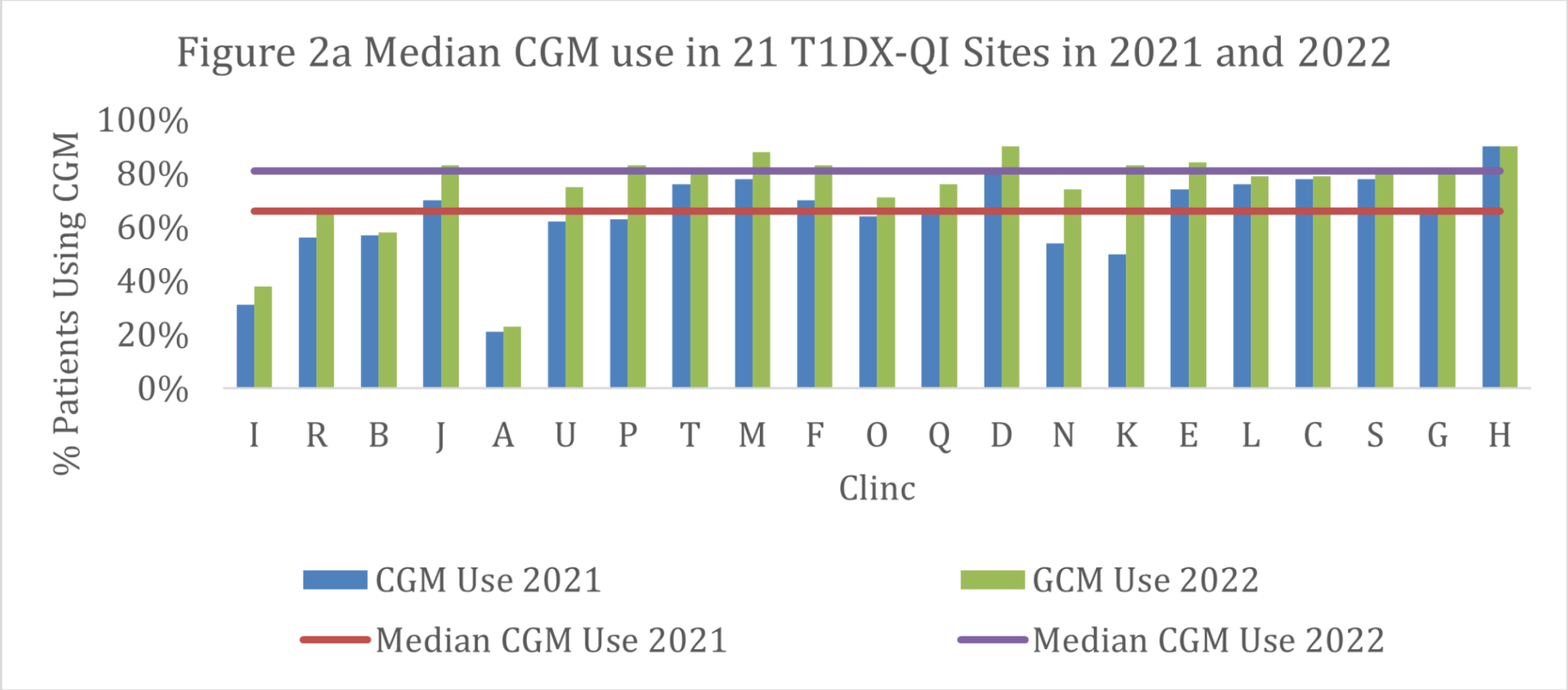
Engage to share routine clinical data
T1DX-QI centers contributing EMR PwT1D Data (N=82,138)

		<6 yrs	6-13 yrs	13-18 yrs	19-26 yrs	26-50 yrs	50-65 yrs	>65 yrs
N		2,618	14,902	30,829	18,026	9,917	3,823	2,023
Sex (Male)	42,078 (51)	1,380 (53)	7,441 (50)	16,371 (53)	9,364 (52)	4,757 (48)	1,817 (48)	948 (47)
Race/Eth								
NH White	51,065 (62)	1,599 (61)	8,929 (60)	18,872 (61)	11,700 (65)	6,021 (61)	2,439 (64)	1,505 (74)
NH Black	10,553 (13)	311 (12)	2,004 (13)	4,338 (14)	2,078 (12)	1,155 (12)	505 (13)	162 (8)
Hispanic	9,966 (12)	279 (11)	1,751 (12)	3,751 (12)	2,057 (11)	1,426 (14)	534 (14)	168 (8)
Asian	1,655 (2)	88 (3)	381 (3)	629 (2)	319 (2)	151 (2)	39 (1)	48 (2)
Other	8,899 (11)	341 (13)	1,837 (12)	3,239 (11)	1,872 (10)	1,164 (12)	306 (8)	140 (7)
Private Insurance	41,110 (50)	1,268 (48)	7,144 (48)	15,495 (50)	9,980 (55)	5,165 (52)	1,821 (48)	237 (12)
Mean HbA1c	8.2 (2)	8.1 (1.7)	8.1 (1.8)	8.5 (2.2)	8.3 (2)	7.5 (1.8)	7.6 (1.5)	7.2 (1.2)
CGM use*	36,204 (80)	1,470 (85)	8,973 (85)	14,694 (82)	5,325 (78)	3,598 (70)	1,436 (69)	708 (62)

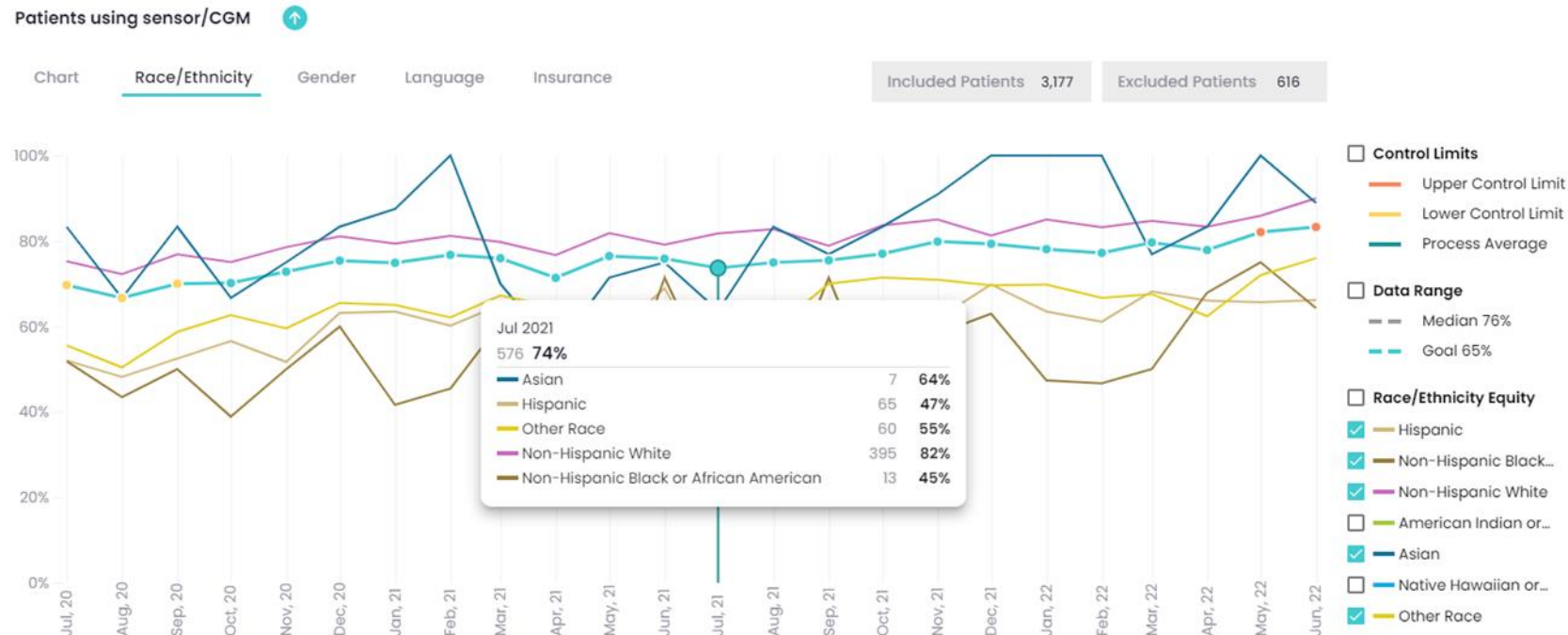[a] Missing data; column totals may not add up to 100%; [b] Device information available on a subset of the population

Engage with EMR Data for benchmarking to understand variations

Figure 2a Median CGM use in 21 T1DX-QI Sites in 2021 and 2022

Priya Prahalad, Holly Hardison, Ori Odugbesan, Sarah Lyons, Mohammed Alwazeer, Anna Neyman, Brian Miyazaki, Kristina Cossen, Susan Hsieh, Donna Eng, Alissa Roberts, Mark A. Clements, Osagie Ebekozien, T1D Exchange Quality Improvement Collaborative; Benchmarking Diabetes Technology Use Among 21 U.S. Pediatric Diabetes Centers. Clin Diabetes 2023; cd230052.

Engage with EMR data for clinic specific data insights

Mungmode A. Making Diabetes Electronic Medical Record Data Actionable: Promoting Benchmarking and Population Health Improvement Using the T1D Exchange QI Portal. Clinical Diabetes 2022

Engage with EMR data to understand real world associations
Example – technology use and outcomes

	MDI With CGM (N=4825)	MDI Without CGM (2796)	P
HbA1C, %	8.7 ± 2.1	9.2 ± 2.3	<0.001
Diabetic Ketoacidosis	396 (8)	316 (11)	<0.001
Severe hypoglycemia	137 (3)	115 (4)	0.003

	Insulin Pump With CGM (N=11695)	Insulin Pump Without CGM (N=3127)	P
HbA1C, %	8.1 ± 1.7	8.6 ± 1.8	<0.001
Diabetic Ketoacidosis	556 (5)	322 (10)	<0.001
Severe hypoglycemia	180 (2)	76 (2)	0.004

Gandhi, K, Ebekozien, O, Noor, N, McDonough, R, Hsieh, S, Miyazaki, B, Dei-Tutu, Golden, L, Desimone, M, Hardison, H, Rompicherla, S, Akturk, H.K., Kamboj, M. Insulin Pump Utilization 2017-2021 for over 22,000 Children and Adult with Type 1 Diabetes: Multi-Center Observational Study. Clinical Diabetes 2023.

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EMR data for real world population health studies

Example - Crossover Study on switching from CGM to Blood Glucose Monitoring (BGM)
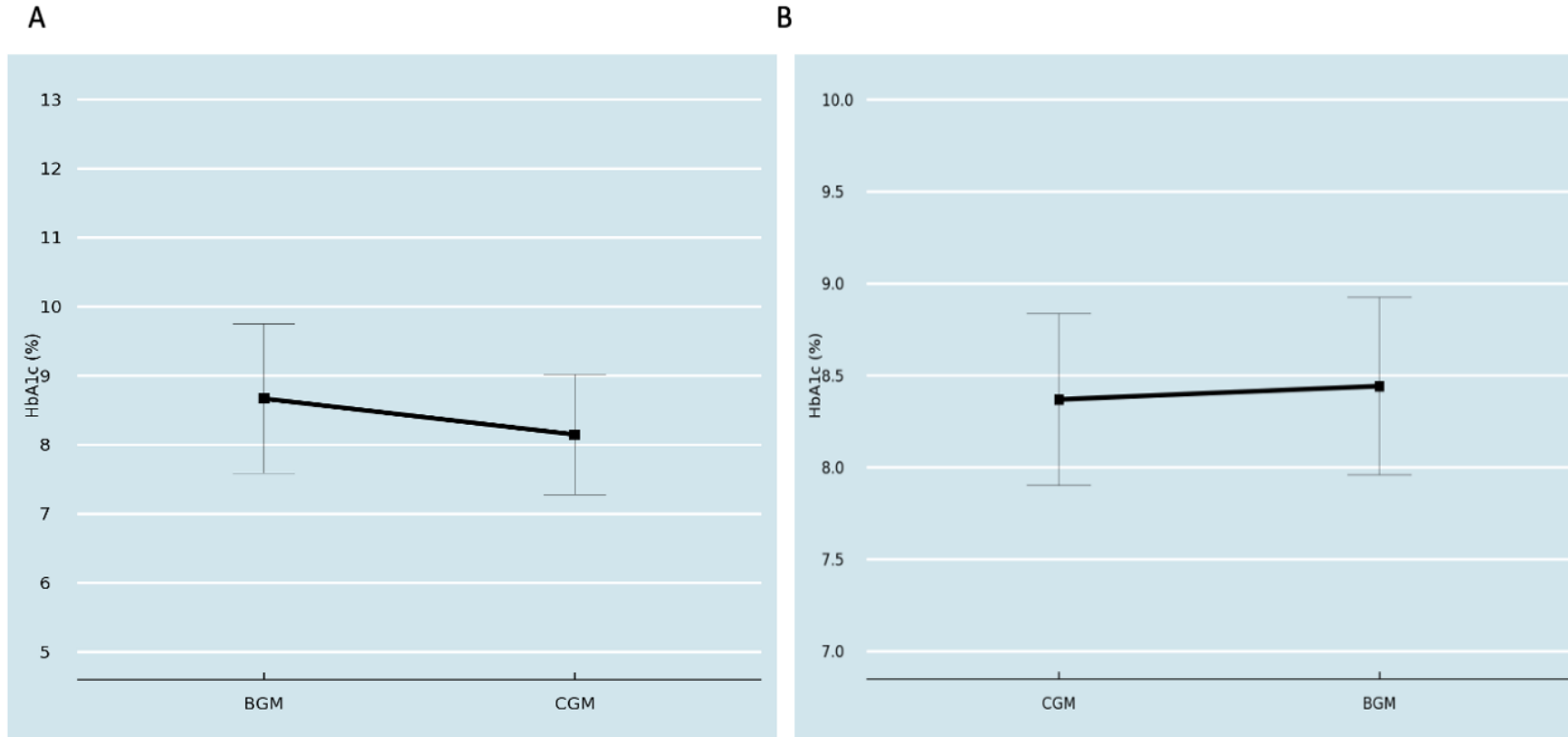
Nudrat Noor. An Observational Crossover Study of People Using Real-Time Continuous Glucose Monitors Versus Self-Monitoring of Blood Glucose: Real-World Evidence Using EMR Data From More Than 12,000 People With Type 1 Diabetes. Journal of Diabetes Science and Technology 2023

EMR data can support routine clinical changes
Ex - Beginning CGM early post diagnosis associated with better HbA1c
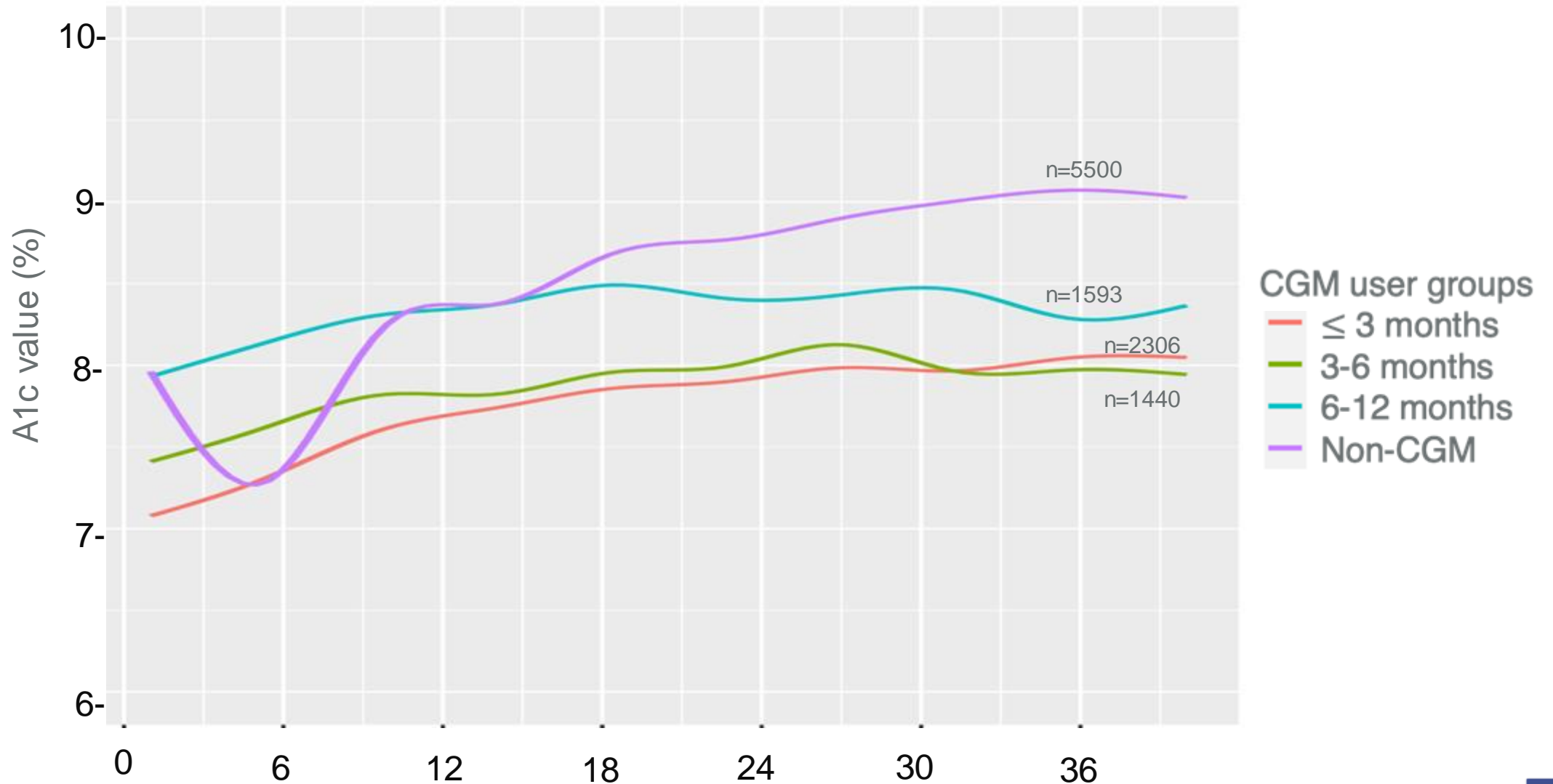
EMR Data for benchmarking with other countries

Ex - CGM Use (%) across different regions for children less than 18 years.

Year	Czech Republic (CENDA)	German/ Austria (DPV)	Australia (ADDN)	Denmark (DanDiab kids)	United States (T1DX-QI)
2018	49	60	54	57	26
2019	73	71	64	81	41
2020	84	79	71	90	52
2021	91	83	74	94	68
2022	93	86	74	95	79

Unpublished data, courtesy of respective networks.

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The State of T1D is encouraging
Inequities continue to exist, but gaps are reducing.

Achieving Equity in Diabetes Research: Borrowing From the Field of Quality Improvement Using a Practical Framework and Improvement Tools

Osagie Ebekozien,[1,2] Ann Mungmode,[1] Don Buckingham,[3] Margaret Greenfield,[4] Rashida Talib,[5] Devin Steenkamp,[6] J. Sonya Haw,[7] Ori Odugbesan,[1] Michael Harris,[8] Priyanka Mathias,[9] Jane K. Dickinson,[10] and Shivani Agarwal[9]

Addressing type 1 diabetes health inequities in the United States: Approaches from the T1D Exchange QI Collaborative

Osagie Ebekozien ✉, Ann Mungmode, Oriyomi Odugbesan, Shideh Majidi, Priya Prahalad, Nudrat Noor, Nicole Rioles, Shivani Agarwal, Ruth S. Weinstock, Robert Rapaport, Manmohan Kamboj, T1DX-QI Collaborative

Inequities start early and persist without Intention efforts

C. Trends in HCLS Use
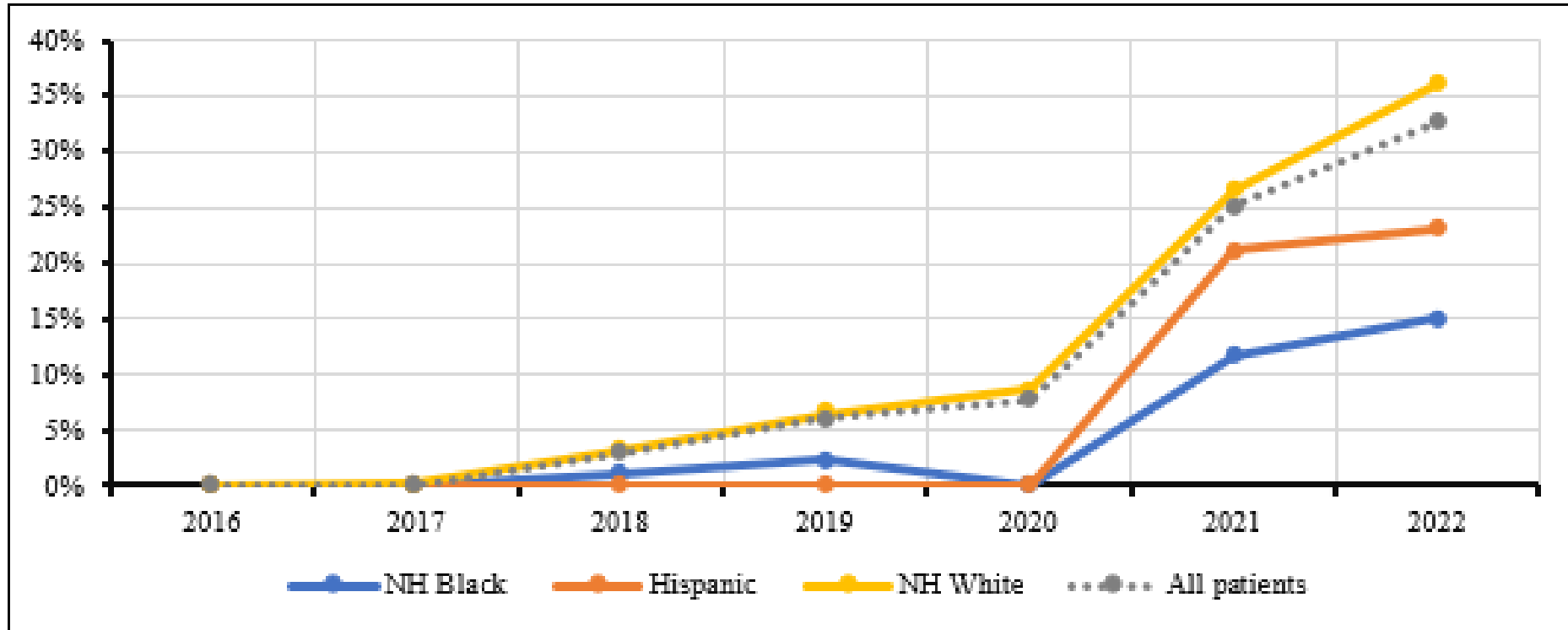
	2016 (%)	2017 (%)	2018 (%)	2019 (%)	2020 (%)	2021 (%)	2022 (%)
NH White	0	0	3	6	9	27	36
Hispanic	0	0	0	0	0	21	23
NH Black	0	0	1	2	0	12	15
All patients	0	0	3	6	8	25	33

Note: Percentages are calculated based on a subset of the population for whom HCLS data was available.

Race/Ethnicity and Insurance are independent contributors to glycemic outcomes

Table 3: Glycemic Outcomes After Propensity Score Matching

A. Among Minority vs. Non-Hispanic White PwT1D 2021/2022*

	Minority (Non-Hispanic Black + Hispanic)	Non-Hispanic White	p-value
N	6607	6607	
Mean HbA1c (SD)	9.2 (2.5)	8.4 (1.9)	<0.001
Median HbA1c (IQR)	8.8 (3.5)	8.0 (2.4)	<0.001
HbA1c <7% [N (%)]	1257 (19)	1584 (24)	<0.001
HbA1c <8% [N (%)]	2314 (23)	3222 (32)	<0.001
HbA1c >9% [N (%)]	3048 (31)	1938 (19)	<0.001
Odds Ratio HbA1c <7% (95% CI)	Ref	1.34 (1.23, 1.45)	<0.001

B. Among Privately vs. Publicly Insured PwT1D 2021/2022 **

	Publicly insured	Privately insured	p-value
N =	9948	9948	<0.001
Mean HbA1c (SD)	9 (2.3)	7.9 (1.7)	<0.001
Median HbA1c (IQR)	8.6 (3.1)	7.5 (2.0)	<0.001
HbA1c <7% [N (%)]	1918 (19)	3180 (32)	<0.001
HbA1c <8% [N (%)]	3778 (38)	6101 (61)	<0.001
HbA1c >9% [N (%)]	4129 (42)	2007 (20)	<0.001
Odds Ratio HbA1c <7% (95% CI)	Ref	1.96 (1.84, 2.09)	<0.001

*Matched for age (years), gender (female/male), insurance (public/private)

** Matched for age (years), gender (female/male), race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic)

Diabetes providers' implicit bias contributes to inequities.

- 2022 T1DX-QI published study with 109 providers
- 34% of cohort with implicit bias mediated by race/ethnicity
- 66% of cohort with implicit bias mediated by insurance

TABLE 3. UNADJUSTED ODDS RATIO FOR RACE/ETHNICITY-MEDIATED AND INSURANCE-MEDIATED PROVIDER BIAS

	Insurance bias	P	Race/ethnicity bias	P
Age	1.03 (0.99, 1.08)	0.06	0.99 (0.96, 1.04)	0.9
Race/ethnicity (NH White)	1.11 (0.48, 2.52)	0.8	0.76 (0.32, 1.79)	0.5
Clinic type (adult)	1.29 (0.56, 3.05)	0.5	1.09 (0.45, 2.53)	0.8
Practice years	**1.08 (1.02, 1.16)**	**0.02[#]**	1.00 (0.95, 1.06)	0.8
Recognize own bias (agree/strongly agree)	1.54 (0.66, 3.57)	0.3	**5.25 (1.83. 19.01)**	**0.004[#]**

[#]P-value <0.05.
Bold values indicate statistical significance.

O Odugbesan. Implicit Racial–Ethnic and Insurance-Mediated Bias to Recommending Diabetes Technology: Insights from T1D Exchange Multicenter Pediatric and Adult Diabetes Provider Cohort. Diabetes Technology and Therapeutics 2022
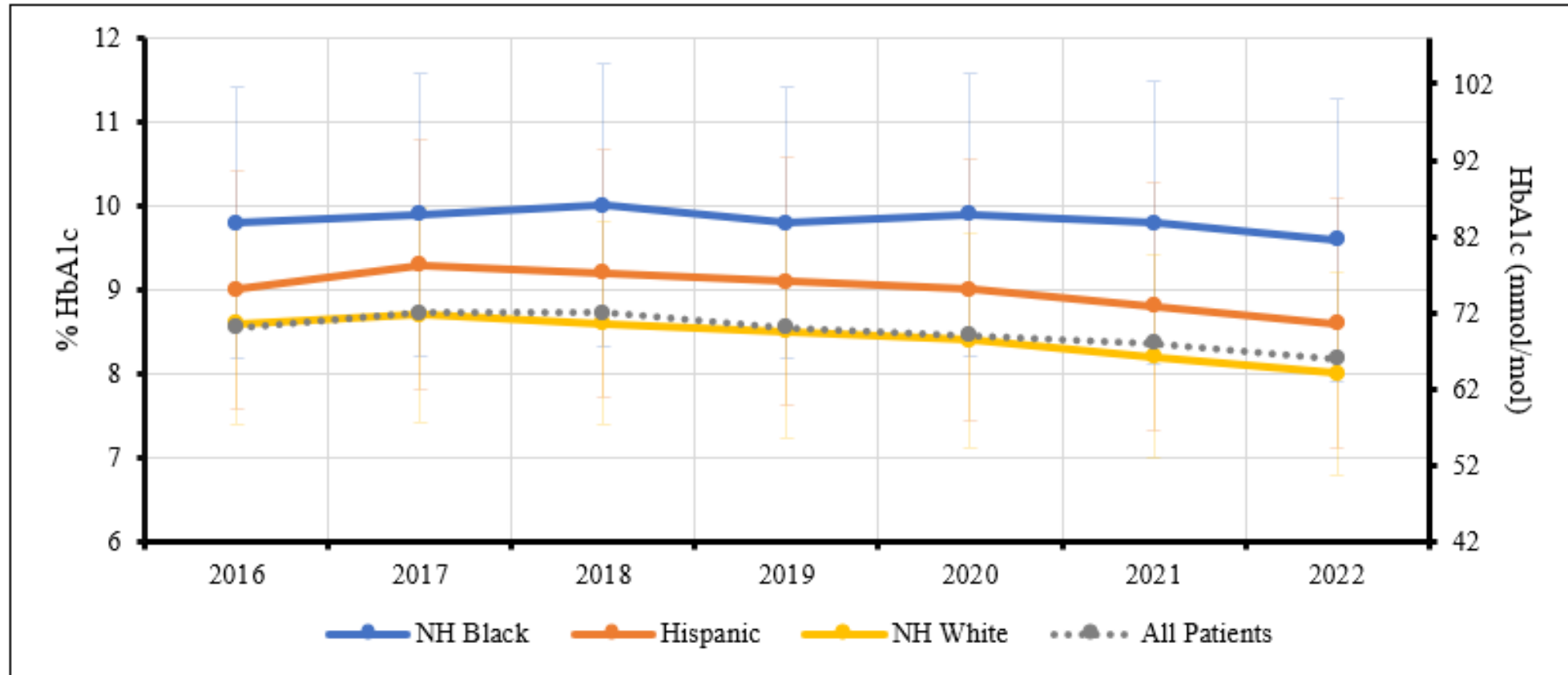
Improving HbA1c private and public insured PwT1D but inequities persist.

Supplemental Figure S4 HbA1c by Insurance Type
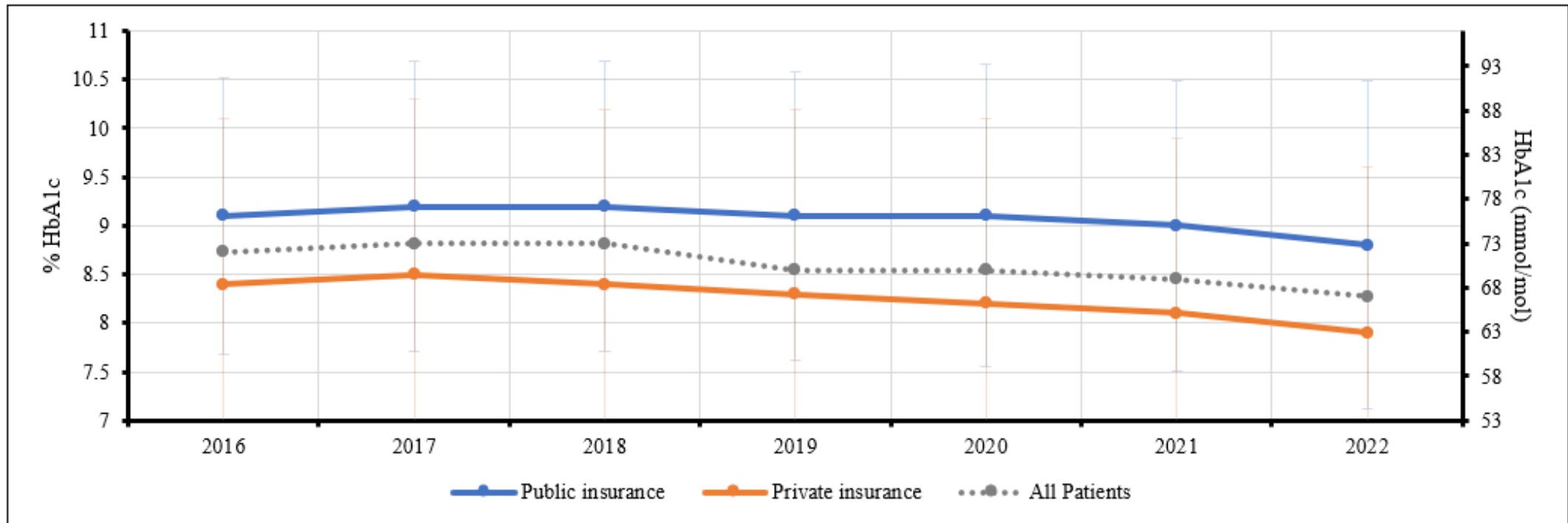
Improving HbA1c for all racial/ethnic group but inequities persist

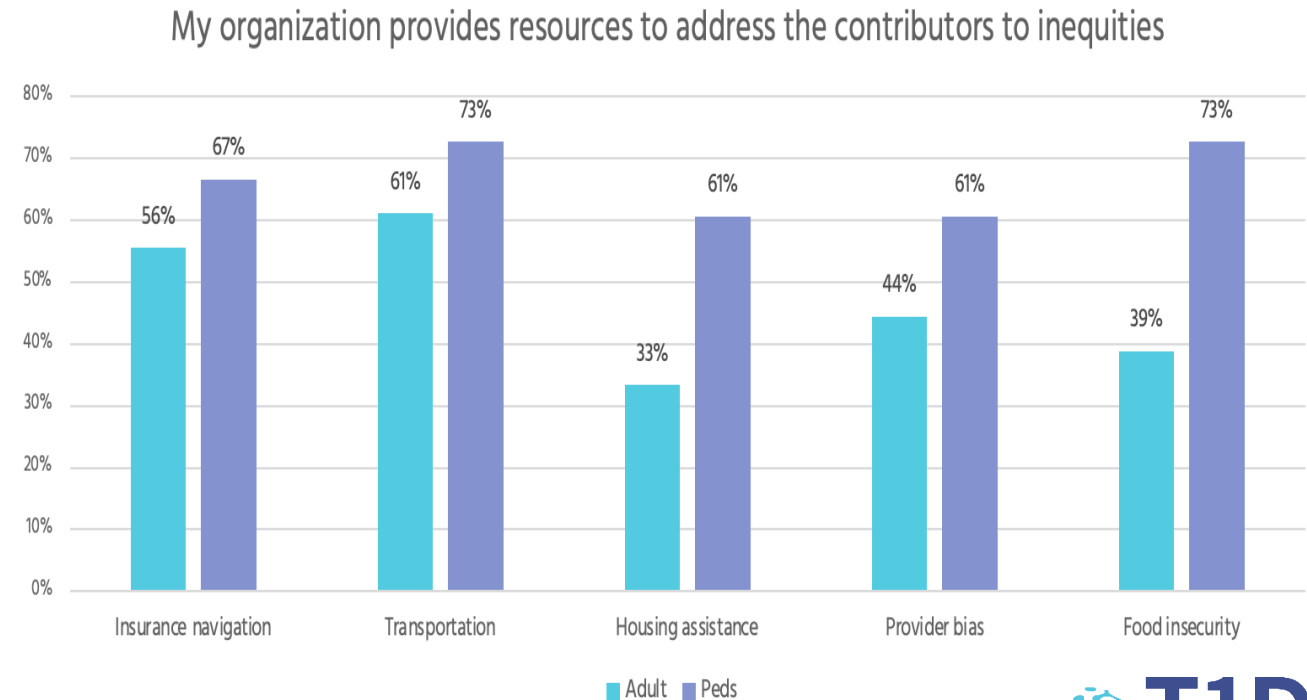Supplemental Figure S3: Trends in HbA1c by Race-Ethnicity 2016-2022

Expanding T1D Centers' Capacity to Address Inequities

Current Practices in Operationalizing and Addressing Racial Equity in the Provision of Type 1 Diabetes Care: Insights from the T1DX-QI Health Equity Advancement Lab

Ananta Addala, DO, MPH • Ann Mungmode, MPH • Emma Ospelt, MPH • Janine Sanchez, MD • Faisal Malik, MD, MSHS • Carla Demeterco-Berggren, MD, PhD • Ashley Butler, PhD • Colette Edwards, MD, MBA • Makaila Manukyan, MPP • Margarita Ochoa-Maya, MD • Margaret Zupa, MD • Osagie Ebekozien • Show less
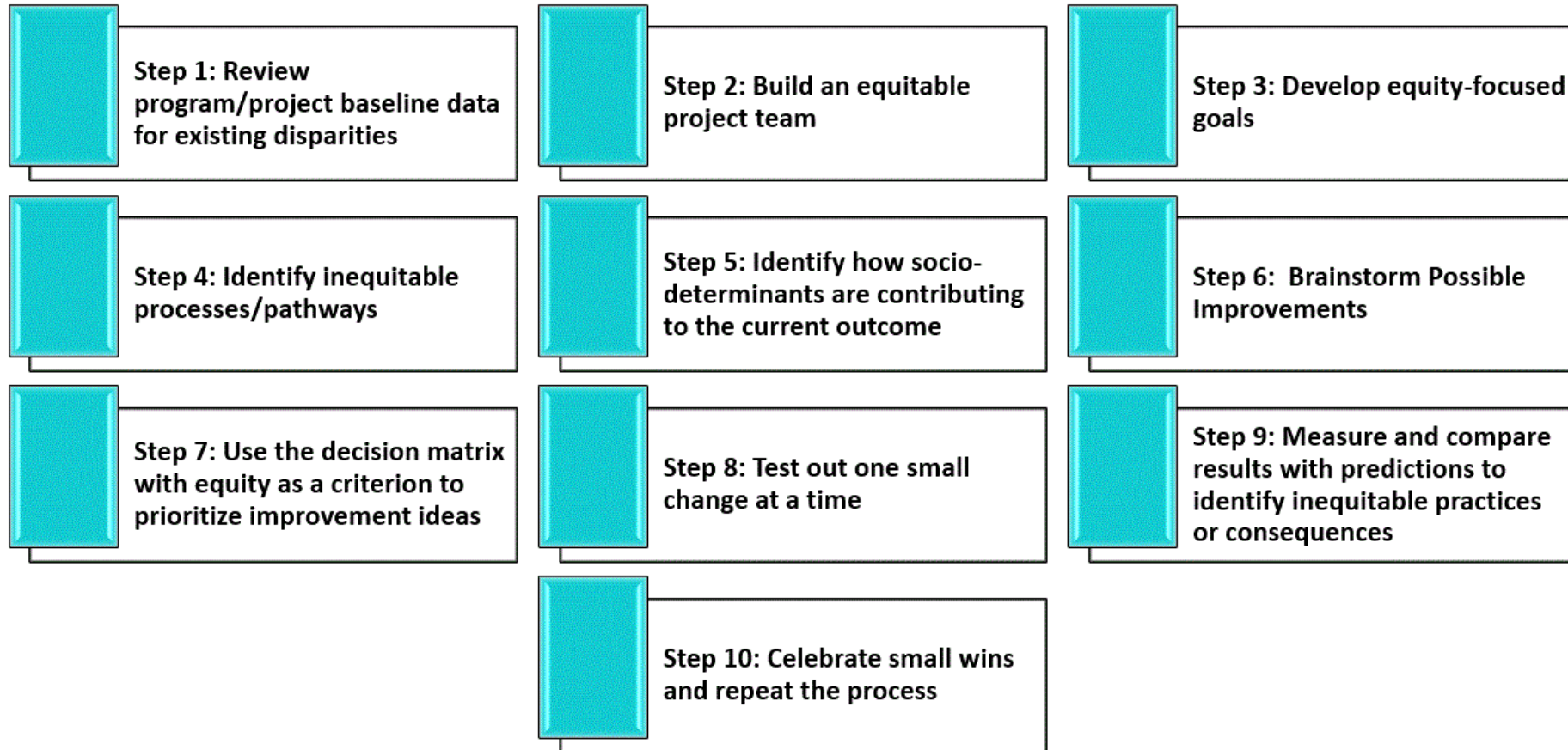
AACE. Endocrine Practice™

- T1DX-QI survey data demonstrate that a majority of pediatric and adult clinical centers have undertaken some level of institutional efforts to promote racial equity.

- Pediatric centers (as compared to Adult) were better equipped to address social determinants of health and broader health inequities from an institutional viewpoint.

- We propose a theoretical framework for institutional health equity grounded in the T1D Clinical leadership.

My organization provides resources to address the contributors to inequities

	Insurance navigation	Transportation	Housing assistance	Provider bias	Food insecurity
Adult	56%	61%	33%	44%	39%
Peds	67%	73%	61%	61%	73%

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Strategies to reduce inequities and optimize outcomes

Figure 3: Equity Framework

Step 1: Review program/project baseline data for existing disparities

Step 2: Build an equitable project team

Step 3: Develop equity-focused goals

Step 4: Identify inequitable processes/pathways

Step 5: Identify how socio-determinants are contributing to the current outcome

Step 6: Brainstorm Possible Improvements

Step 7: Use the decision matrix with equity as a criterion to prioritize improvement ideas

Step 8: Test out one small change at a time

Step 9: Measure and compare results with predictions to identify inequitable practices or consequences

Step 10: Celebrate small wins and repeat the process

Ebekozien O. Equitable Post COVID19 Care. A practical framework to integrate health equity in diabetes management. Journal of Clinical Outcomes and Management 2020

T1D Exchange

Improved screening for social determinants of health

**Increasing Social Determinants of Health Screening
Rates Among Six Endocrinology Centers Across the
United States: Results From the T1D Exchange Quality
Improvement Collaborative** FREE

Ori Odugbesan ✉ iD ; Trevon Wright; Nana-Hawa Yayah Jones ; Selorm Dei-Tutu ; Mary Pat Gallagher ;
Emily DeWit; Roberto E. Izquierdo ; Marisa Desimone ; Nicole Rioles iD ; Osagie Ebekozien iD ;
T1D Exchange Quality Improvement Collaborative

- Social determinants of health (SDOH) are strongly associated with outcomes for people with type 1 diabetes.

- Six T1DX-QI centers used QI principles to test and expand interventions to improve SDOH screening rates.

- The interventions tested include staff training, a social risk index, an electronic health record patient-facing portal, partnerships with community organizations, and referrals to community resources.

- All centers were successful in improving SDOH screening rates by 70%.
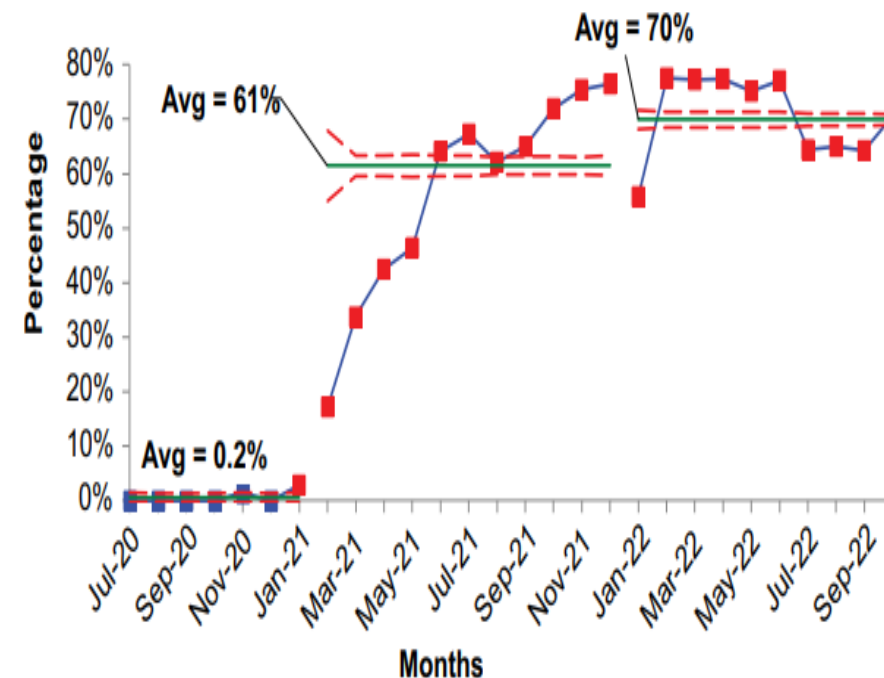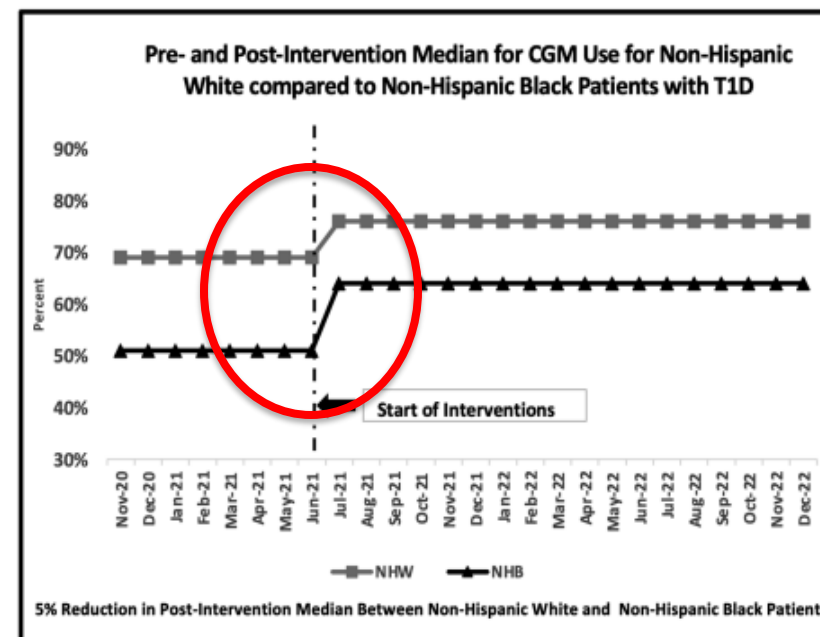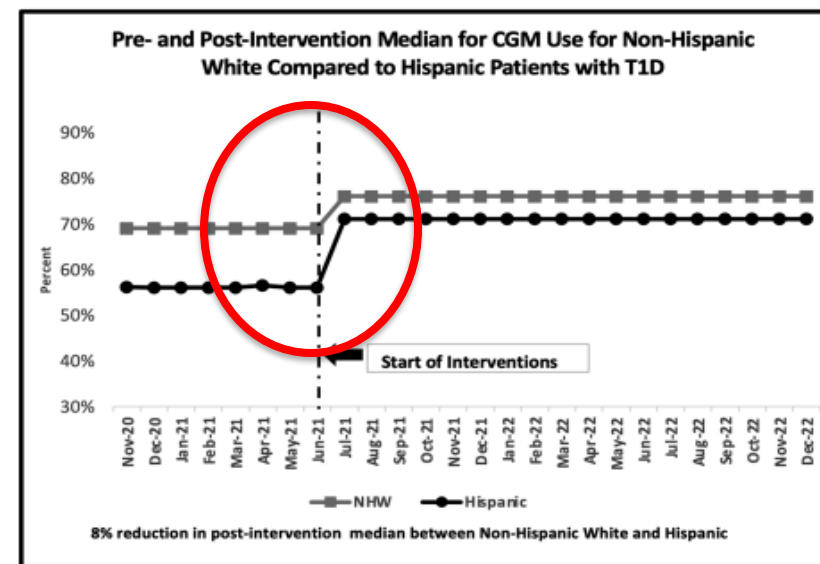
Reduced racial inequities in CGM Use

Increasing Continuous Glucose Monitoring Use for Non-Hispanic Black and Hispanic People With Type 1 Diabetes: Results From the T1D Exchange Quality Improvement Collaborative Equity Study FREE

Ori Odugbesan ; Ann Mungmode ; Nicole Rioles; Don Buckingham; Grace Nelson; Shivani Agarwal ; Amy Grant; Trevon Wright; Emilie Hess; Osagie Ebekozien; T1D Exchange Quality Improvement Collaborative

- The centers used rapid QI cycles to test and expand interventions such as bias training, screening for social determinants of health, and shared decision-making etc.

- After implementation of these interventions, median CGM use increased by 7% in non-Hispanic White, 12% in non-Hispanic Black, and 15% in Hispanic PwT1D.

- The gap between non-Hispanic White and non-Hispanic Black patients decreased by 5%.

- The gap between non-Hispanic White and Hispanic PwT1D decreased by 8%.

Pre- and Post-Intervention Median for CGM Use for Non-Hispanic White Compared to Hispanic Patients with T1D

8% reduction in post-intervention median between Non-Hispanic White and Hispanic

Pre- and Post-Intervention Median for CGM Use for Non-Hispanic White compared to Non-Hispanic Black Patients with T1D

5% Reduction in Post-Intervention Median Between Non-Hispanic White and Non-Hispanic Black Patients

Trend in CGM Use by Insurance Type 2016 – 2023*

Inequities gap reducing
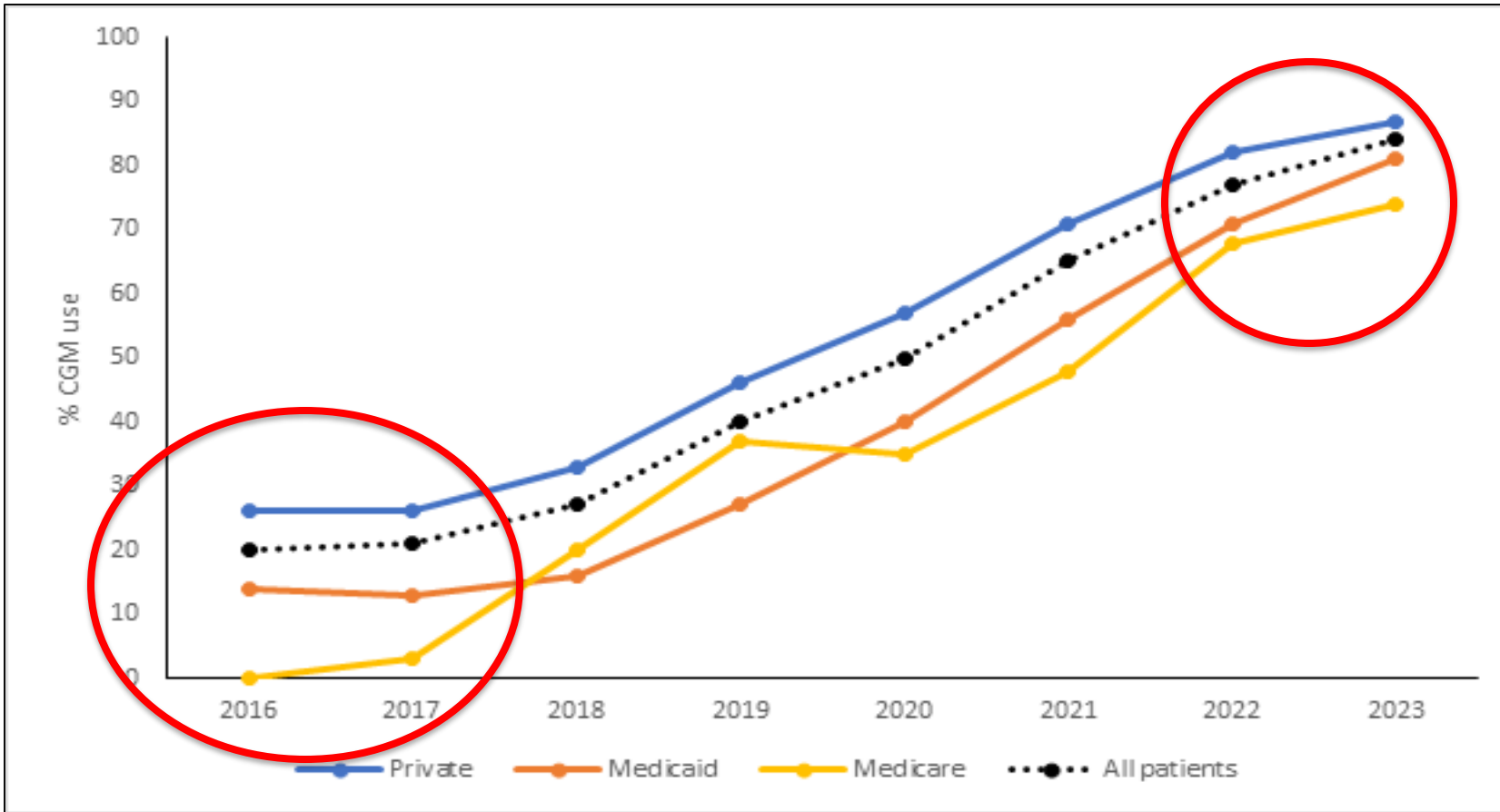
	2016 (%)	2023 (%)
Private	26	87
Medicaid	14	81
Medicare	0	74
All patients	20	84

Trend in CGM Use by Race/Ethnicity 2016 – 2023*

Inequities gaps reducing
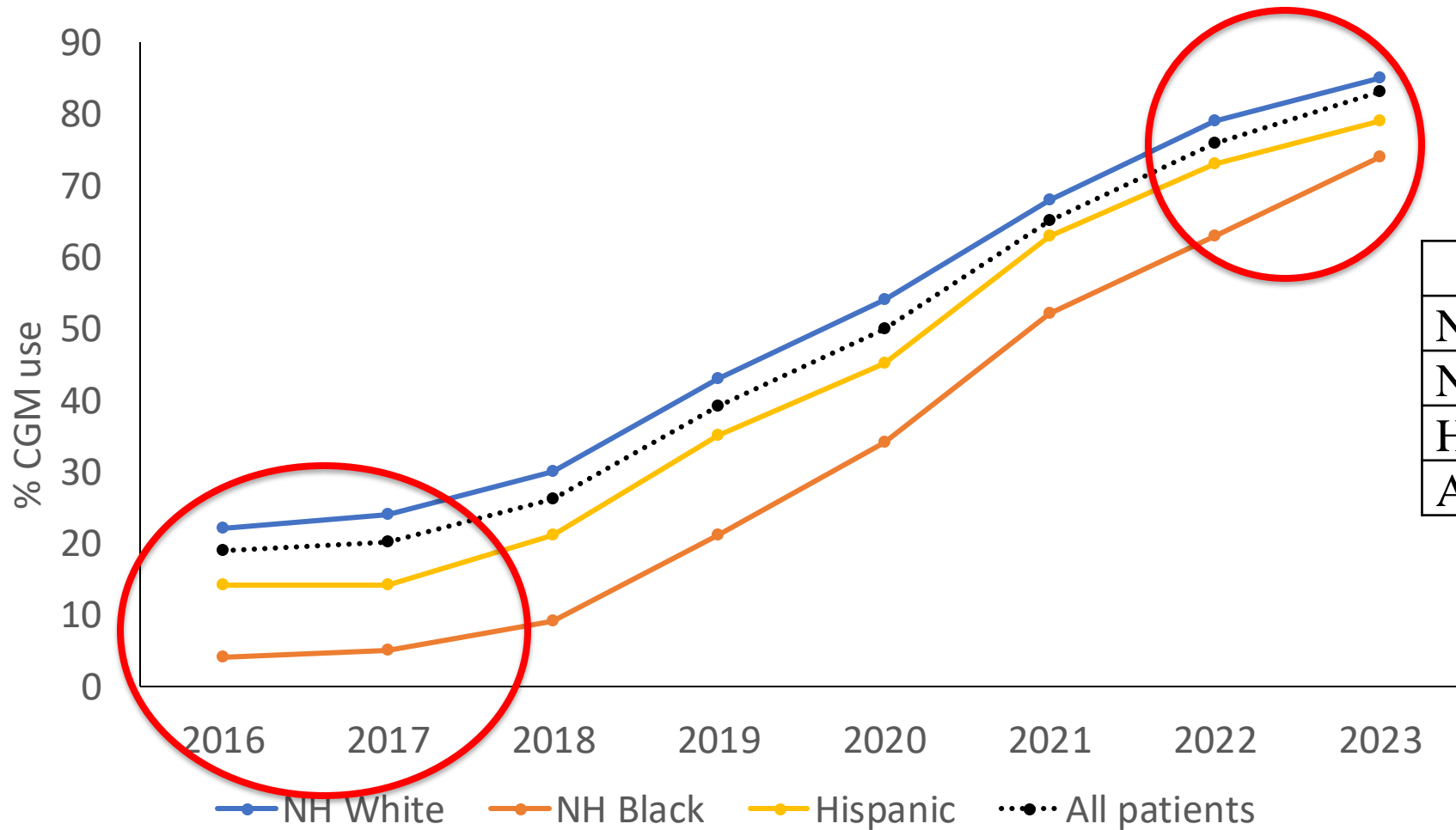
	2016 (%)	2023 (%)
NH White	22	85
NH Black	4	74
Hispanic	14	79
All patients	19	84

Unpublished data, *2016 – October 2023

The State of T1D is exciting

Outcomes are improving for everyone.

Longitudinal Trends in Glycemic Outcomes and Technology Use for Over 48,000 People with Type 1 Diabetes (2016-2022) from the T1D Exchange Quality Improvement Collaborative

Dr. Osagie Ebekozien ✉, Ms. Ann Mungmode, Dr. Janine Sanchez, Mr. Saketh Rompicherla, Dr. Carla Demeterco Berggren, Dr. Ruth S. Weinstock, Dr. Laura Jacobsen, Dr. Georgia M. Davis, Dr. Alexis M McKee, Dr. Halis Kaan Akturk, Dr. David M Maahs, and Dr. Manmohan K Kamboj

Improving Outcomes for People with Type 1 Diabetes Through Collaboration
Summary of Type 1 Diabetes Exchange Quality Improvement Collaborative Studies

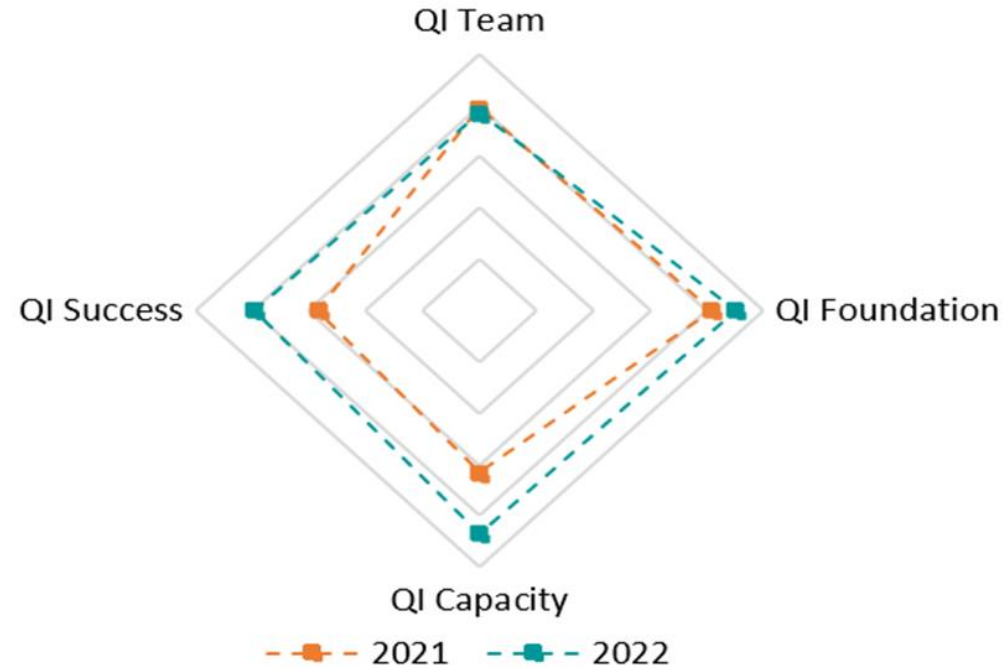Osagie Ebekozien, MD, MPH, CPHQ[a,b,*], Ann Mungmode, MPH[a], Holly Hardison, BS[a], Robert Rapaport, MD[c]

Information
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Clinics Review Articles

Endocrinology and Metabolism Clinics

T1D Exchange

T1DX-QI Centers increasing culture and capacity to drive improvement and practice transformation.

	2021	2022	Overall difference
QI Team	79	77	-2
QI Foundation	82	90	+8*
QI Capacity	63	87	+24*
QI Success	57	79	+22*
Overall QI Culture	70	84	+14*

Data are in %; * indicates p-value ≤ 0.05.

# Decrease in adjusted adverse outcomes

	2016/2017	2022/2023	P-value
N	18302	34549	
DKA events per 100 person years	1.82	**1.45**	<0.001
SH events per 100 person years	0.4	**0.34**	0.2

T1D Exchange

Improvement in HbA1c across all age groups

B. Mean differences in HbA1c by Age and Insurance								
	Public Insurance				Private Insurance			
Age Group	Mean HbA1c (SD) 2016/2017	Mean HbA1c (SD) 2021/2022	Difference (SE)	P-value	Mean HbA1c (SD) 2016/2017	Mean HbA1c (SD) 2021/2022	Difference (SE)	P-value
1 to 15 years	9.1 (2.0)	8.9 (2.2)	0.2 (0.01)	<0.001	8.5 (1.7)	8.0 (1.7)	0.5 (0.02)	<0.001
16 to 25 years	9.6 (2.4)	9.1 (2.4)	0.5 (0.01)	<0.001	8.8 (2.0)	8.3 (1.9)	0.5 (0.01)	<0.001
26 to 40 years	8.9 (2.0)	8.4 (1.9)	0.5 (0.01)	<0.001	7.6 (1.5)	7.3 (1.5)	0.3 (0.01)	<0.001
40+ years	8.1 (1.6)	7.8 (1.7)	0.3 (0.02)	<0.001	7.6 (1.2)	7.3 (1.2)	0.3 (0.01)	<0.001

Ebekozien O. Longitudinal Trends in Glycemic Outcomes and Technology Use for Over 48,000 People with Type 1 diabetes (2016-2022) from the T1D Exchange Quality Improvement Collaborative. Diabetes Technology and Therapeutics 2023

T1D Exchange

Improvement in Outcomes across all race/ethnic group

A. Adjusted for Age, Gender, Duration of Diabetes, Insurance, Technology (CGM, pump, or HCLS) use			
Race/Ethnicity	**2016/2017 Adjusted Mean [95% CI]**	**2021/2022 Adjusted Mean [95% CI]**	**Mean improvement (SE) 2016/2017 vs. 2021/2022**
Non-Hispanic White	8.7 [8.7-8.8]	8.2 [8.2-8.5]	0.5 (0.04)**
Non-Hispanic Black	9.9 [9.8-9.9]	9.5 [9.3-9.5]	0.4 (0.04)**
Hispanic	9.2 [9.1-9.4]	8.6 [8.4-8.7]	0.6 (0.04)**
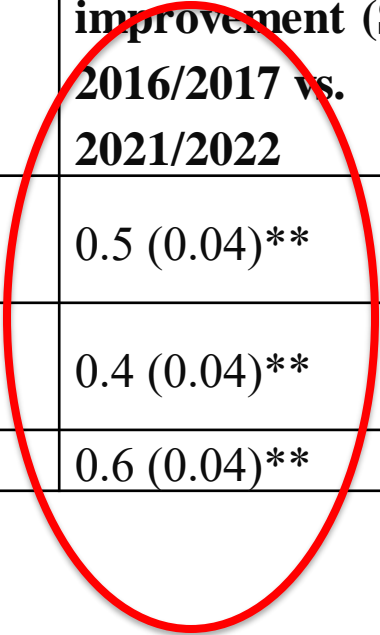
Meaningful and Significant Improvement across the life span
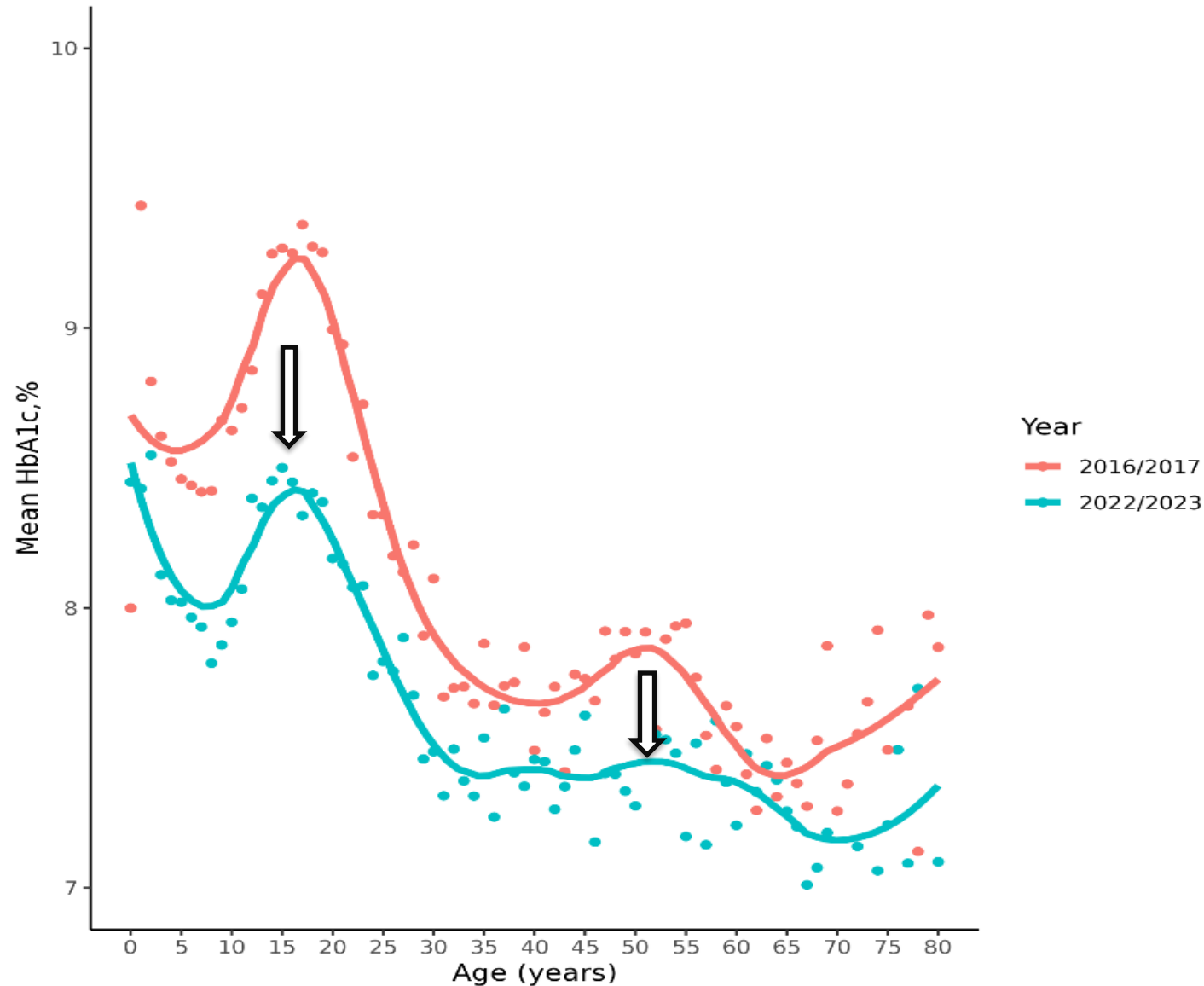
	16/17	**22/23**
N	49537	49537
Mean HbA1c (SD)	8.7 (2.1)	8.2 (2.0)
% with HbA1c <7% [N (%)]	6161 (18)	15130 (30)
% with HbA1c >9% [N (%)]	12064 (35)	12665 (26)
P-value		<0.01

Ebekozien O. Improving Outcomes for people with diabetes through collaboration. Endo Clinics 2023

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Type 1 Diabetes in 2023 is…

- **Engaging**: QI collaboration is supporting culture change!

- **Encouraging**: Inequities persists but gaps are reducing!

- **Exciting**: Outcomes are improving for everyone!

Thank you PwT1D, Helmsley Charitable Trust, JDRF, Industry Partners, T1DX-QI Sites, leaders, team members, Committee Leaders, T1DX Staff

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