T1D Exchange

HEAL Advisory Committee Meeting

1/18/24

Meeting Agenda

Time	Item	Facilitator
1:00-1:10 pm 10’	**Welcome** • Welcome • Centering	Dr. Osagie Ebekozien Ann Mungmode
1:10-1:25 pm 15’	**Best Practice Health Equity Example** • Support Health Equity through QI at Rady Children’s Hospital	Dr. Carla Demeterco
1:25-1:50 pm 35’	**2024 HEAL Work** • HEAL Advisory co-chairs and charter • Key Driver Diagram • Work Plan and Deliverables	Ann Mungmode Dr. Osagie Ebekozien Dr. Carla Demeterco Dr. Janine Sanchez
1:50-1:55 pm 5’	**ADEPT Summit** • Updates and next steps	Dr. Osagie Ebekozien
1:55-2:00 pm 5’	**Updates and Close-Out** • Summary of next steps • Next meeting 4/11/24, 1 PM ET	T1DX staff

T1D Exchange

Quality Improvement Collaborative Accomplishments

135,000+ People with diabetes served

Improved QI Portal Benchmarking Tool

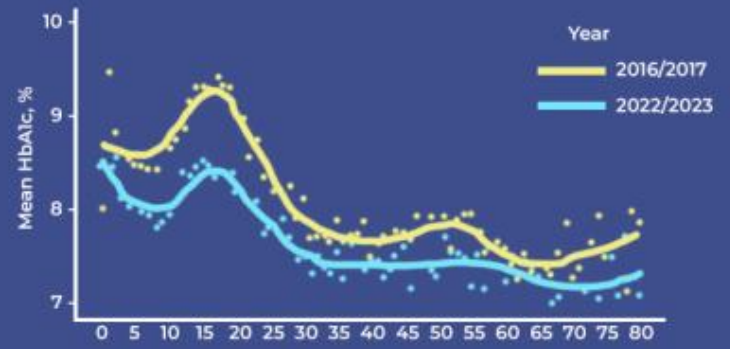
42 Centers are data mapped

95+ active projects

60 T1D Centers

10 T2D Centers

Improvement in **A1c** trends



82 publications in top journals

190 presentations at international conferences

Expanded
Health Equity Program

Best Practice Health Equity Example

Dr. Carla Demeterco, Rady Children's Hospital

Supporting Type 1 Diabetes Health Equity through QI Initiatives at Rady Children's Hospital

Carla Demeterco-Berggren M.D., Ph.D.

Director of Quality, Diabetes Clinic, RCHSD

Clinical Professor of Pediatrics,

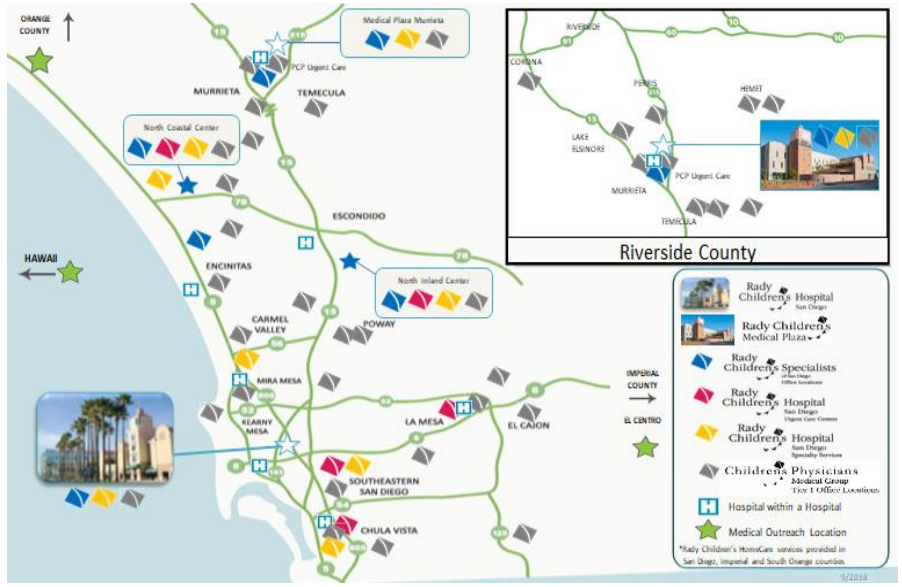
University of California, San Diego

January 18th, 2024

Rady Children's Hospital

- 505-bed nonprofit pediatric care facility
- Largest children's hospital in CA (admissions)
- Provides care to 91% of the region's children
- Teaching hospital in affiliation with UCSD
- 1500 unique patients with T1D
- 200 TID new onsets / year
- 4500 Outpatient T1D Visits/year

Catchment Area

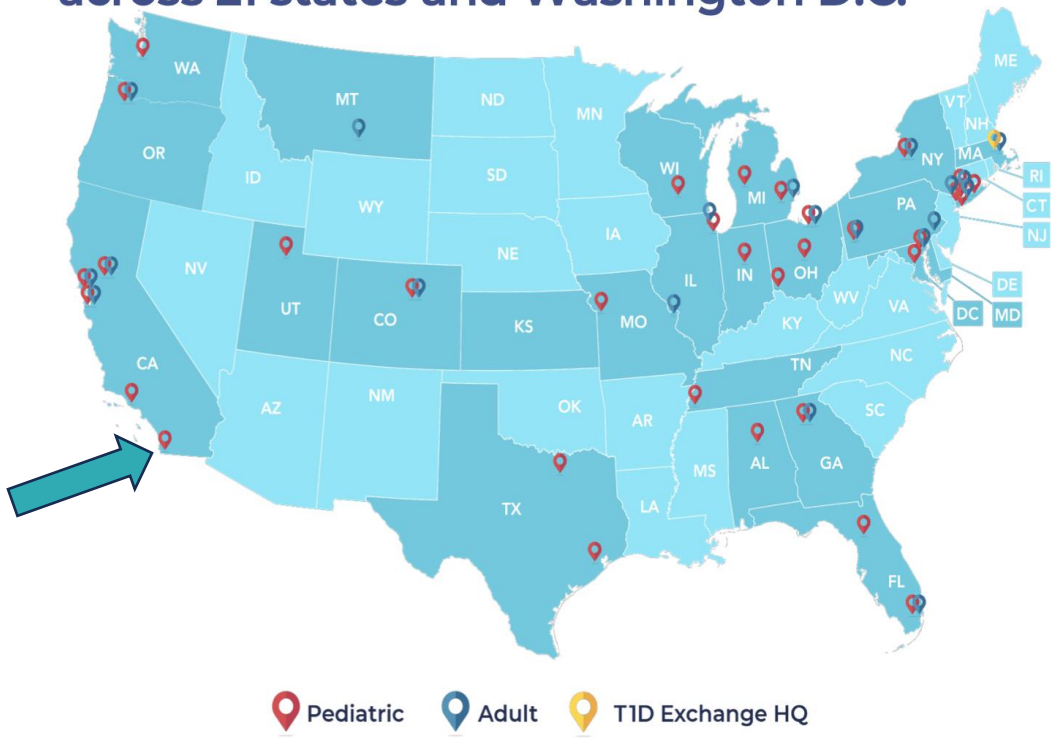


Rady Children's Hospital-San Diego

UC San Diego SCHOOL OF MEDICINE

Rady Children's Hospital joined T1D Exchange QI Collaborative in February 2020

T1DX-QI network of 54 centers, caring for 85,000+ T1D patients across 21 states and Washington D.C.



Priya Prahalad, Nicole Rioles et al. T1D Exchange Quality Improvement Collaborative: Accelerating Change through Benchmarking and Improvement Science for People with Type 1 Diabetes. Journal of Diabetes. Nov. 2021

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RCHSD Diabetes Clinic QI Projects

- Increase CGM use among public insured patients ✓ 2020
- Inpatient EHR Home-Use Blood Glucose Meter Data Documentation ✓ 2020
- Decrease the percentage of public insured T1D patients with AIC>8% ✓ 2021
- Increase the frequency of Diabetes Clinic visits in public insured patients ✓2022
- Increase the percentage of patients who completed the food insecurity screening and were provided with community resources ✓ 2023
- Increase Insulin pump use among public insured patients ✓ 2023
- Increase the percentage of patients with known T1D with a DKA post-discharge education visit within 4 weeks 2024
- Decrease the rate of DKA readmission in patients with T1D 2024
- Increase the percentage of patients with T1D with completed urine micro albumin screening 2024
- Increase the percentage of patients with T2D with completed lipid screening 2024
- Increase utilization of GLOOKO platform to optimize diabetes technology integration with EHR *(ongoing)*
- Inpatient EHR CGM Data Documentation *(ongoing)*

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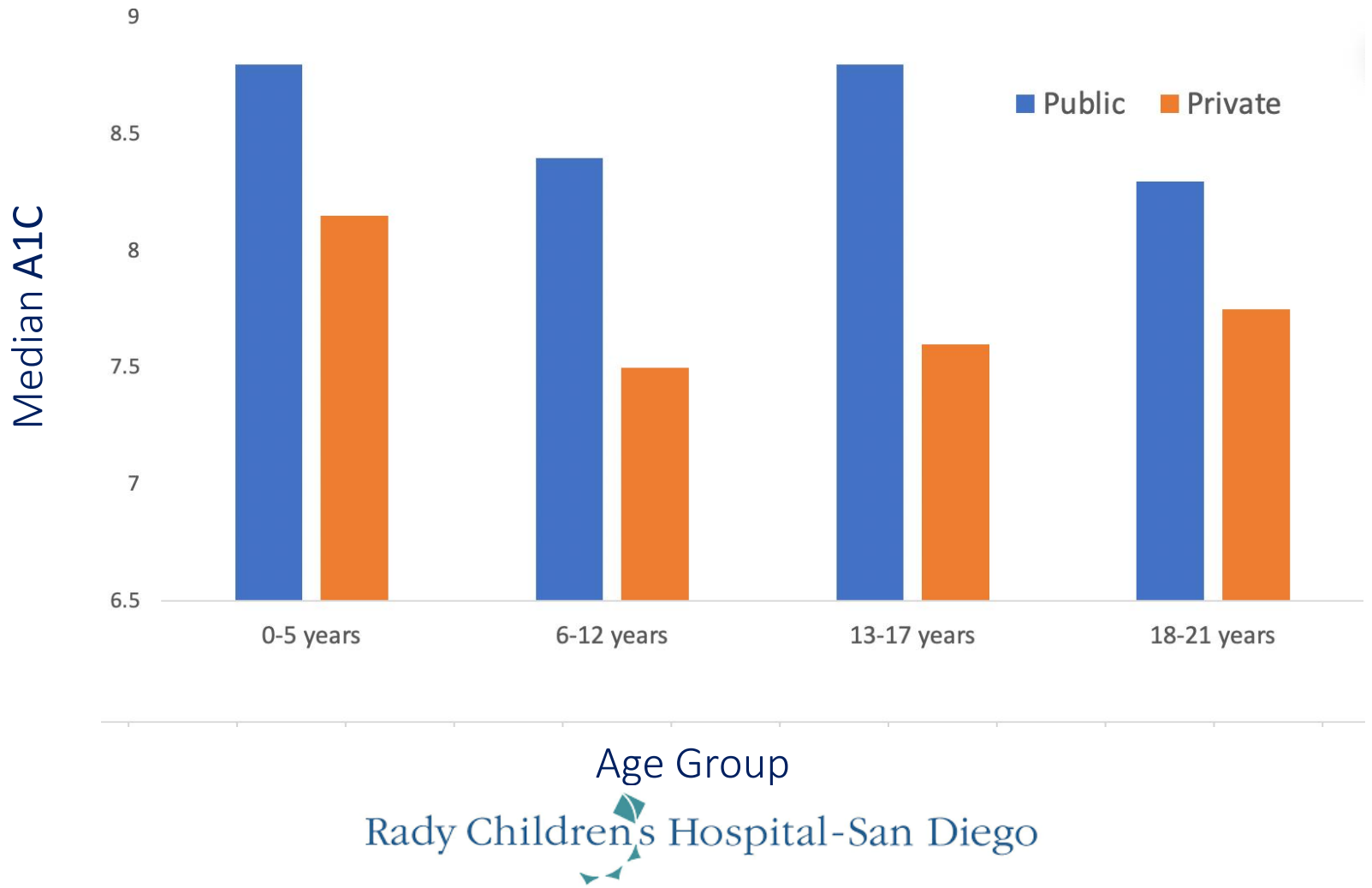
RCHSD T1D Patients median A1C
Public x Private Insurance



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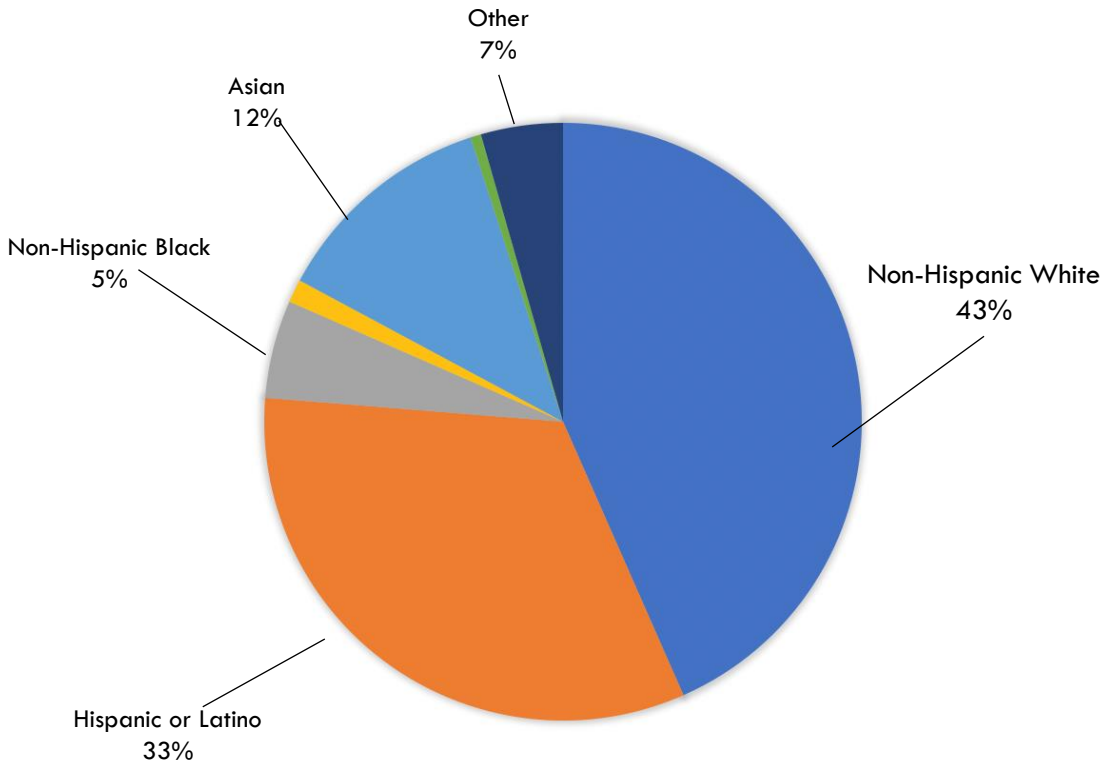
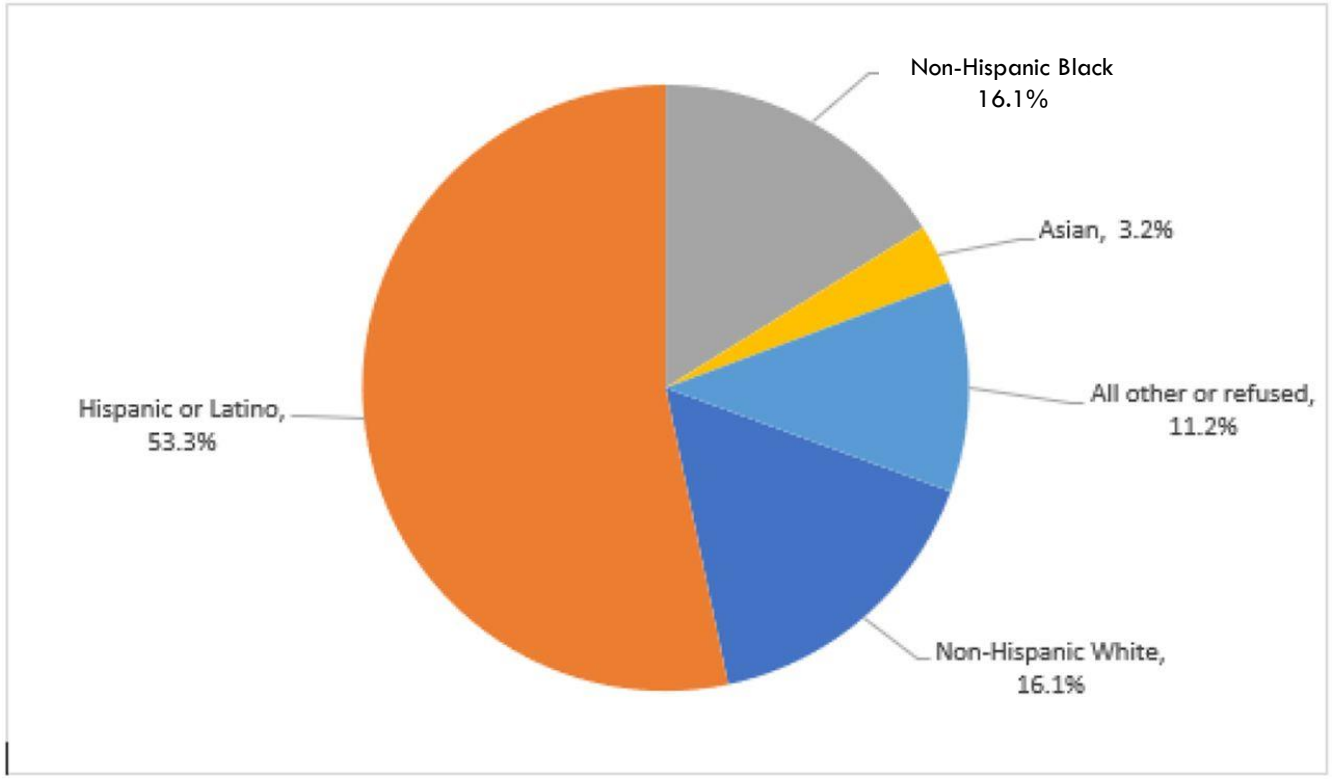
Race and Ethnicity Breakdown

San Diego County, CA



United States Census Bureau, 2019

RCHSD Public insured T1D patients



Keri L. Carstairs et al. Pediatrics 2021;147:641-642

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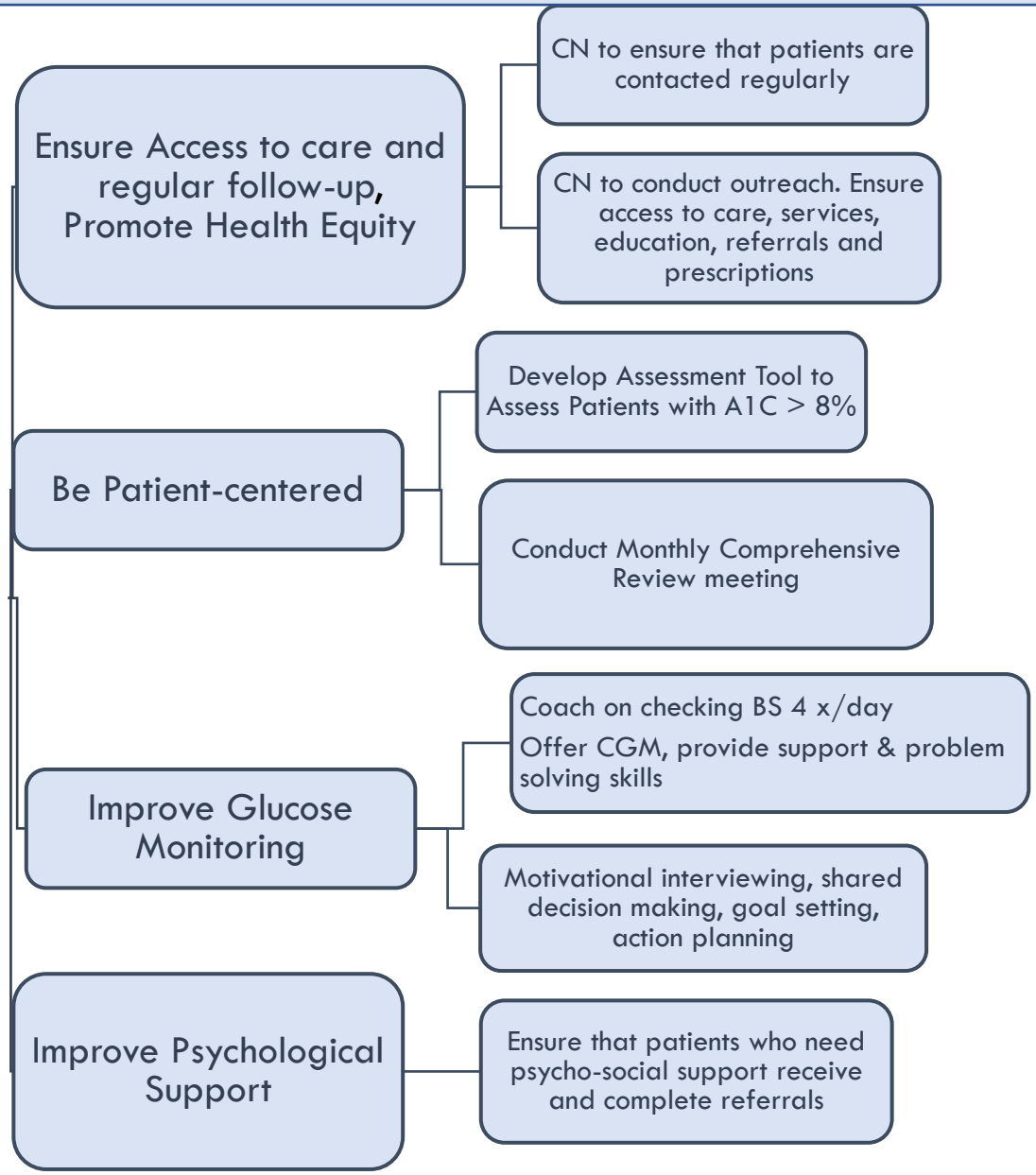
Key Driver Diagram

Global Aim

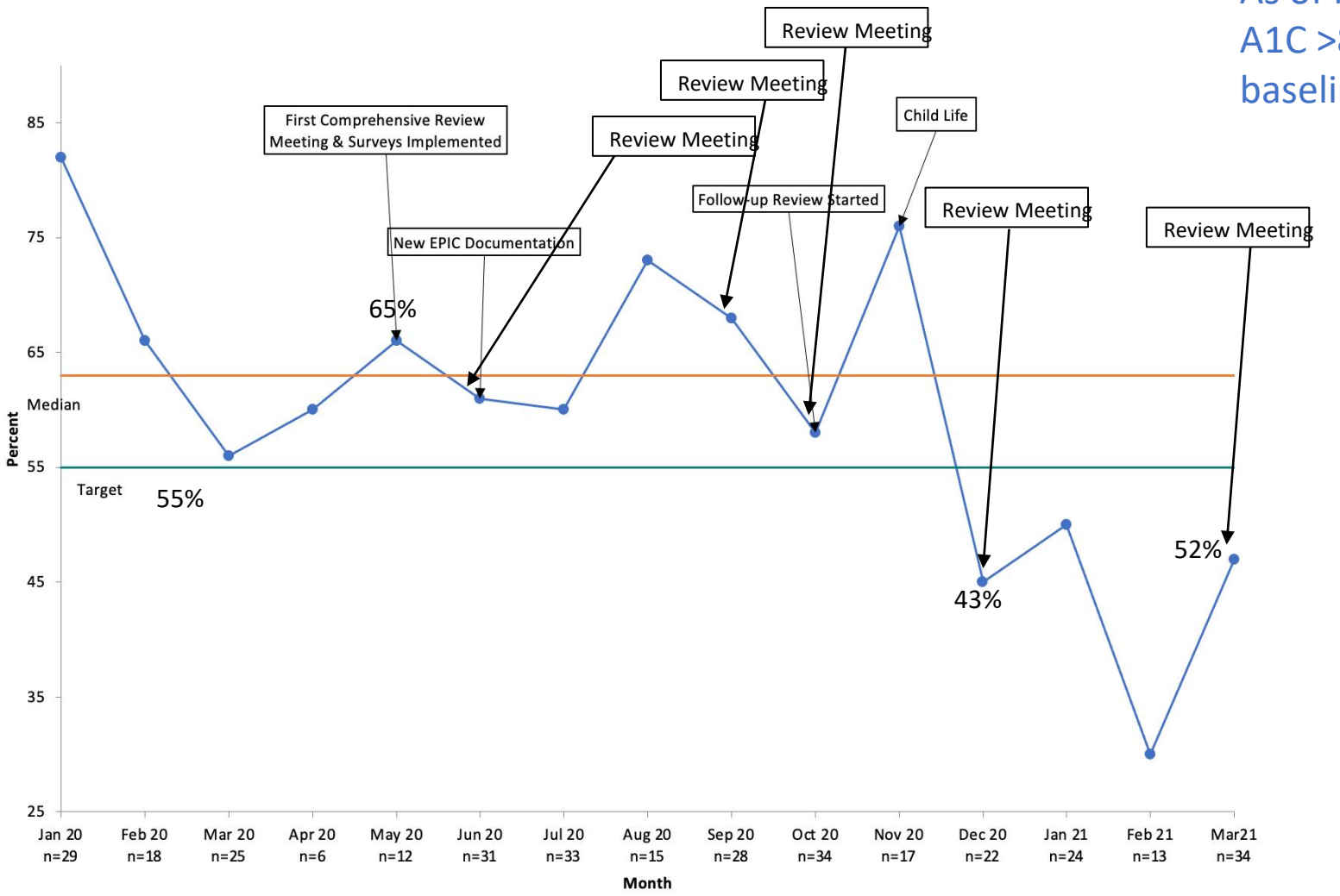
Improve glycemic control in patients with TID

Smart Aim

Decrease the percentage of public insured T1D patients A1C>8% by 10% from July 2020 baseline of 65% to 55% by May 2021



Percentage of Public insured patients with T1D with A1C >8%
Run Chart



As of March 2021, the percentage of patients with A1C >8% decreased by 13% from July 2020 baseline of 65% to 52% (goal: 55%)

Desired Direction

November 2023: 49.6%

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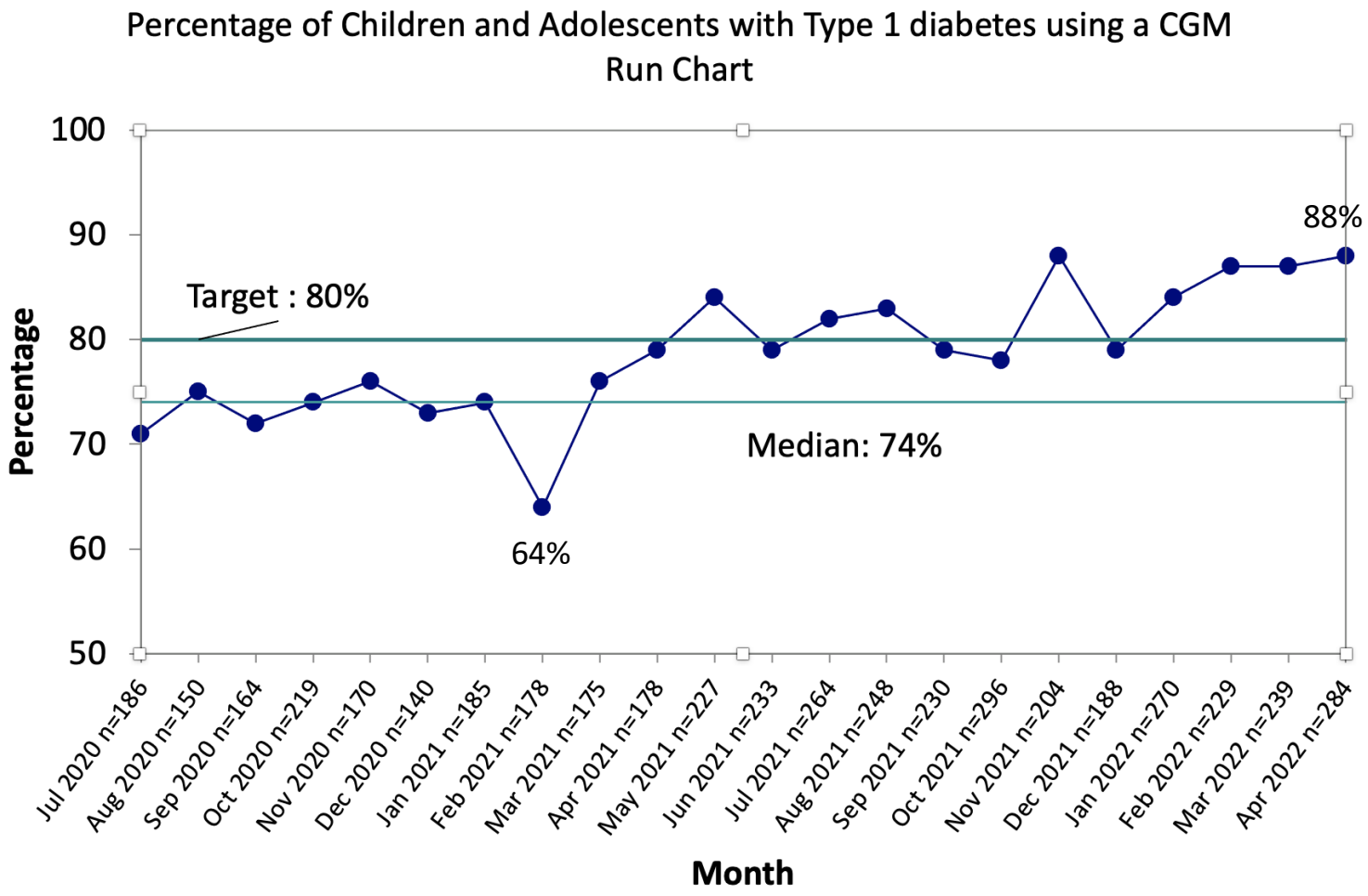
Percentage of patients with T1D using a CGM



As of February 2022, the percentage of patients wearing a CGM increased by 23% from February 2021 baseline of 64% to 88% (goal: 80%), on April 2022.

Desired Direction

November 2023: 98 %

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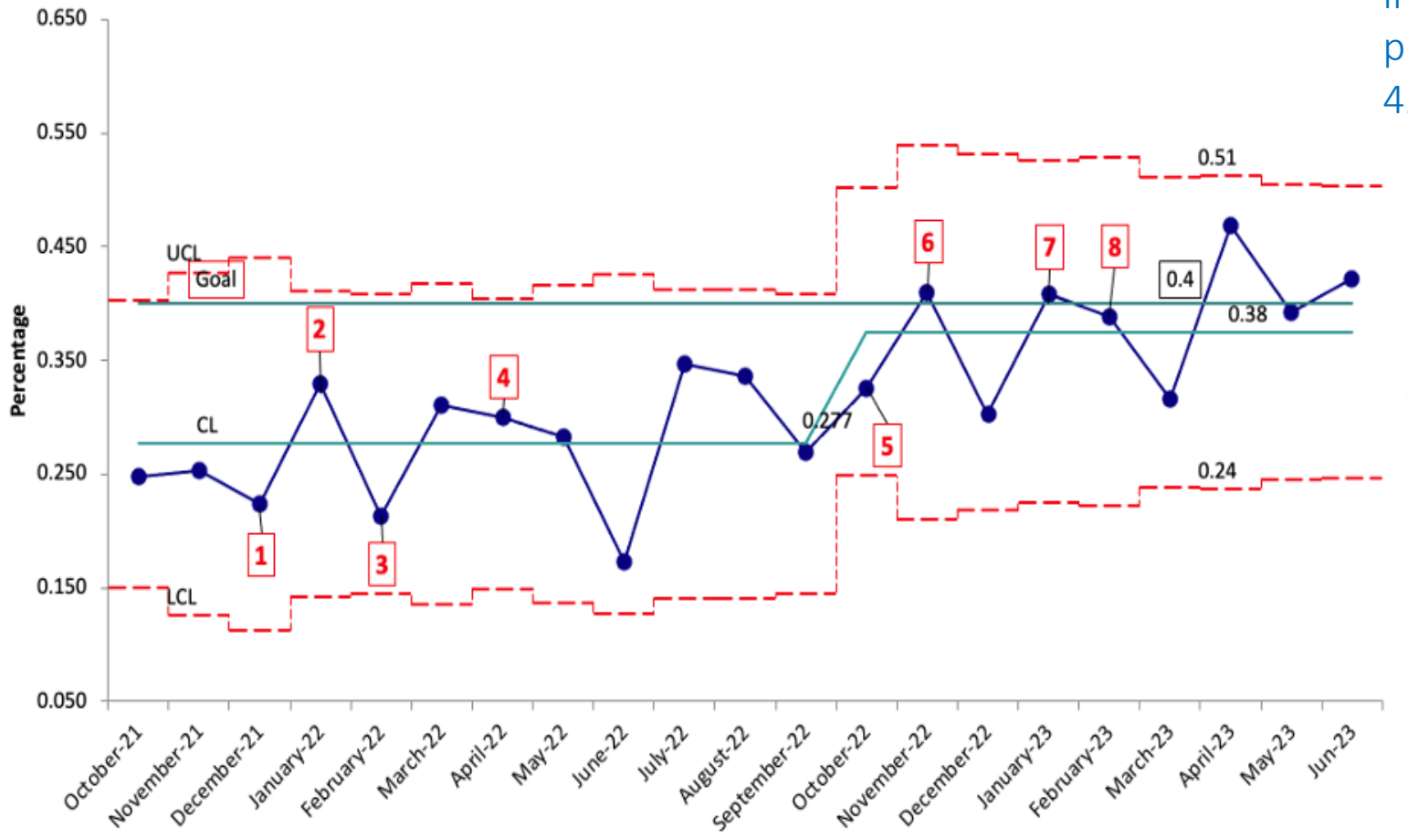
Percentage of Public insured patients with T1D wearing an insulin pump

As of June 2023, the percentage of public insured children with T1D utilizing an insulin pump increased from 30% in April 2022 to 42% in June 2023 (exceeding our goal of 40%)



Interventions:

1. Pump information added to new onset patient binder
2. Pump class offered in Spanish
3. Clinic RN educated on insulin pumps
4. Additional pump class added [+1 per month]
5. Post-class test platform moved to MyChart
6. Presentation to providers re: bias
7. Follow up re: untaken post class tests
8. New clinic intake form [English]

Desired Direction

December 2023: 50%

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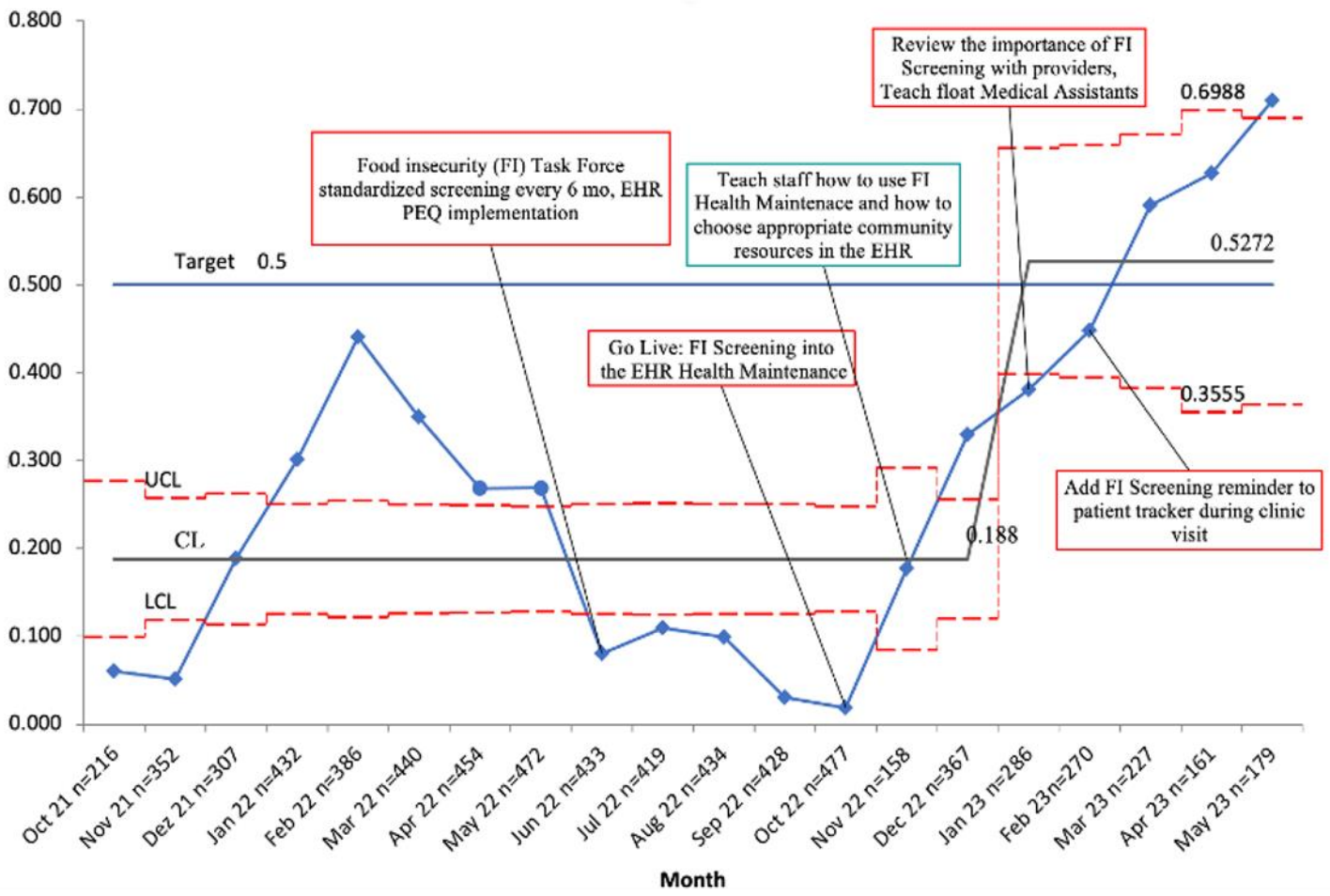
Percentage of youth with type 1 or type 2 diabetes screened for food insecurity and provided with resources.

As of May 2023, the percentage of youth with diabetes screened for food insecurity and provided with resources increased by 44% from May 2022 baseline of 27% to 71% (exceeding our goal of 50%)

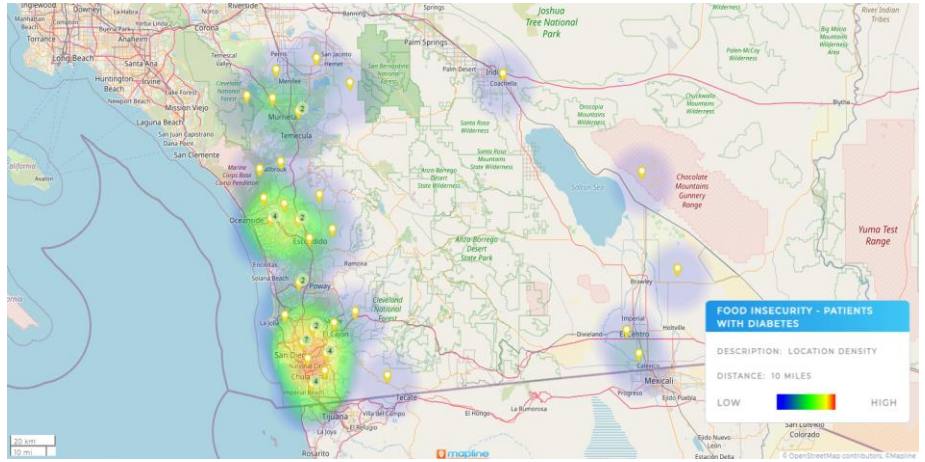


Desired Direction

[Jul-Dec 2023 RCHSD Food Navigation Team]

91 patients outreached for food navigation

- 59 T1D
- 32 T2D



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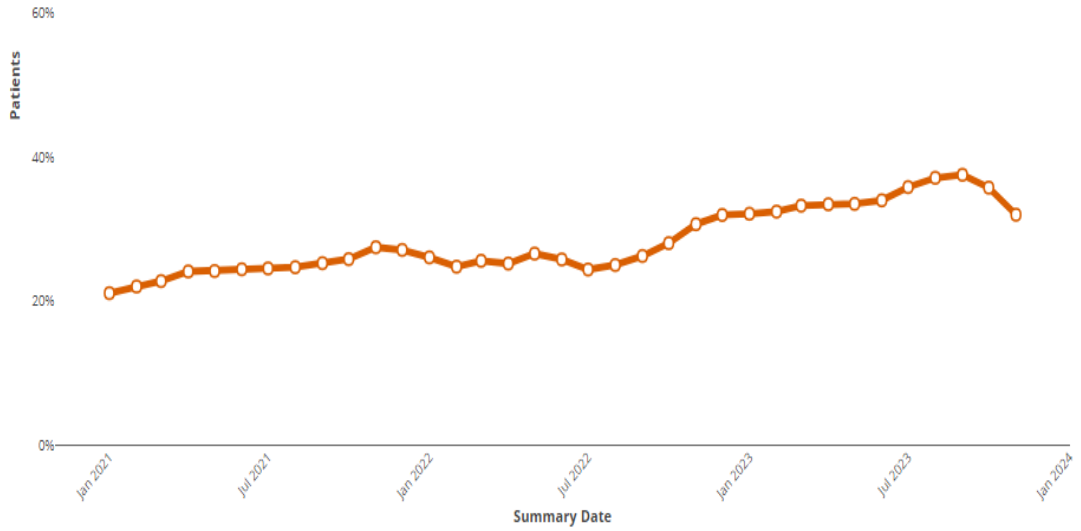
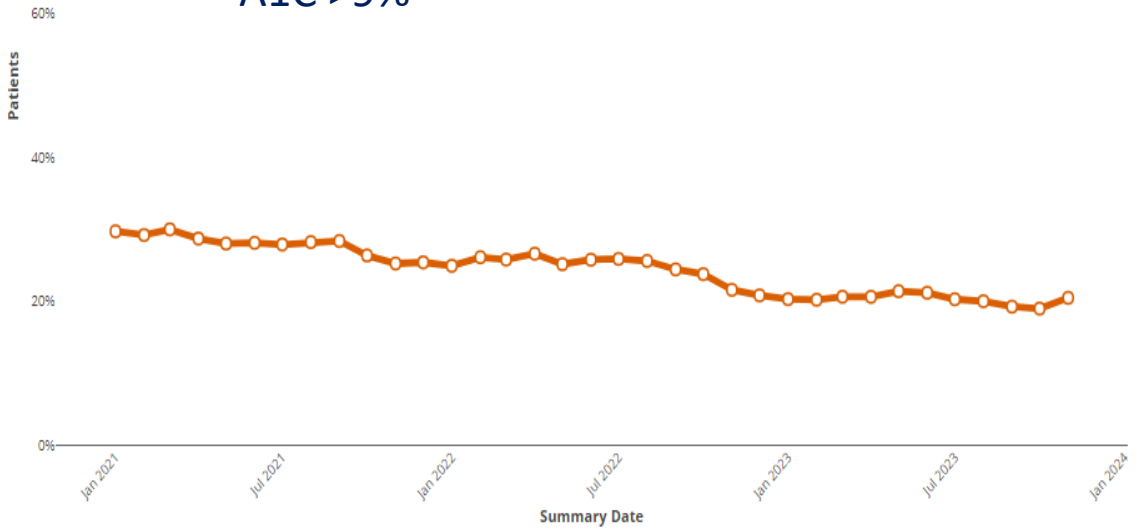
Median A1C
January 2021- 2024

A1C <7%



Desired Direction

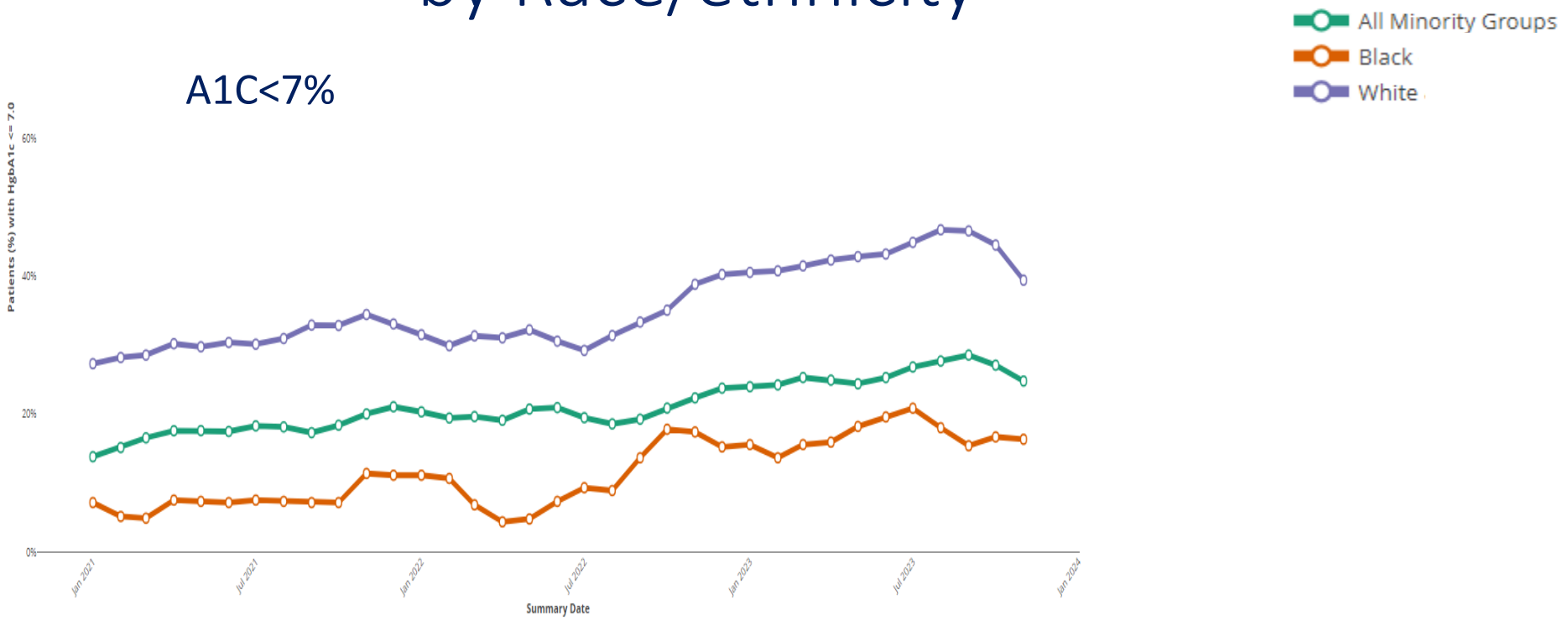
A1C >9%



Desired Direction

Rady Children's Hospital-San Diego

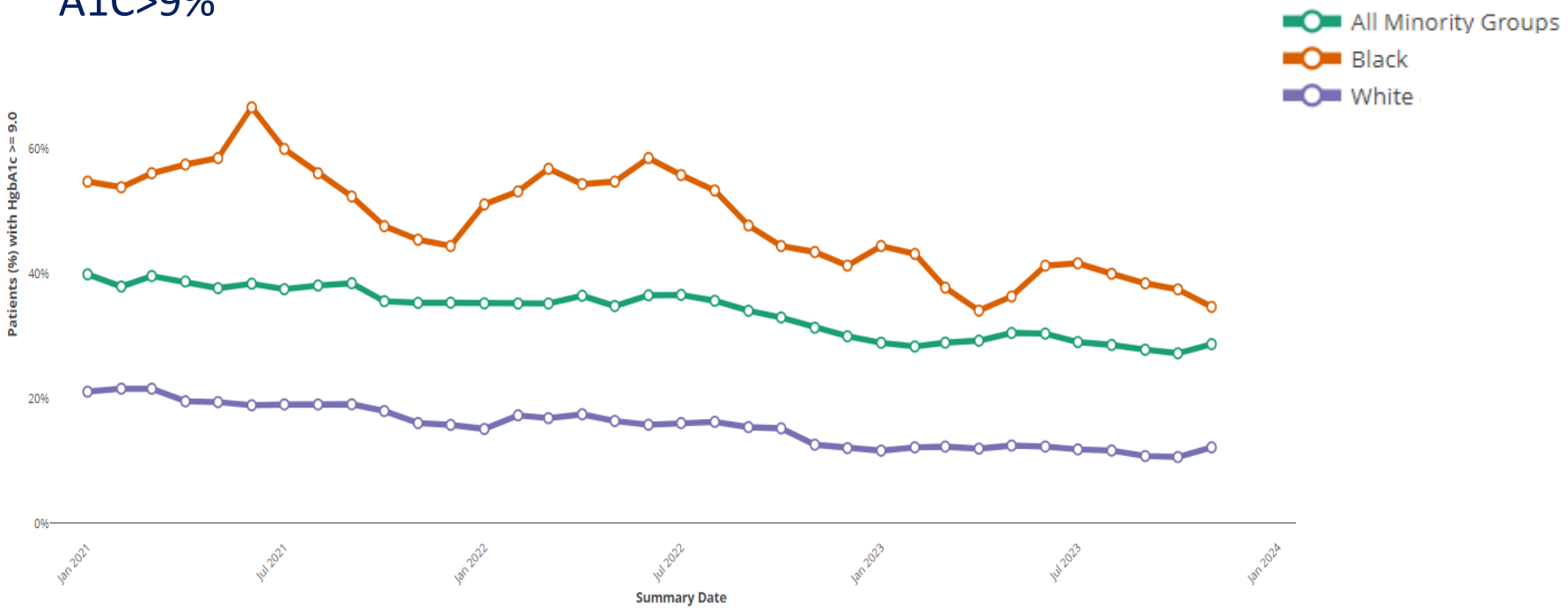
Median A1C
January 2021- 2024
by Race/ethnicity



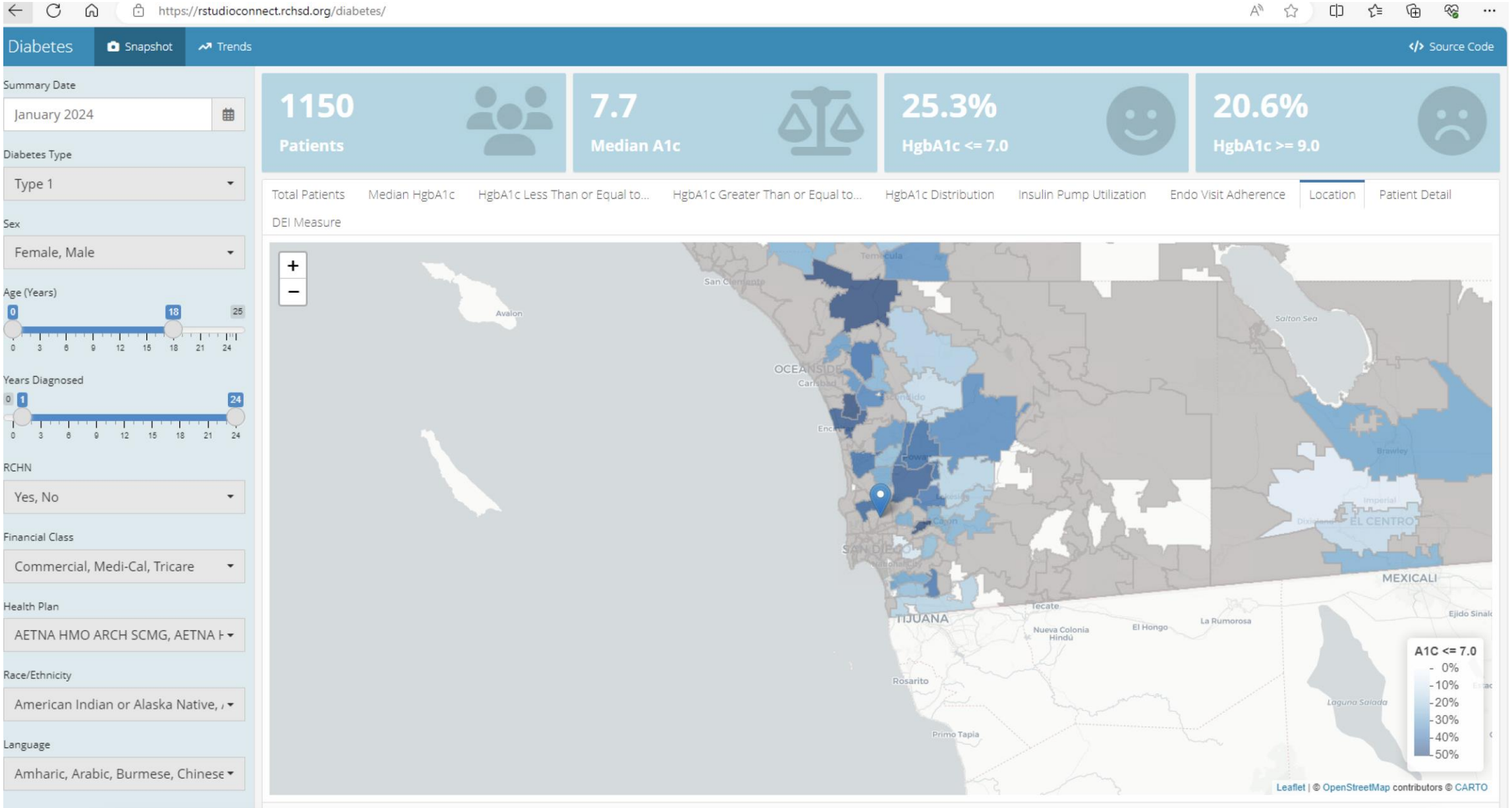
- All Minority Group includes: (1) American Indian or Alaska Native, (2) Non-Hispanic Black, (3) Hispanic or Latino/Latina/Latinx, (4) Multiracial Hispanic, (5) Multiracial, Non-Hispanic, (6) Patient's Race and Ethnicity Not Listed Here, and (7) Native Hawaiian or Other Pacific Islander patients.

Median A1C
January 2021- 2024
by race/ethnicity

A1C>9%



- All Minority Groups includes: (1) American Indian or Alaska Native, (2) Black or African American, (3) Hispanic or Latino/Latina/Latinx, (4) Multiracial Hispanic, (5) Multiracial, Non-Hispanic, (6) Patient's Race and Ethnicity Not Listed Here, and (7) Native Hawaiian or Other Pacific Islander patients.



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Key Driver Diagram – RCHSD Health Equity Initiative In Type 1 Diabetes

Sheet Last Updated on	1/9/2024

SMART Aim

1. Increase the percentage of patients in target group with an A1C <7% by 1% from 25% to 26% by December 31, 2025

2. Decrease the percentage of patients in target group with a an A1C > 9% by 1% from 29% to 28% by December 31, 2025.

Global Aim

Improve glycemic levels and reduce health inequities in children and adolescents with T1D

Key Drivers

- Ensure Access to care and regular follow-up, Promote health equity
- Patient & Family-Centered Care
- Equity & Social Determinants of Health (SDOH)
- Technology
- Improve Psychological Support

Interventions

- Monthly Diabetes Dashboard review and completion of assessment tool for patients not at goal :CN, Diabetes case manager, ECM
- Outreach to ensure access to care, services, education, referrals and prescriptions
- Workflow to improve communication and equitable transition of care between diabetes inpatient and outpatient services
- Equity, unconscious bias, and SDOH training for providers and staff (inpatient and outpatient care)
- Screen for and document SDOH and provide available resources for positive screens
- Discuss CGM and insulin pump at appointments. Provide CGM and insulin pump information in the inpatient and outpatient settings.
- Provide CGM and insulin pump education as well as continuous support & problem- solving skills in both English and Spanish
- Utilize patient advocates to help talk with technology-hesitant families
- Ensure that patients who need psycho-social support receive and complete referrals

Legend

- Not Started
- In Progress
- Completed

It Takes a Village

RCHSD Diabetes Clinic QI Team:

- Carla Demeterco-Berggren, MD PhD (PI)
- Kim McNamara, RN, BSN, CDCES (Site Coordinator)
- Christy Byer-Mendoza, MSN, RN, CPN, CNS (Site Coordinator)
- Andrea Huber, RN, BSN, CDCES
- Anna Cymbaluk MD

Thank you!

Diabetes Clinic

Dr. Michael Gottschalk
Jennifer Ruiz
Giana Reuter
Natosha Rodriguez
Norma Rodriguez
Rocio Padilla
Melissa Magadan
Alexia Sandoval
Cinthia Perez
Juliana Perez

Lawrence Stewart
Chad Miller
Jacob Parker
Yesenia Parker
Kendall Sanderson
Kyle McBride
Chelsea Carter

Population Health

Dr. Keri Carstairs
Rhonda Sparr-Perkins
Donna M Donoghue
Erin Dale
Drisana Moss
Karen Anaya,
Yashia Saenz
Erin Carpenter
Gail Garcellano

Dr. Laurel Moyer
Dr. Amy Bryl

Dr. Jeannie Huang
Dr. Jane Rungvivatjarus
Dr. Mario Bialostozky

HEAL 2024 Work

Changes in HEAL Advisory Committee Structure

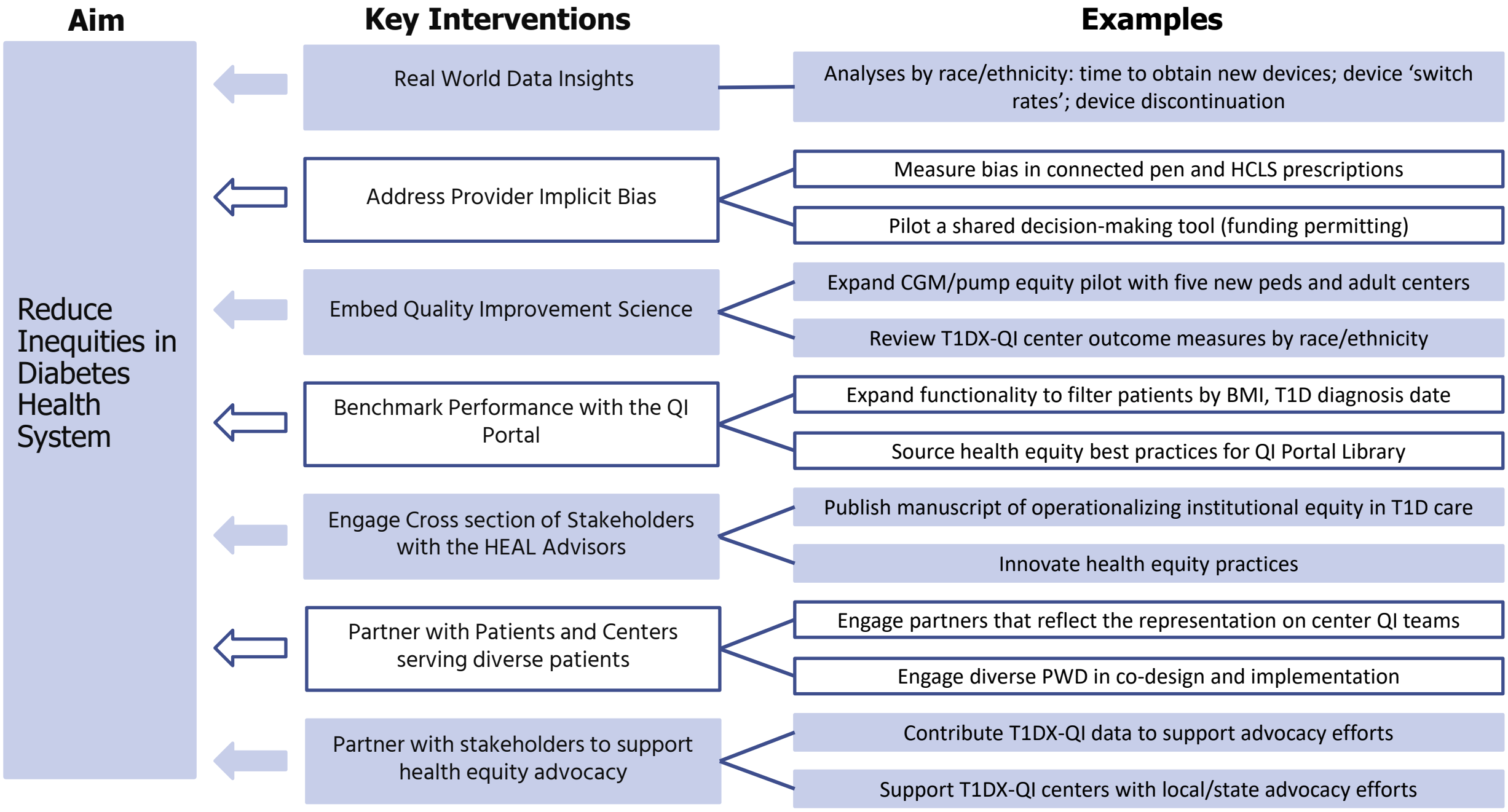
Co-chairs

- Two Committee Co-chairs representing differing populations
  - Peds and adults
- Two-year terms
- Responsibilities
  - Work with T1DX staff on vision and direction of HEAL
  - Support HEAL meetings with agenda development and facilitation
  - Drafting letters of support on health equity issues for HEAL Committee input
  - Support facilitation of health equity manuscripts from the T1DX-QI

2024 Charter Update

- Updates to membership roles (co-chairs, members)
- Alignment with other T1DX-QI Committees

Key Driver Diagram: T1D Exchange HEAL Program to Address Health Inequities



Key Driver Diagram: Areas of 2023 work

Aim	Key Interventions	Examples
Reduce Inequities in Diabetes Health System	Real World Data Insights	Analyses by race/ethnicity: time to obtain new devices; device 'switch rates'; device discontinuation
	Address Provider Implicit Bias	Measure bias in connected pen and HCLS prescriptions
		Pilot a shared decision-making tool (funding permitting)
	Embed Quality Improvement Science	Expand CGM/pump equity pilot with five new peds and adult centers
		Review T1DX-QI center outcome measures by race/ethnicity
	Benchmark Performance with the QI Portal	Expand functionality to filter patients by BMI, T1D diagnosis date
		Source health equity best practices for QI Portal Library
	Engage Cross section of Stakeholders with the HEAL Advisors	Publish manuscript of operationalizing institutional equity in T1D care
		Innovate health equity practices
	Partner with Patients and Centers serving diverse patients	Engage partners that reflect the representation on center QI teams
		Engage diverse PWD in co-design and implementation
	Partner with stakeholders to support health equity advocacy	Contribute T1DX-QI data to support advocacy efforts
		Support T1DX-QI centers with local/state advocacy efforts

Key Driver Diagram: HEAL Committee Brainstorm 10.19.23

Aim	Key Interventions	Examples
Reduce Inequities in Diabetes Health System	Real World Data Insights	Analyses by race/ethnicity: time to obtain new devices; device 'switch rates'; device discontinuation; differences by insurance type
	Address Provider Implicit Bias	Measure bias in connected pen and HCLS prescriptions
		Pilot a shared decision-making tool (funding permitting)
	Embed Quality Improvement Science	Expand CGM/pump equity pilot with five new peds and adult centers
		Review T1DX-QI center outcome measures by race/ethnicity
	Benchmark Performance with the QI Portal	Expand functionality to filter patients by BMI, T1D diagnosis date
		Source health equity best practices for QI Portal Library
	Engage Cross section of Stakeholders with the HEAL Advisors	Publish manuscript of operationalizing institutional equity in T1D care
		Innovate health equity practices; i.e., SDOH coordination
	Partner with Patients and Centers serving diverse patients	Engage partners that reflect the representation on center QI teams
		Engage diverse PWD in co-design and implementation
	Partner with stakeholders to support health equity advocacy	Contribute T1DX-QI data to support advocacy efforts
		Support T1DX-QI centers with local/state advocacy efforts; i.e., how devices are paid for

Task Ideas for 2024

Analyze Social Determinants of Health (SDOH) practices

- Incorporate questions into annual T1DX-QI center survey
- Dr. Carla Demeterco

Discuss the role of a 'SDOH coordinator' to support patient navigation

- Commentary
- Dr. Ashley Butler

Explore periods of transition between diabetes devices

- Manuscript
- Dr. Janine Sanchez

2024 Priority Areas

1. Dig deeper into analysis and using data (continuing on 2023 work)

2. Inequity trends for T2D data.

3. Shift to best practice guides or workflows.

4. Private Insurance barriers in partnership with Georgetown University.

5. Public Insurance barriers in partnership with Center for Healthcare Strategies.

6. Dissemination of EMR Decision support systems to advance health equity.

ADEPT Summit

T1D Exchange

Announcing ADA Partnership for ADEPT

Conference is planned for Chicago in November after the Learning Sessions.

ADA staff assigned to support this event include:

- Alberto Alvarez, National Director, Partner Relations
- Lindsay Butler, Vice President, Corporate Alliances
- Brandi Broome, Chief Development and Delivery Officer
- Marina Pevzner Hennessy, Vice President, Partner Relations
- Terri Wiggins, Senior Vice President, Health Equity

T1D Exchange

Achieving Diabetes Equity in Practice Today 2024

Will occur on 11/14-11/15

- Immediately following the T1DX-QI Learning Session 11/12-11/13
- Chicago, IL

Updates and Close Out

Thank you

Next HEAL Advisory Committee meeting

- Thursday 4/11/24 1-2:30 pm EST

Have a restful rest of your winter!