



T1D
Exchange

Publication Committee Meeting

Tuesday May 7, 2024

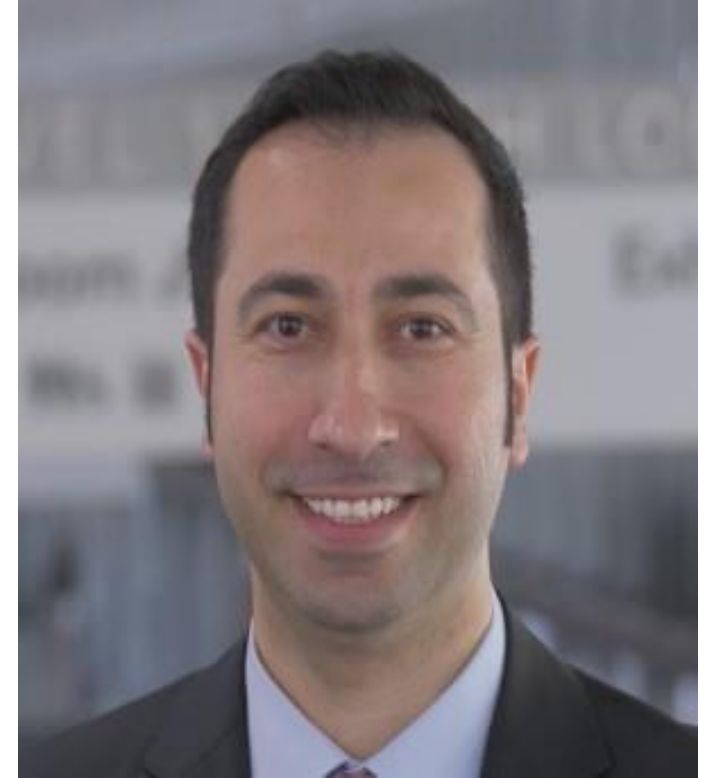
Agenda

- New Co-Chair Introductions (Shideh)
- Publications updates (Shivani)
- Upcoming Conferences (Shideh)
 - T1DX-QI Faculty ADA 2024 Breakfast RSVP
 - Learning Session Call for Abstracts
- Upcoming Publication Discussion
 - Liz Mann and Priya Prahalad
- T2D Data Update (Ann and Osagie)

2024-2026 Co-Chairs



Stephanie Crossen, MD, MPH
University of California Davis



Halis K. Akturk, MD
Barbara Davis Center

Q2 2024 Manuscript Scorecard

- Phase 1 (New idea) 7
- Phase 2 (Internal group) 4
- Phase 3 (Publication Committee review) 1
- Phase 4 (Journal review) 11
- Phase 5 (Manuscript accepted/published) 17

Adult Centers Represented in 2024 Q1-Q2 Papers

- Boston Medical Center (5)
- Albert Einstein (3)
- University of Miami (2)
- Barbara Davis Center (1)
- Oregon Health & Science University (1)

Pediatric Centers Represented in 2024 Q1-Q2 Papers

- Lurie Children's (8)
- Cincinnati Children's (4)
- Mt Sinai (4)
- Children's National (3)
- Hassenfeld Children's at NYU (4)
- Lucile Packard Children's Hospital (3)
- Seattle Children's (3)
- Children's Hospital of Los Angeles (2)
- University of Pittsburgh (2)
- C.S Mott Children's (1)
- Johns Hopkins (1)
- Indiana University School of Medicine (1)
- Nationwide Children's (1)
- Rainbow Babies and Children's Hospital (1)
- University of Florida (1)
- University of Miami (1)

T1DX-QI Faculty ADA 2024 Breakfast RSVP – Join Us

- Please join us for the Faculty Breakfast at the 2024 ADA Scientific Sessions in Orlando, FL.
- Breakfast will be held Sunday June 23rd, from 6:30-9 am EST
- Scan the QR code to RSVP



Upcoming Conferences



8th Annual T1D Exchange Learning Session 2024
November 11, 2024
Chicago, IL



Achieving Diabetes Equity in Practice Today
November 12-13, 2024
Chicago, IL



8th Annual Learning Session Call for Abstracts

- The call for abstracts is now open!
- Please scan the QR code to submit your abstracts.
- Please use [this link](#) to view the example abstract and abstract guidelines.
- Abstracts are due August 16th.



Manuscript Presentation



T2D Dataset Update and Discussion

Aggregate T2D Pediatric center baseline data

Clinic Name	CCHMC	Seattle	Rady	Indiana	Lurie	Johns Hopkins	UCSF	CHLA	Cook	HDV	Wisconsin
Denominator	260	315	352	272	350	215	321	750	275	137	86
Public Insurance	169 (65%)	259 (81%)	314 (89%)	184 (N=242) (76%)	280 (80%)	170 (79%)	298 (93%)	693 (92%)	92 (33%)	88 (64%)	54 (63%)
White pop	105 (40%)	67 (21%)	144 (41%)	99 (N=232) (43%)	53 (15%)	35 (16%)	9 (3%)	58 (7%)	20 (7%)	51 (37%)	28 (33%)
Hispanic pop	20 (8%)	154 (49%)	148 (42%)	39 (N=232) (17%)	210 (60%)	25 (12%)	180 (56%)	548 (73%)	200 (78%)	30 (22%)	24 (28%)
CGM use	20 (8%)	51 (16%)	3 (<1%)	N/A	32 (9%)	49 (23%)	40 (12%)	47 (6%)	25 (9%)	11 (8%)	11 (13%)
A1c	250 (96%)	252 (80%)	340 (97%)	216 (79%)	320 (91%)	212 (99%)	319 (99%)	649 (87%)	275 (100%)	135 (99%)	86 (100%)
Mean A1c	8.0	8.1	8.3	8.3	7.6	7.9	8.4	7.9	7.8	7.5	7.3
A1c below 8%	75 (29%)	169 (67%)	208 (61%)	125 (58%)	211 (66%)	132 (62%)	175 (55%)	397 (61%)	130 (47%)	85 (63%)	64 (74%)

Recent publications using aggregate-level data

FEATURE ARTICLE



Benchmarking Diabetes Technology Use Among 21 U.S. Pediatric Diabetes Centers

Priya Prahalad,¹ Holly Hardison,² Ori Odugbesan,² Sarah Lyons,³ Mohammed Alwazeer,⁴ Anna Neyman,⁵ Brian Miyazaki,⁶ Kristina Cossen,⁷ Susan Hsieh,⁴ Donna Eng,⁸ Alissa Roberts,⁹ Mark A. Clements,¹⁰ and Osagie Ebeozien,^{2,11} on behalf of the T1D Exchange Quality Improvement Collaborative

FEATURE ARTICLE



Multi-Clinic Quality Improvement Initiative Increases Continuous Glucose Monitoring Use Among Adolescents and Young Adults With Type 1 Diabetes

Priya Prahalad,^{1,2} Osagie Ebeozien,³ G. Todd Alonso,⁴ Mark Clements,⁵ Sarah Corathers,⁶ Daniel DeSalvo,⁷ Marisa Desimone,⁸ Joyce M. Lee,⁹ Ilona Lorincz,¹⁰ Ryan McDonough,⁵ Shideh Majidi,⁴ Ori Odugbesan,³ Kathryn Obrynba,¹¹ Nicole Riales,³ Manmohan Kamboj,¹¹ Nana-Hawa Yayah Jones,⁶ and David M. Maahs,^{1,2} on behalf of the T1D Exchange Quality Improvement Collaborative Study Group

FEATURE ARTICLE



Increasing Insulin Pump Use Among 12- to 26-Year-Olds With Type 1 Diabetes: Results From the T1D Exchange Quality Improvement Collaborative

Sarah K. Lyons,¹ Osagie Ebeozien,^{2,3} Ashley Garrity,⁴ Don Buckingham,⁵ Ori Odugbesan,² Sarah Thomas,⁶ Nicole Riales,² Kathryn Gallagher,⁷ Rona Y. Sonabend,¹ Ilona Lorincz,⁷ G. Todd Alonso,⁶ Manmohan K. Kamboj,⁵ and Joyce M. Lee,⁴ on behalf of the T1D Exchange Quality Improvement Collaborative Study Group

Expanding T2DX-QI EMR Adult Centers Database

- Representing 3 T2DX-QI adult centers and over 54,000 patients seen between 2021 and 2023
- T2DX-QI Data Specification
- Key T2DX-QI Data Elements
 - Patient demographics (race, ethnicity, age, gender, language, insurance)
 - Device use (CGM, insulin therapies)
 - Medications (GLP-1, SGLT-2, etc.)
 - BMI
 - Comorbidities

Existing project: Type 2 Diabetes QI expansion

Sponsor: Abbott

Objectives:

1. Establish a **large dataset for T2D patients**;
2. **Evaluate this T2D dataset for benchmarking and metrics** for the purposes of supporting quality improvement activities;
3. **Establish an independent data platform** to share and disseminate patient-level data for the T2D patient population

Participating Centers: BMC, Grady, UPMC; **3 total adult centers**

Project Status/Results: ✓ On Track; all centers engaged in PDSA activities and initial T2D analyses initiated.

More centers are now welcome to submit T2D data for publication opportunities.



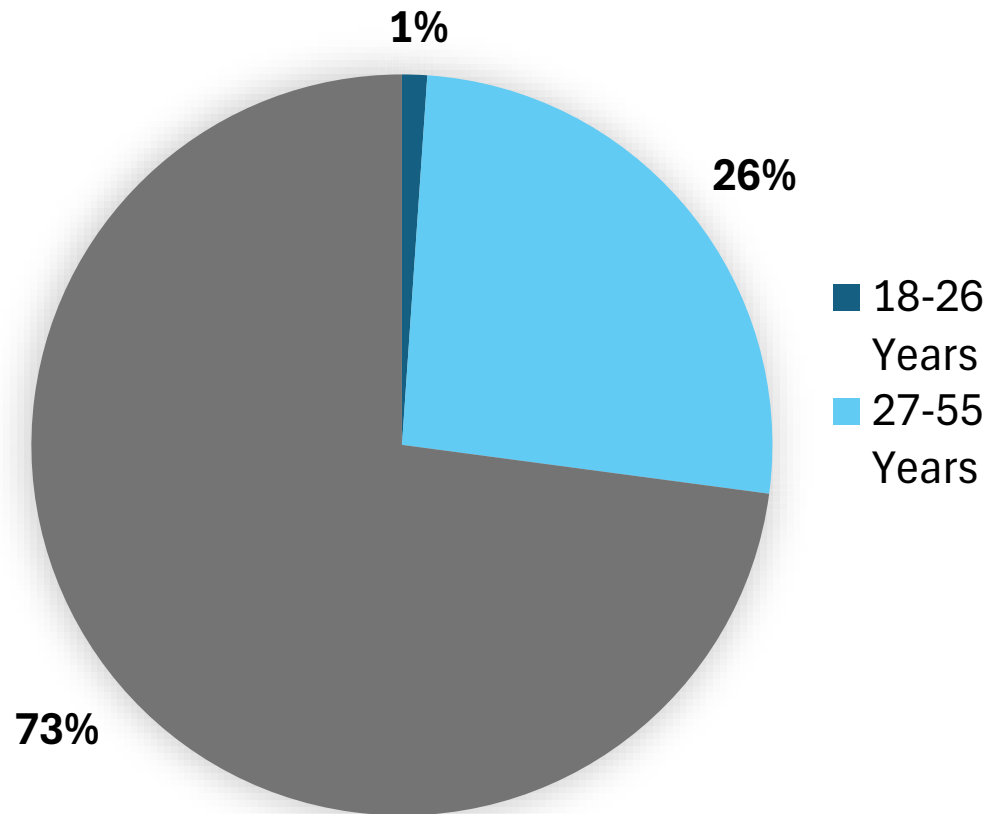
EMR Mapped T2D Demographics Summary

Patients seen 2021-2023

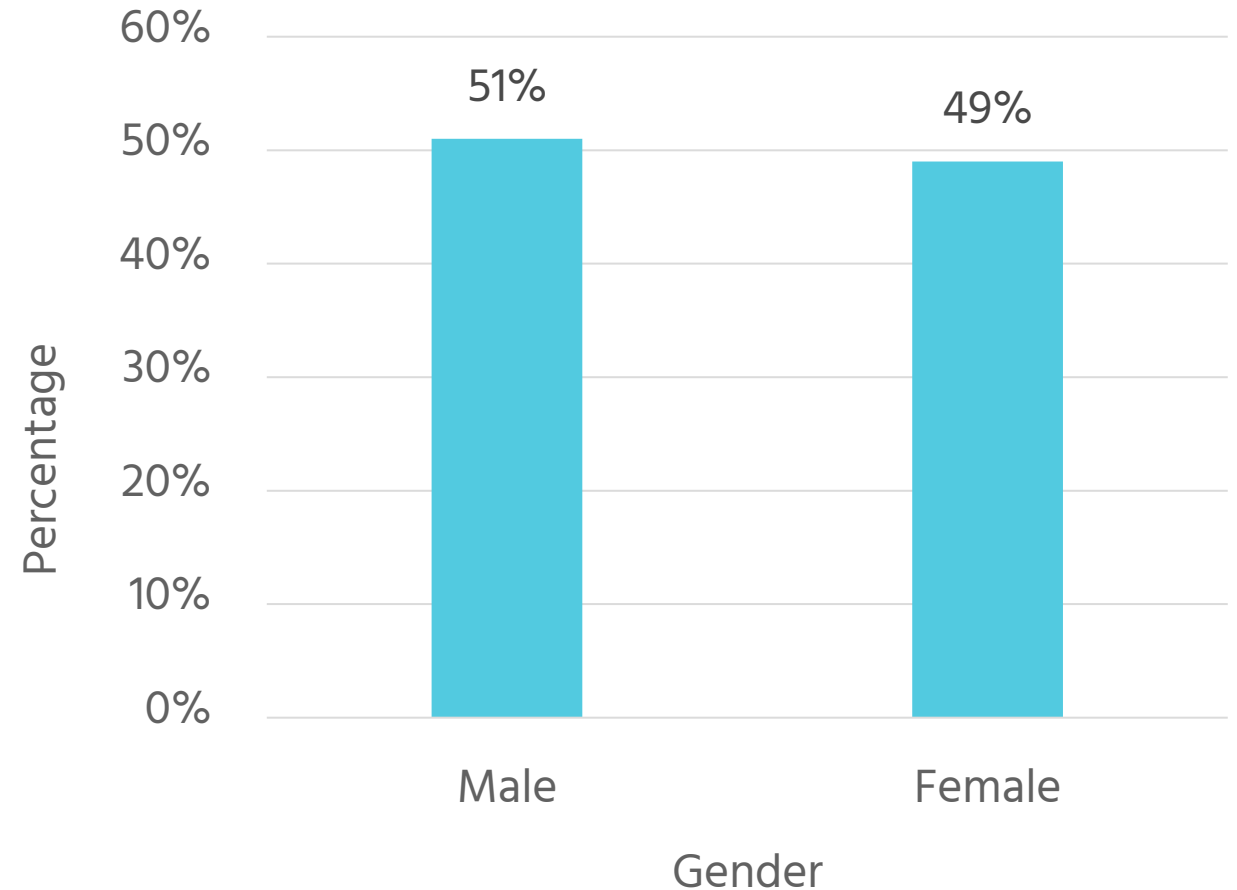
	Total	18-26	27-55	55+
N	54181	678	14489	38315
Sex (male)	27301 (50)	296 (44)	7549 (52)	19277 (50)
Race-Eth				
NH White	14597 (27)	212 (31)	2322 (16)	11811 (31)
NH Black	18842 (35)	225 (33)	5693 (39)	12866 (34)
Hispanic	6116 (11)	120 (18)	2376 (16)	3610 (9)
Other (all remaining races categories plus other)	14626 (27)	121 (18)	4098 (28)	10028 (26)
Insurance				
Public Insurance	29120 (54)	219 (32)	3615 (25)	25053 (65)
Private Insurance	10729 (20)	221 (33)	4333 (30)	6029 (16)
Other (all other insurance categories)	14332 (26)	238 (35)	6541 (45%)	7233 (19)
Mean HbA1c	7.5 (2.5)	8.4 (3.4)	7.9 (2.6)	7.4 (2.4)
CGM use	7058 (13)	121 (18)	2082 (14)	4790 (13)
% with insulin on med list	5883 (11)	132 (19)	1546 (11)	4188 (11)

Age and Gender (Total 2023 EMR Mapped T2D N= 38,949)

Age Distribution
Mean Age – 62 years

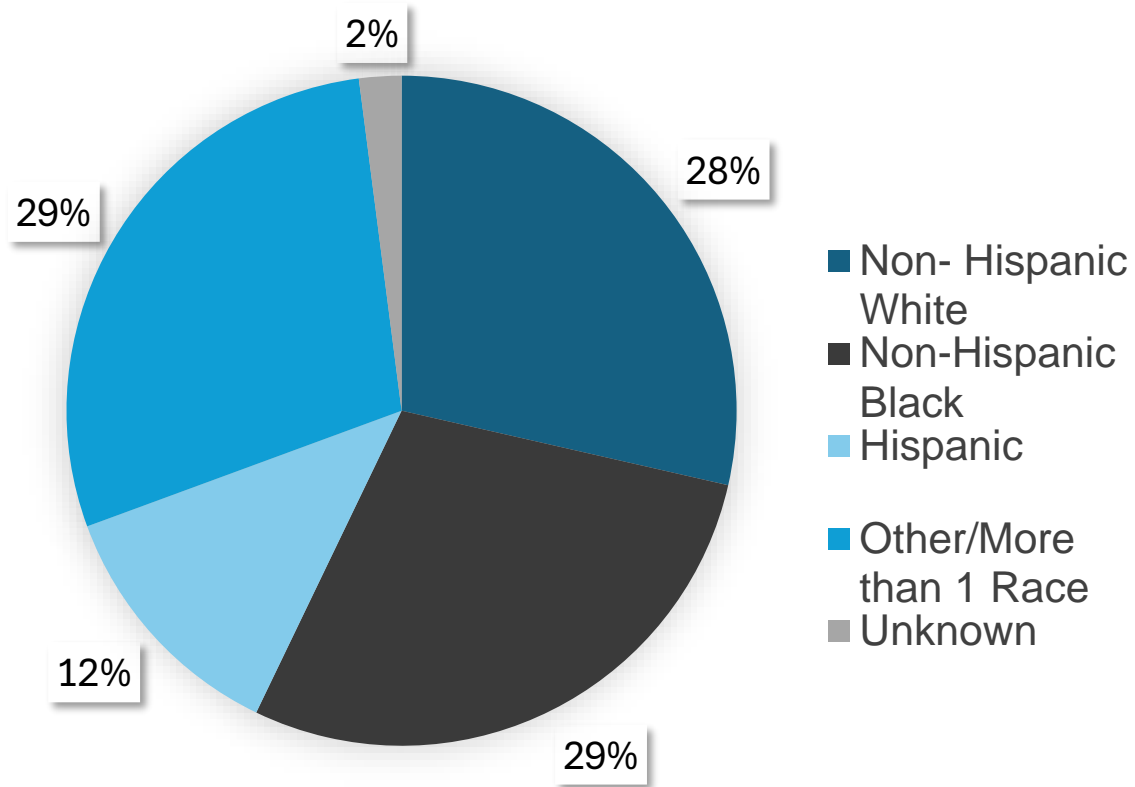


Gender

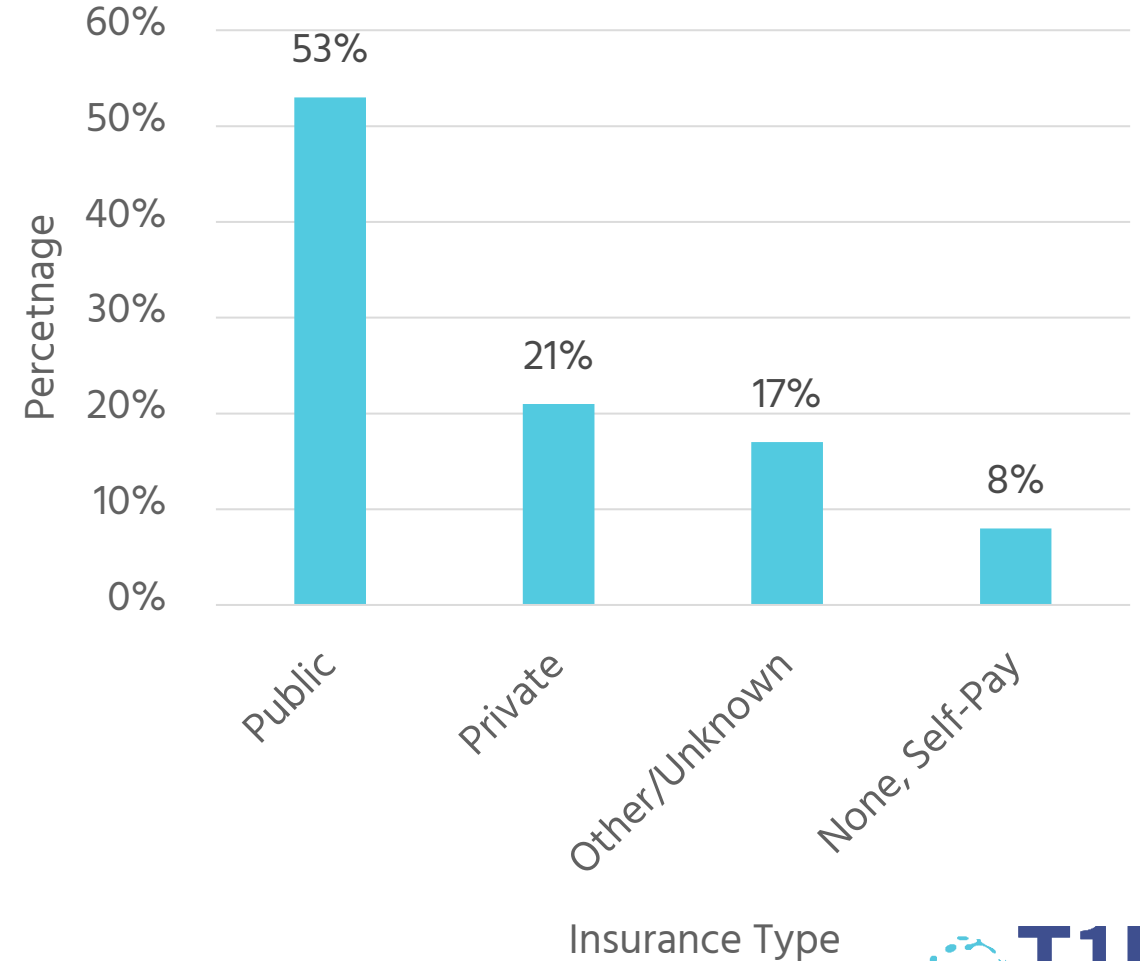


Race/Ethnicity and Insurance (N= 38,949)

Race/Ethnicity



Insurance



EASD 2024 Abstract Submission

Association of CGM Use with HbA1c Outcomes for People with T2D: A multicenter observational longitudinal study

An analysis of CGM users across five time periods to examine trends in HbA1c before and after CGM initiation

	12 months prior	6 months prior	At CGM Initiation	6 months after	12 months after	P-value*
Mean HbA1c (SD)	8.8 (2.9)	8.8 (3.0)	8.5 (2.6%)	7.9 (2.7)	7.8 (2.4)	<0.001
Median HbA1c (IQR)	8.1 (3.0)	8.1 (2.9)	7.8 (2.6%)	7.3 (1.9)	7.3 (1.9)	<0.001
HbA1c < 8%, n (%)	960 (47%)	963 (47%)	1077 (53%)	1342 (66%)	1362 (67%)	<0.001
HbA1c < 7%, n (%)	489 (24%)	493 (24%)	587 (29%)	739 (36%)	760 (37%)	<0.001

Significant improvement in HbA1c for people with T2D 12 months prior to 12 months after CGM initiation

DATA NOT YET PUBLISHED

Expanded analysis plan on CGM use in T2D Manuscript

- Propensity-score match people with T2D by baseline HbA1c to compare glycemic trends in CGM vs. Non-CGM users
- Analyze results by
 - Insulin type
 - Basal
 - Bolus
 - Both basal and bolus
 - None
 - Race-ethnicity
 - Insurance

Brainstorm T2D publications

1. What are interest areas for committee members on aggregate and patient-level T2D data?
2. How should the committee ensure high quality manuscripts to support new insights from T2D that can support T1D outcomes?
3. Any complementary dataset that can support high quality T1 and T2 publications?