



Pediatric T2D Working Group

June 2024

Agenda

- Introductions
- Participating centers
- Review project baseline
- Review project goals
- Review project timeline
- Discuss QI measures for benchmarking
- Identify Co-Chairs
- Plan for meetings

Participating Centers

UWHealth

CookChildren's
Health Care System


Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Rady Children's
Hospital
San Diego


Texas Children's Hospital



Children's
Healthcare of Atlanta

**Health**
UNIVERSITY OF MIAMI HEALTH SYSTEM


Ann & Robert H. Lurie
Children's Hospital of Chicago



Cincinnati
Children's



HASSENFELD
CHILDREN'S HOSPITAL
AT NYU LANGONE



Stanford
MEDICINE



JOHNS HOPKINS
MEDICINE



Children's National



Riley Children's Health
Indiana University Health



The Children's Hospital

SpectrumHealth
Helen DeVos
children's hospital

Children's Hospital
LOS ANGELES

UCSF Health

**T1D**
Exchange

Establishment of the Type 2 Diabetes Quality Improvement Collaborative



Adult Type 2 Baseline Data

Clinic Name	BMC	UPMC	Grady	SUNY	Stanford Endocrine	Wash U	U Miami	Stanford Primary
Denominator	4350	9641	4893	3193	3000	4437	3500	5005
Public Insurance	3045 (70%)	5396 (56%)	3180 (65%)	2427 (76%)	1000 (33%)	2584 (58%)	1950 (58%)	TBD
White pop	2080 (48%)	7915 (82%)	139 (3%)	2267 (70%)	1200 (40%)	3378 (76%)	2450 (70%)	1585 (32%)
Hispanic pop	780 (18%)	96 (<1%)	295 (6%)	148 (<1%)	600 (20%)	84 (<1%)	2100 (60%)	785 (16%)
CGM use	n/a	3085 (32%)	<5%	1013 (32%)	1000 (33%)	861 (19%)	n/a	180 (4%)
A1c	3900 (90%)	8574 (90%)		2207 (69%)	2600 (87%)	2428 (58%)	3500 (100%)	4450 (89%)
Mean A1c	8.7	7.8		7.9	8.0	8.7	7.5	7.3
A1c below 8%	n/a	6127 (71%)		1351 (61%)	1200 (46%)	944 (38%)	2275 (65%)	3935 (88%)

Pediatrics Type 2 Baseline Data

CLINIC NAME	CCHMC	CHLA	CHILDREN'S NATIONAL	COOK	INDIANA	JOHNS HOPKINS	LURIE	NATIONWIDE
Denominator	260	750	446	275	272	215	350	310
Public Insurance	169 (65%)	693 (92%)	337 (76%)	92 (33%)	184 (76%)	170 (79%)	280 (80%)	199 64%
White pop	105 (40%)	58 (7%)	10 (2%)	20 (7%)	99 (N=232) (43%)	35 (16%)	53 (15%)	104 34%
NHB			252 (57%)					
Hispanic pop	20 (8%)	548 (73%)	133 (30%)	200 (78%)	39 (N=232) (17%)	25 (12%)	210 (60%)	40 13%
CGM use	20 (8%)	47 (6%)	78 (18%)	25 (9%)	N/A	49 (23%)	32 (9%)	208 67%
A1c lab completed	250 (96%)	649 (87%)	437 (98%)	275 (100%)	216 (79%)	212 (99%)	320 (91%)	309 >99%
Mean A1c	8.0	7.9	7.5%	7.8	8.3	7.9	7.6	8.0%
A1c below 8%	75 (29%)	397 (61%)	304 (68%)	130 (47%)	125 (58%)	132 (62%)	211 (66%)	279 90%

Pediatrics Type 2 Baseline Data

CLINIC NAME	NYU HASSENFELD	RADY	SEATTLE	SPECTRUM HEALTH	STANFORD	TEXAS CHILDREN'S	UCSF	WISCONSIN
Denominator	70	352	315	137	314	1413	321	86
Public Insurance	59 (84%)	314 (89%)	259 (81%)	88 (64%)	235 (74.8%)	838 (59%)	298 (93%)	54 (63%)
White pop	12 (16%)	144 (41%)	67 (21%)	51 (37%)	12 (3.8%)	94 (7%)	9 (3%)	28 (33%)
NHB	15 (21%)				12 (3.8%)	382 (27%)		30 (35%)
Hispanic pop	10 (14%)	148 (42%)	154 (49%)	30 (22%)	207 (65.9%)	778 (56%)	180 (56%)	24 (28%)
CGM use	27 (39%)	3 (<1%)	51 (16%)	11 (8%)	77 (24.5%)	165 (12%)	40 (12%)	11 (13%)
A1c lab completed	69 (99%)	340 (97%)	252 (80%)	135 (99%)	266 (84.7%)		319 (99%)	86 (100%)
Mean A1c	8.0	8.3	8.1	7.5	7.6%	7.95	8.4	7.3
A1c below 8%	42 (61%)	208 (61%)	169 (67%)	85 (63%)	173 (65.0%)	858 (61%)	175 (55%)	64 (74%)

Project Goals

Short Term Goals

1. Use benchmarking data to illustrate that a collaborative approach for pediatric T2D is feasible
2. Identify and engage potential funders by showing compelling evidence

Long Term Goal

1. Demonstrate improved patient outcomes in pediatric type 2 diabetes using QI methodology (Long term Goals)

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

- This study aimed to examine overall change and center-to-center variation in uptake of diabetes technology across 21 pediatric centers in the T1D Exchange Quality Improvement Collaborative



Timeline	Expectations
March-May 2024	<ul style="list-style-type: none"> • Share baseline data with coordinating Center
June 2024	<ul style="list-style-type: none"> • Hold Kick off meeting, plan recurring meeting, start discussion on QI Metrics
July 2024	<ul style="list-style-type: none"> • Identify QI metrics for benchmarking, create and share Smartsheet with participating centers, identify co-chairs
August 2024- June 2025	<ul style="list-style-type: none"> • Teams will use QI tools to test changes in clinic to improve identified QI metrics. Teams will meet monthly and share insights
Deliverables	<ul style="list-style-type: none"> • Abstracts, manuscripts

Discuss

- Discuss QI measures for benchmarking
- Discuss Co-Chairs nomination
- Plan recurring monthly meetings