

# Pediatric T2D Working Group June 2024

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#### 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**

**Health Care System** 

**Cook**Children's.



Seattle Children's HOSPITAL • RESEARCH • FOUNDATION

Rady Childrens Hospital San Diego

## **UWHealth**

**Texas Children's** Hospital



JHealth Ann & Robert H. Lurie Children's Hospital of Chicago<sup>®</sup> UNIVERSITY OF MIAMI HEALTH SYSTEM Children's Healthcare of Atlanta Cincinnati Stanford MEDICINE Children's HASSENFELD DREN'S **JOHNS HOPKINS** SPITAL **ULANGONE** MEDICINE **Children's** SpectrumHealth National. Helen DeVos children's hospital Children's **UC<sub>SF</sub> Health** Hospito



The Children's Hospital

#### Establishment of the Type 2 Diabetes Quality Improvement Collaborative





#### Adult Type 2 Baseline Data

Clinic Name	ВМС	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	сснмс	CHLA	CHILDREN'S NATIONAL	СООК	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**

NYU HASSENFELD	RADY	SEATTLE	SPECTRUM HEALTH	STANFORD	TEXAS CHILDREN'S	UCSF	WISCONSIN
70	352	315	137	314	1413	321	86
59 (84%)	314 (89%)	259 (81%)	88 (64%)	235 (74.8%)	838 (59%)	298 (93%)	54 (63%)
12 (16%)	144 (41%)	67 (21%)	51 (37%)	12 (3.8%)	94 (7%)	9 (3%)	28 (33%)
15 (21%)				12 (3.8%)	382 (27%)		30 (35%)
10 (14%)	148 (42%)	154 (49%)	30 (22%)	207 (65.9%)	778 (56%)	180 (56%)	24 (28%)
27 (39%)	3 (<1%)	51 (16%)	11 (8%)	77 (24.5%)	165 (12%)	40 (12%)	11 (13%)
69 (99%)	340 (97%)	252 (80%)	135 (99%)	266 (84.7%)		319 (99%)	86 (100%)
8.0	8.3	8.1	7.5	7.6%	7.95	8.4	7.3
42 (61%)	208 (61%)	169 (67%)	85 (63%)	173 (65.0%)	858 (61%)	175 (55%)	64 (74%)
	HASSENFELD 70 59 (84%) 12 (16%) 12 (16%) 15 (21%) 10 (14%) 27 (39%) 69 (99%) 69 (99%) 8.0	HASSENFELD       second s	HASSENFELD       Image: second s	HASSENFELD       HEALTH         70       352       315       137         59 (84%)       314 (89%)       259 (81%)       88 (64%)         12 (16%)       144 (41%)       67 (21%)       51 (37%)         15 (21%)       148 (42%)       154 (49%)       30 (22%)         10 (14%)       148 (42%)       154 (49%)       30 (22%)         27 (39%)       3 (<1%)	HASSENFELD         HEALTH         HEALTH           70         352         315         137         314           59 (84%)         314 (89%)         259 (81%)         88 (64%)         235 (74.8%)           12 (16%)         144 (41%)         67 (21%)         51 (37%)         12 (3.8%)           15 (21%)         144 (41%)         67 (21%)         51 (37%)         12 (3.8%)           10 (14%)         148 (42%)         154 (49%)         30 (22%)         207 (65.9%)           27 (39%)         3 (<1%)	HASSENFELD         Lease         HEALTH         Lease         HA13           70         352         315         137         314         1413           59 (84%)         314 (89%)         259 (81%)         88 (64%)         235 (74.8%)         838 (59%)           12 (16%)         144 (41%)         67 (21%)         51 (37%)         12 (3.8%)         94 (7%)           15 (21%)         144 (41%)         67 (21%)         51 (37%)         12 (3.8%)         94 (7%)           10 (14%)         144 (42%)         154 (49%)         30 (22%)         207 (65.9%)         778 (56%)           27 (39%)         340 (42%)         51 (16%)         11 (8%)         77 (24.5%)         165 (12%)           69 (99%)         340 (97%)         252 (80%)         135 (99%)         266 (84.7%)         266 (84.7%)           8.0         8.3         8.1         7.5         7.6%         7.95           42 (61%)         208         169         85         173         858 (61%)	HASSENFELD         Image: Marcine and marcine



#### **Project Goals**

#### **Short Term Goals**

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

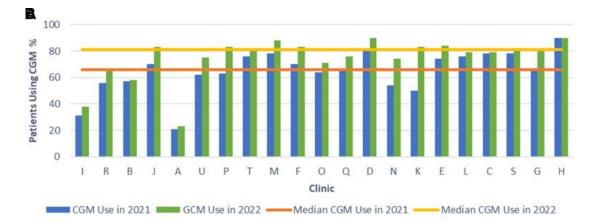
#### Long Term Goal

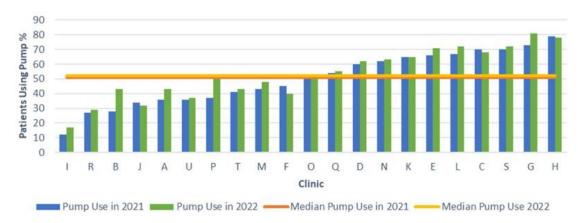
1. Demonstrate improved patient outcomes in pediatrics type 2 diabetes using QI methodology (Long term Goals)



#### 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 TID Exchange Quality Improvement Collaborative





Prahalad P, Hardison H, Odugbesan O, Lyons S, Alwazeer M, Neyman A, Miyazaki B, Cossen K, Hsieh S, Eng D, Roberts A, Clements MA, Ebekozien O; T1D Exchange Quality Improvement Collaborative. Benchmarking Diabetes Technology Use Among 21 U.S. Pediatric Diabetes Centers. Clin Diabetes. 2024 Winter;42(1):27-33. doi: 10.2337/cd23-0052. Epub 2023 Nov 1. PMID: 38230344, PMCID: PMC10788667

Timeline	Expectations
March-May 2024	<ul> <li>Share baseline data with coordinating Center</li> </ul>
June 2024	<ul> <li>Hold Kick off meeting, plan recurring meeting, start discussion on QI Metrics</li> </ul>
July 2024	<ul> <li>Identify QI metrics for benchmarking, create and share Smartsheet with participating centers, identify co-chairs</li> </ul>
August 2024- June 2025	<ul> <li>Teams will use QI tools to test changes in clinic to improve identified QI metrics. Teams will meet monthly and share insights</li> </ul>
Deliverables	<ul> <li>Abstracts, manuscripts</li> </ul>



#### Discuss

- Discuss QI measures for benchmarking
- Discuss Co-Chairs <u>nomination</u>
- Plan recurring monthly meetings

