



T1D
Exchange

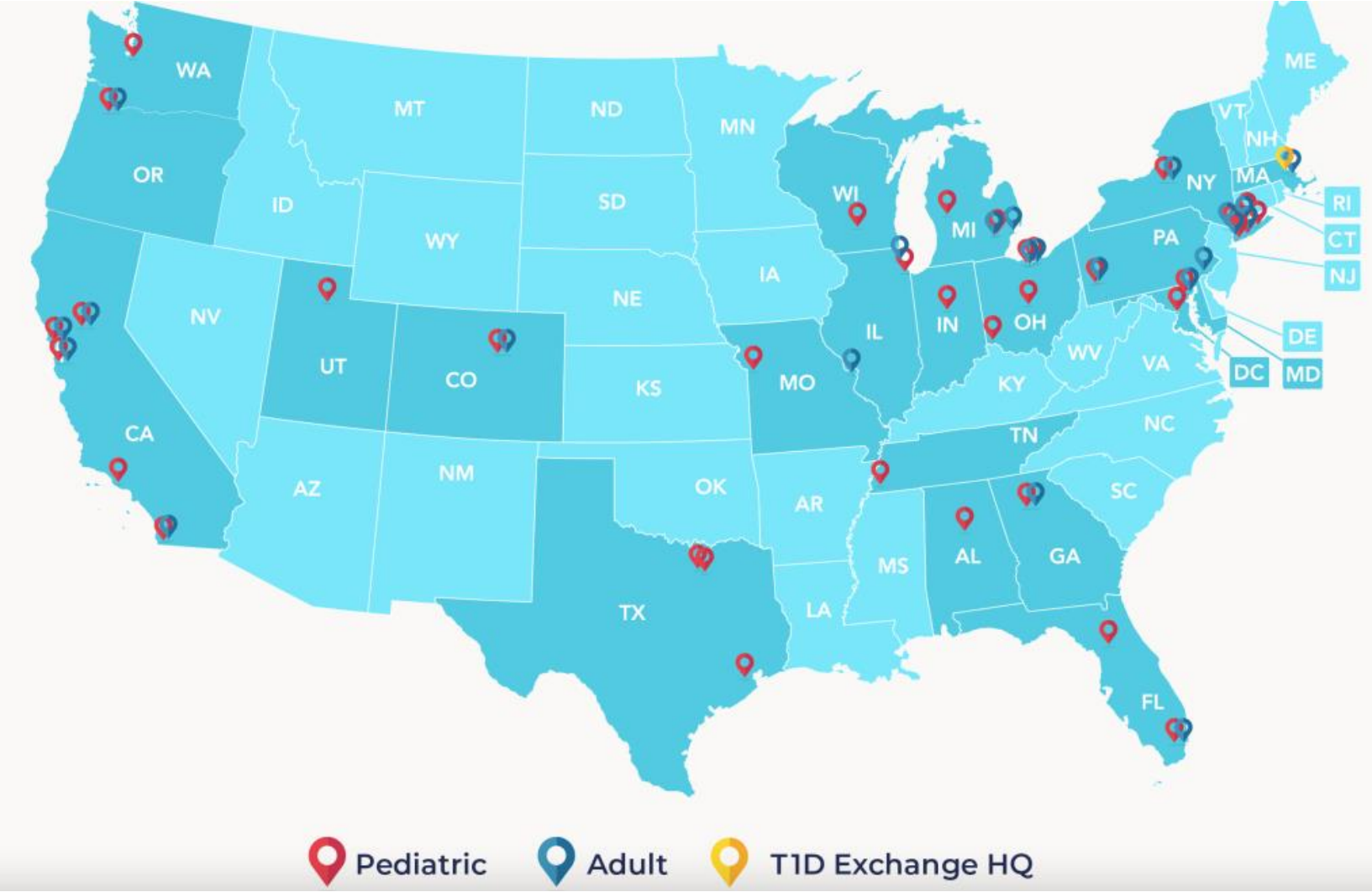
T1D-QI Collaborative Call with Adult Centers

July 25, 2024

Agenda

- Welcome & introductions, Nicole Rioles, MA and Osagie Ebekozen, MD, MPH, CPHQ
- Clinical center presentations
 - Barbara Davis Center, Emma Mason
 - University of Michigan, David Broome, MD
 - Icahn School of Medicine at Mt Sinai, Carol Levy, MD
- Collaborative Updates, Nicole Rioles, MA
 - November 2024 Learning Session Registration
 - November 2024 Abstract Submission
 - ADEPT Registration

T1DX-QI network of 62 centers, caring for 180,000+ people with type 1 and type 2 diabetes across 22 states and D.C.



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

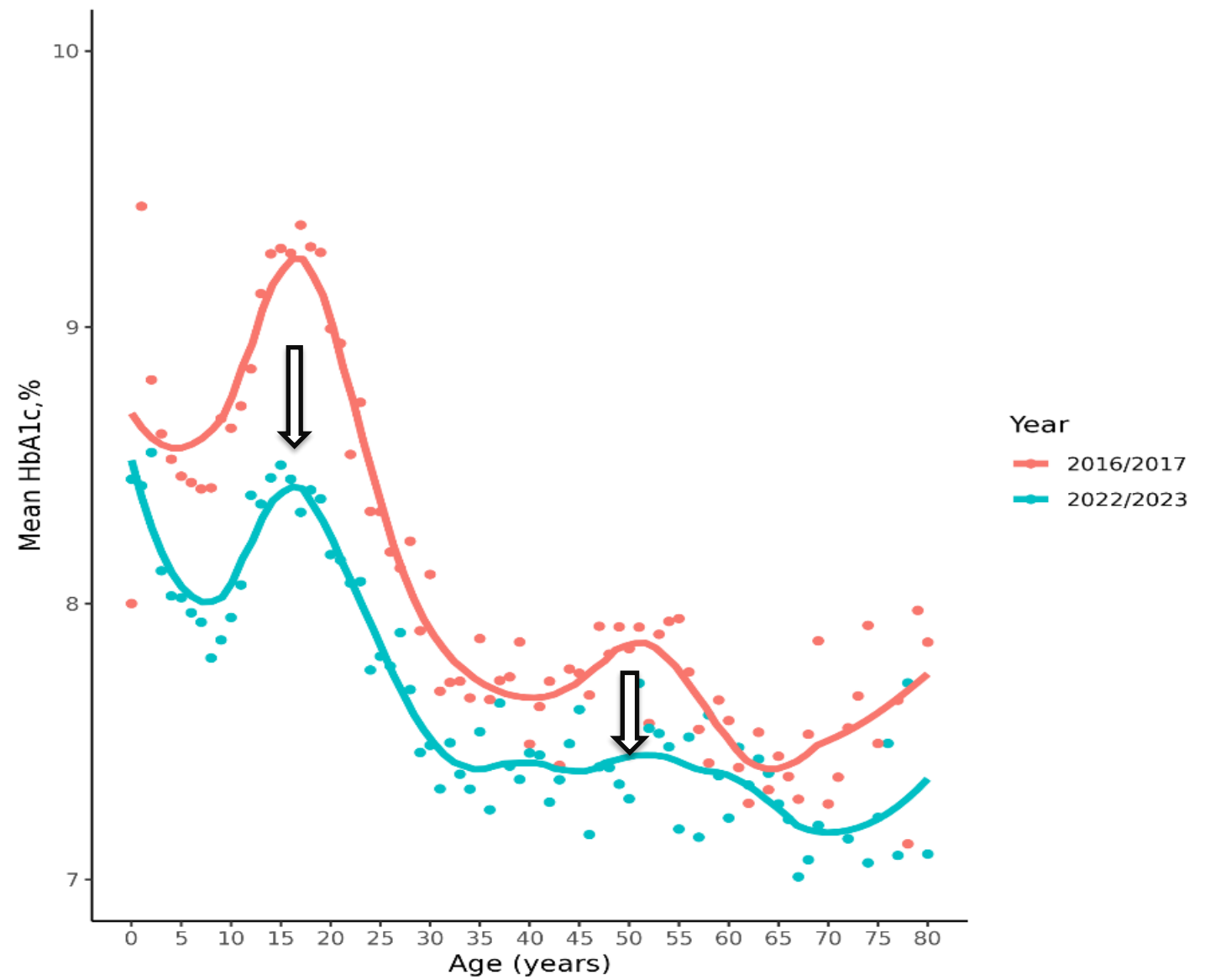


T1DX-QI EMR PwT1D Database Profile (N=97,494)

	Total	<6 years	6-13 years	13-18 years	18-26 years	26-50 years	50-65 years	>=65 years
N	97494	2940	17105	27620	29796	12047	4911	3075
Sex (Female)	47528 (49)	1392 (49)	1392 (47)	47 (8541)	8541 (50)	50 (13026)	13026 (47)	14126 (47)
Race/Ethnicity								
NH White	61894 (63)	1860 (63)	10550(62)	16972 (61)	20029 (67)	7278 (60)	3065 (62)	2140 (70)
NH Black	13417 (14)	360 (12)	2465 (14)	4184 (15)	3769 (13)	1563 (13)	724 (15)	352 (11)
Hispanic	12157 (12)	343 (12)	2053 (12)	3685 (13)	3407 (11)	1698 (14)	683 (14)	288 (9)
Other	10026 (10)	377 (13)	2037 (12)	2779 (10)	2591 (9)	1508 (13)	439 (9)	295 (10)
Insurance (Private)	47600 (49)	1357 (46)	7986 (47)	13263 (48)	15898 (53)	6412 (53)	2359 (48)	325 (11)

^a Missing data; column totals may not add up to 100%; ^b Device information available on a subset of the population Unpublished data

After collaboration: Significant HbA1c improvement 16/17 vs 22/23



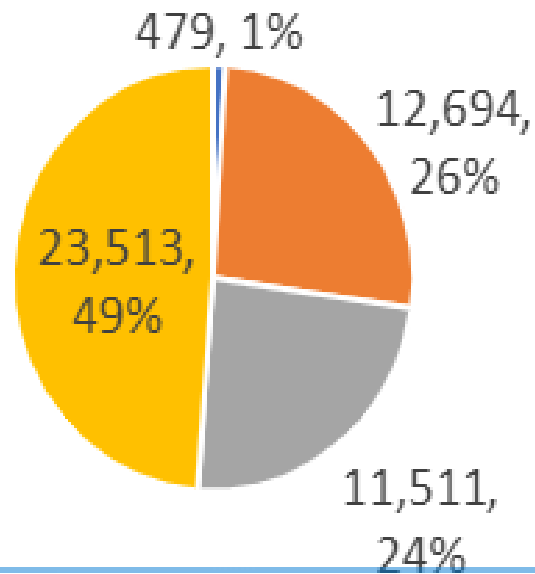
Improving Outcomes for people with diabetes through collaboration. Endo Clinics 2023
Longitudinal Trends in Glycemic Outcomes and Technology Use for Over 48,000 People with Type 1 diabetes (2016-2022) from the T1D Exchange Quality Improvement Collaborative. Diabetes Technology and Therapeutics 2023



Demographic and Clinical Profile of PwT2D Cohort

Mean age of 63 years

Age Distribution



■ 18-26 years ■ 27-55 years ■ 56-64 years ■ 65+

	Total
N	48,197
Sex (male)	24,451 (51)
Race-Eth	
Non-Hispanic White	12,412 (26)
Non-Hispanic Black	16,677 (35)
Hispanic	5,743 (12)
Other	13,363 (28)
Insurance	
Public	26,126 (54)
Private	9,285 (19)
Self pay	5,120 (11)
Unknown/Other	7,666 (16)
CGM Use (Y)	9,540 (20)
Insulin Therapy (Y)	14,273 (30)

Welcome Susan Thapa!

Susan Thapa, MPH, PhD is T1DX-QI's new Associate Director of Real World Data.



Collaborative Clinic Profile:
 Naomi Berrie Diabetes Center – Adult Team
 Columbia University Irving Medical Center



Center and Providers	Multidisciplinary Team Members	Volume and Demographics	Contact Names
<p>Naomi Berrie Diabetes Center Columbia University Irving Medical Center New York, New York</p>	<p>Endocrinologists: 6 APP: 1 (pending) Endocrine Fellows: 4 CDCES: 3 (2 RD, 1 RN)</p> <p>Medical Assistants/Prior Auths: 5 Social Worker: 1 Licensed Creative Arts Therapist: 1 Research Team: 2 coordinators</p>	<p>1400 patients with T1D seen in the past year</p> <p>Newly diagnosed patients with T1D per year: 30-40</p> <p>Insurance: Medicaid 14% Medicare 7%</p> <p>Race: White 57% Black 9% Asian 2% Other 16% Not reported 19%</p> <p>Ethnicity Non-Hispanic 60% Hispanic 23% Not reported 17%</p>	<p>Site PI: Jacqueline Lonier jyl2122@cumc.columbia.edu</p> <p>Site coordinator: Mary Farkouh, C-RN mf3498@cumc.columbia.edu</p>



Center Presentations

BDC QI Update Adult Clinic

JULY 2024



Barbara Davis Center for Diabetes
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

BDC: Who Makes Up the Adult Clinic?

- From June 2023- June 2024
- 2,849 unique patients
- 77% privately insured, 20% Government, 2% Military, 1% Self-Pay
- 2% Non-Hispanic Black, 8% Hispanic, 85% White, 5% Other/ Declined to Answer
- 7,236 visits per year
- Providers: 6 MD, 1 NP, 2 PA
- CDCES: 1 social worker, 1 nurse, 3 dieticians
- 2 MA's
- 1 Person solely responsible for all prior authorizations



QI Project 2023-2024

Improve access to diabetes technologies for our minority patients

Part of the Equity Team

Increase the amount of Black + Hispanic Patients using CGM's by 5% by 12/31/2024 (T1D exchange goal is 70%)

Increase the amount of Black + Hispanic Patients using Pumps by 5% by 12/31/2024 (T1D exchange goal is 65%)

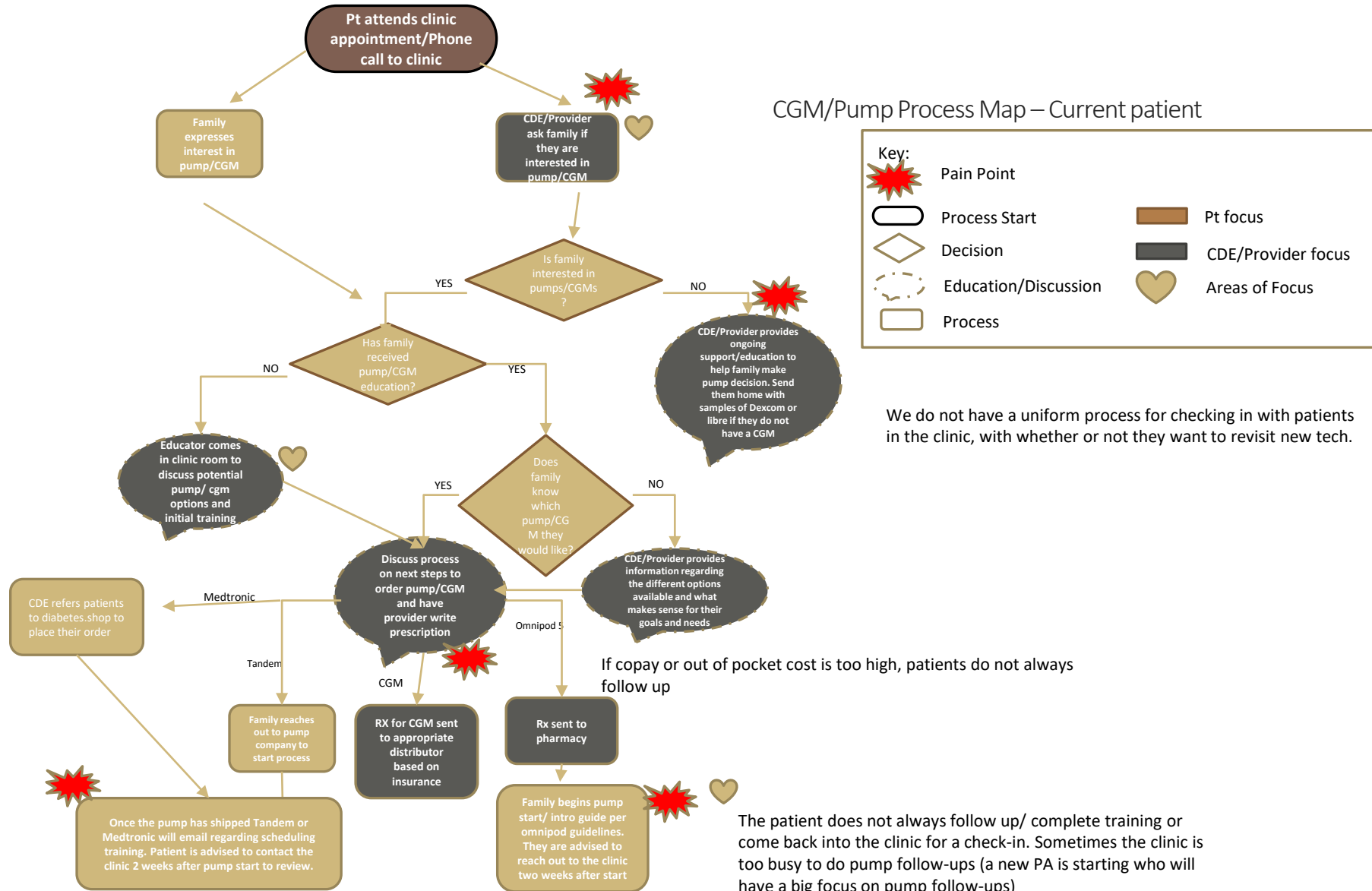
*Our AIMS are different than the Equity Team's to align more realistically with our patient population and how many patients are currently using technology

Disparities for diabetes devices exist EVERYWHERE!

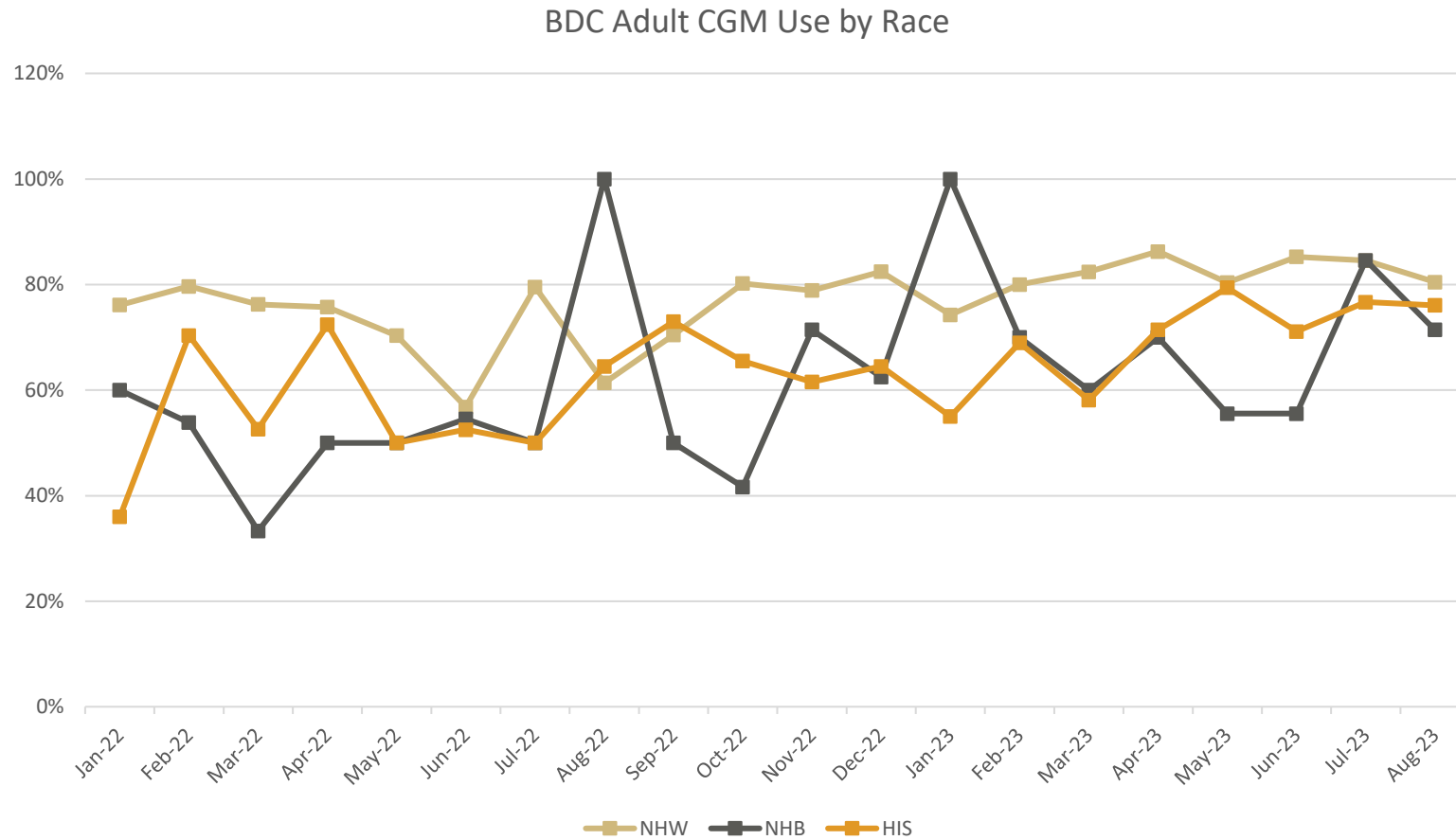
This needs to be a priority for all clinics, insurance companies, and device companies in order to create systematic changes.



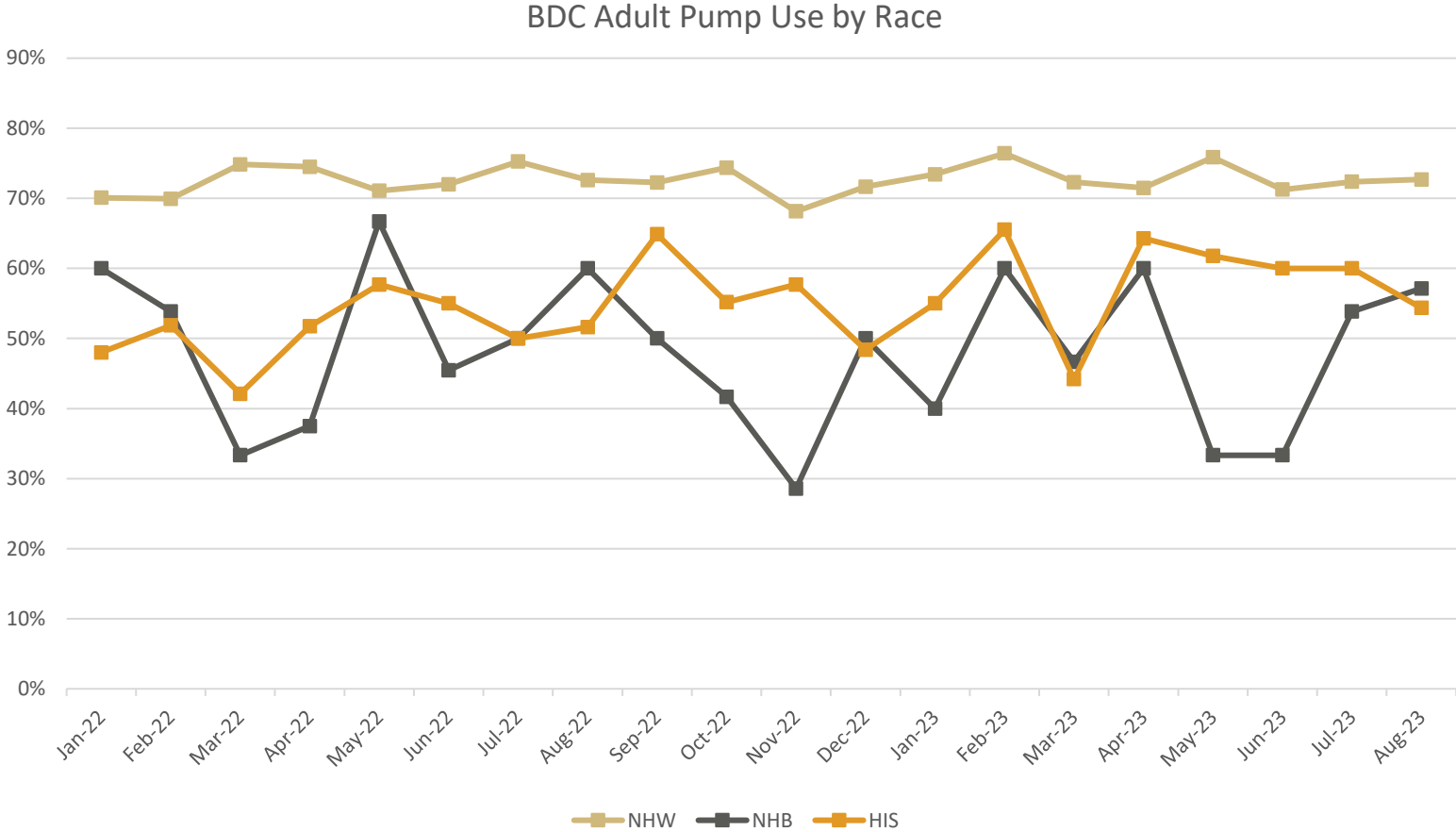
CGM/Pump Process Map – Current patient



Equity Expansion Dashboard- CGM



Equity Expansion Dashboard- Pump



Statistical Significance

Group Comparisons	White Patient Percentage	Minority Patient Percentage	P- Value
Hispanic vs. White Pump Use	68%	53%	$p < 0.00001$
Non-Hispanic Black vs White Pump Use	68%	53%	$p = 0.008$
Hispanic vs. White CGM Use	81%	68%	$p < 0.00001$
Non-Hispanic Black vs White CGM Use	81%	69%	$p = 0.014$



PDSA 1- Cycle 1- Asking Everyone if they Want Technology

We needed to decipher what barriers were especially present for our minority patients.

We needed to find the relevant barriers in order to know what to target.

Retrospective chart review to see if all providers are asking all patients without technology if they want to/ are providing these patients education on tech options.

Chart review was not helpful as most providers do not adequately document if they ask the patients. Most notes are general.

Observed some trends in which providers document their tech conversations more than others- address this provider bias? Is it a bias or are they just not documenting?

Approximately 250 chart reviews from 13 NOV2023- 28 NOV2023



PDSA 2- Ask Patients Directly About Lack of Tech Use

Weekly, identify which of Dr. Akturk's patients that are coming in are not on devices (not on CGM, pump, or either)

Provide him with this list and have him ask these patients 3 questions regarding if they had previously been asked in they were interested in technology, if they had previously tried technology, or why they were not interested.

Week 1: 10 patients identified

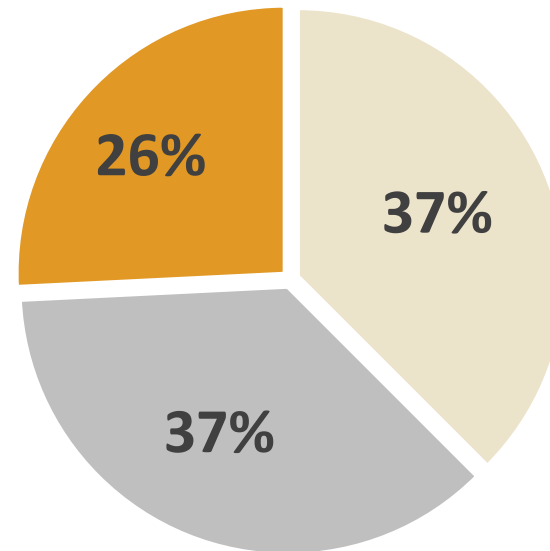
- 10 without pumps and 4 without CGM's
- There is not sufficient time to ask these questions
- Want to focus on just minority patients to ask these questions to
- Proposed starting with one patient



PDSA 3- EPIC Data Pull

Had Bing do a data pull of Hispanic and Black patients who have been seen in the past year, who do not have a CGM and/ or pump, with their previous A1c, and their next appointment date (if they have one in the next 6 months).

Device Disparities Data Pull



- No Devices, Not Meeting Goal, Follow up Scheduled
- No Devices, Not Meeting Goal, No Follow up Scheduled
- No Devices, Meeting Goal



PDSA 3/4- Questionnaire

Give the patients not at goal with follow-up scheduled a “Device Disparities Questionnaire” at their visit

“You are receiving this because you are not using a pump and/ or CGM. We want to know what barriers you face in receiving this technology. Please list the top three barriers you experience to not receiving this technology. All information you share is confidential and will not be shared outside of the clinic. This information is not for research and is solely for a quality improvement project so we can better improve the outcomes for patients in our clinic.”

Goal is to see what barriers our patients face in getting devices

See what barriers are most common and find ways to solve/ mitigate those

Did PDSA 3, then we reran the query to caput more patients



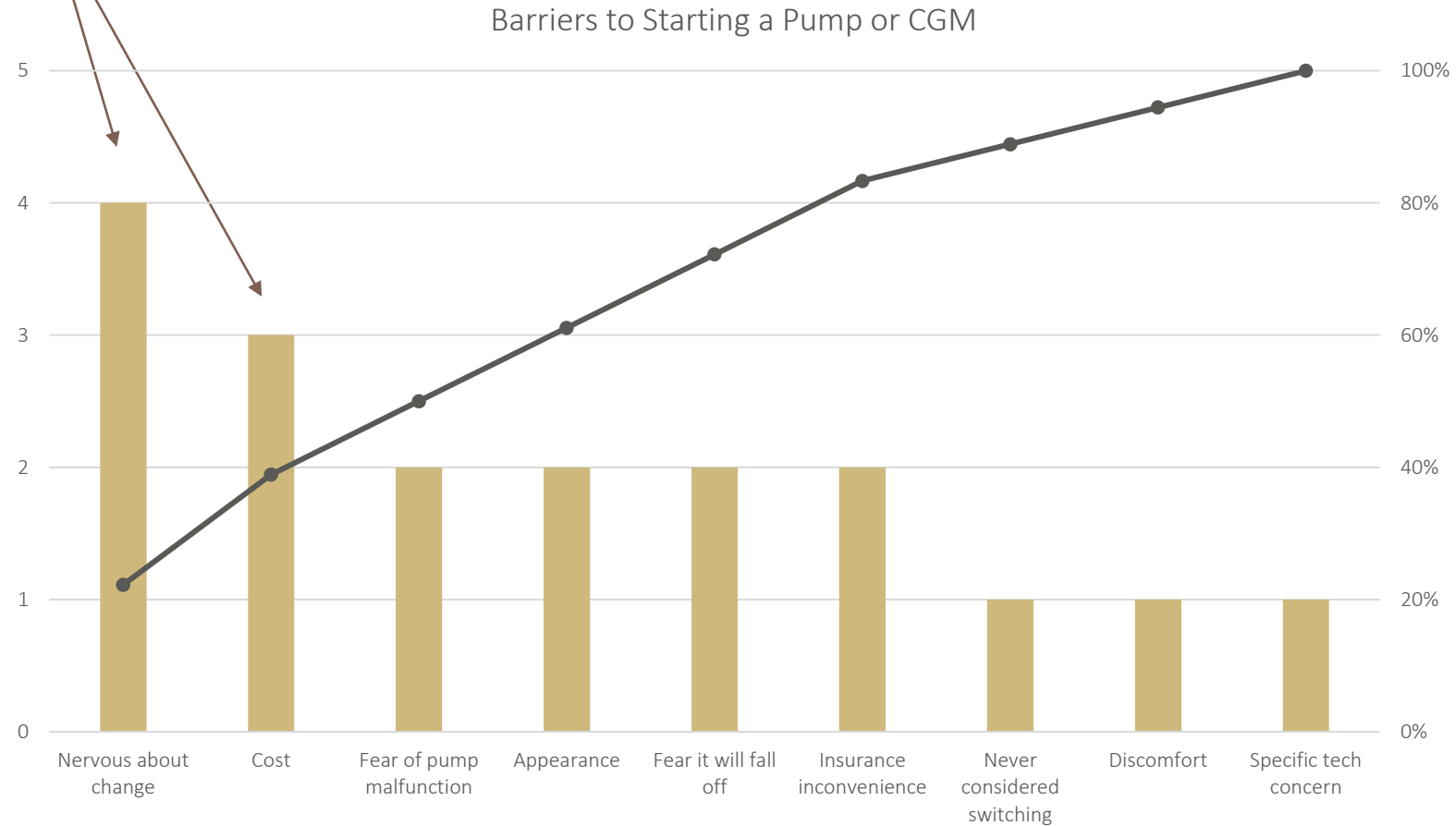
PDSA 3/4- Data Reflection

- 13% response rate
- **43% cancellation** (for one reason or another) for this population
- While the questionnaire gave us good information regarding technology barriers, the cancellation and no-show rate for this population was very eye-opening
- Can not get technology if they miss their appointment



Pareto for Questionnaire Responses

Vital Few



Address the Vital Few

Ultimately we should work on focusing our education on these aspects to increase device use in our clinic, especially for minorities.

Nervous about Change

- Education!
- Remind patients we are here to support this change
- Provide resources about where they can go for questions
- Offer alternatives; do not have to start AID immediately, start with just a CGM, then add a pump or insulin pen, then turn on AID

Cost

- While we can not directly change the cost of these products we can still help in a few ways
- Work with the patient and their insurance for what may be the most cost-effective, i.e. going through pharmacy instead of DME
- Coupons available for specific products
- Industry support systems for limiting out-of-pocket cost

Next Steps

PDSA 5: Call patients and discuss what barriers they face to coming to the clinic. We can not discuss technology with patients we can not see. Perhaps there is a barrier here we can address.

Need to test our education for cost and fear of change. Not quite sure the best way to test this. Approach one of the patients that answered that in the questionnaire and have a discussion with them.

Type 1 Diabetes Exchange (T1DX-QI) Adult Collaborative Call

July 25, 2024

University of Michigan T1DX-QI Team

David T. Broome, MD, Jennifer Iyengar, MD, Jennifer Wyckoff, MD, Spring Stonebraker, Jung-Eun Lee, MS, Ashley Garrity, MPH, Joyce Lee, MD, MPH



Overview & Objectives

- Overview of T1DX-QI Team and Collaboration
- Current Adult T1DX-QI Numbers
- Discuss Main Project: Diabetes Distress (DD)
- Current Status/Prior To Implementation of Questionnaire
- Diabetes Distress Questionnaire (8Q T1D-DDS)
- Results & Next Steps



Type 1 Diabetes Exchange – University of Michigan Adult Collaborative

- University of Michigan Adult Side – 2773 patients with T1D
- Adult Endocrinology Team – Engaged in 1/2024
- Pediatric Endocrinology – assisting us with data management:
 - Joyce Lee, MD, MPH
 - Ashley Garrity, MPH
 - Jung-Eun Lee



Main Project: Diabetes Distress

- **Problem:**
 - Diabetes Distress (DD) describes the adverse emotions linked to the complex self-care demands associated with diabetes.
 - **DD is common** in Type 1 Diabetes Mellitus (T1DM) with an estimated prevalence of **42.1%**.
 - Addressing diabetes distress is an **important, but often overlooked part** of comprehensive T1DM management
 - **Recommended:** American Diabetes Association recommends annual screening for DD
- **Importance:** Elevated DD portends worse outcomes (higher HbA1c, sub-optimal self-care)

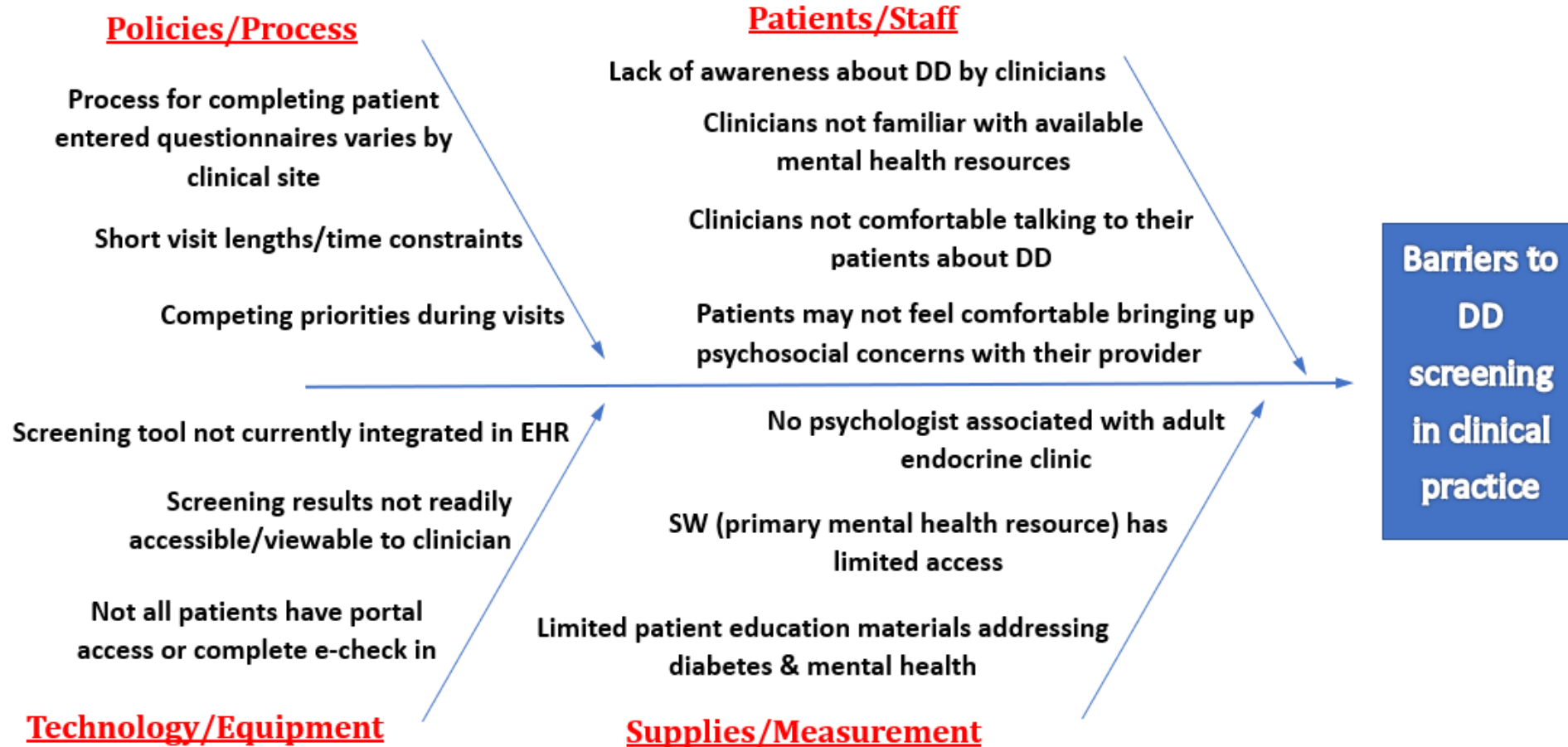


Main Project: Diabetes Distress

- **Current Status/Prior To Implementation:**
 - We did not have any validated screening tools for DD for our T1DM population in the adult endocrinology clinic
 - DD was **not being systematically detected** or monitored, unless detected by clinician during routine encounter
- ***QI Physician Champion:*** Dr. Iyengar implemented a pilot at main clinical for the screening tool (T1D-DDS) – 12/2023
- **Target:** Increase annual DD screening rates in persons with T1DM in adult endocrinology at University of Michigan to **70% by July 2025**



Fishbone Diagram



Main Project: Diabetes Distress

- **Recommendations/Action Items:**
 - Integrate screening tool questionnaire into Electronic Health Record (EHR)
 - Automatically assign questionnaire based on T1DM diagnosis and screening interval
 - Develop data dashboard (Tableau) to track screening process & outcomes on a monthly basis
 - Educate providers on clinical significance of DD
 - Develop tools to address DD during clinical encounter
- **December 2023 Pilot: T1D-DDS screening tool** implemented at one clinical site & assigned every 9 months to patients with T1DM



8Q T1D-DDS EHR Questionnaire

	Not a problem	A little problem	A moderate problem	A serious problem	A very serious problem
	1	2	3	4	5

1. I feel burned out by all of the attention and effort that diabetes demands of me
2. It bothers me that diabetes seems to control my life
3. I am frustrated that even when I do what I am supposed to for my diabetes it doesn't seem to make a difference
4. No matter how hard I try with my diabetes, it feels like it will never be good enough
5. I am so tired of having to worry about diabetes all the time
6. When it comes to my diabetes, I often feel like a failure
7. It depresses me when I realize that my diabetes will likely never go away
8. Living with diabetes is overwhelming for me



8Q T1D-DDS EHR Questionnaire

- **Example:** Questionnaire in the “Questionnaires” tab in Epic Question

1. I feel burned out by all of the attention and effort that diabetes demands of me.

2. It bothers me that diabetes seems to control my life.

3. I am frustrated that even when I do what I am supposed to for my diabetes, it doesn't seem to make a difference.

4. No matter how hard I try with my diabetes, it feels like it will never be good enough.

5. I am so tired of having to worry about diabetes all the time.

6. When it comes to my diabetes, I often feel like a failure.

7. It depresses me when I realize that my diabetes will likely never go away.

8. Living with diabetes is overwhelming for me.



8Q T1D-DDS EHR Questionnaire

- **Example 1: *Theoretical Results*** from a Patient Questionnaire

6/17/2024 10:17 AM EDT - Filed by Patient

A Little Problem (2)

A Little Problem (2)

A Little Problem (2)

A Little Problem (2)

A Little Problem (2)

A Little Problem (2)

A Little Problem (2)

2
16

Patient's scores:

T1D-DDS Average Score: 2
(range 1-5)

T1D-DDS Absolute Score:
16
(range 8-40)

Outcome: Patient monitored



8Q T1D-DDS Definitions

T1D-DDS Average Score

Definitions:

Mild = score < 2 indicates little or no distress

Moderate = 2.0-2.9 indicates moderate distress

Severe = ≥ 3.0 indicates severe distress

Any total or subscale score > 2.0 is considered clinically significant.

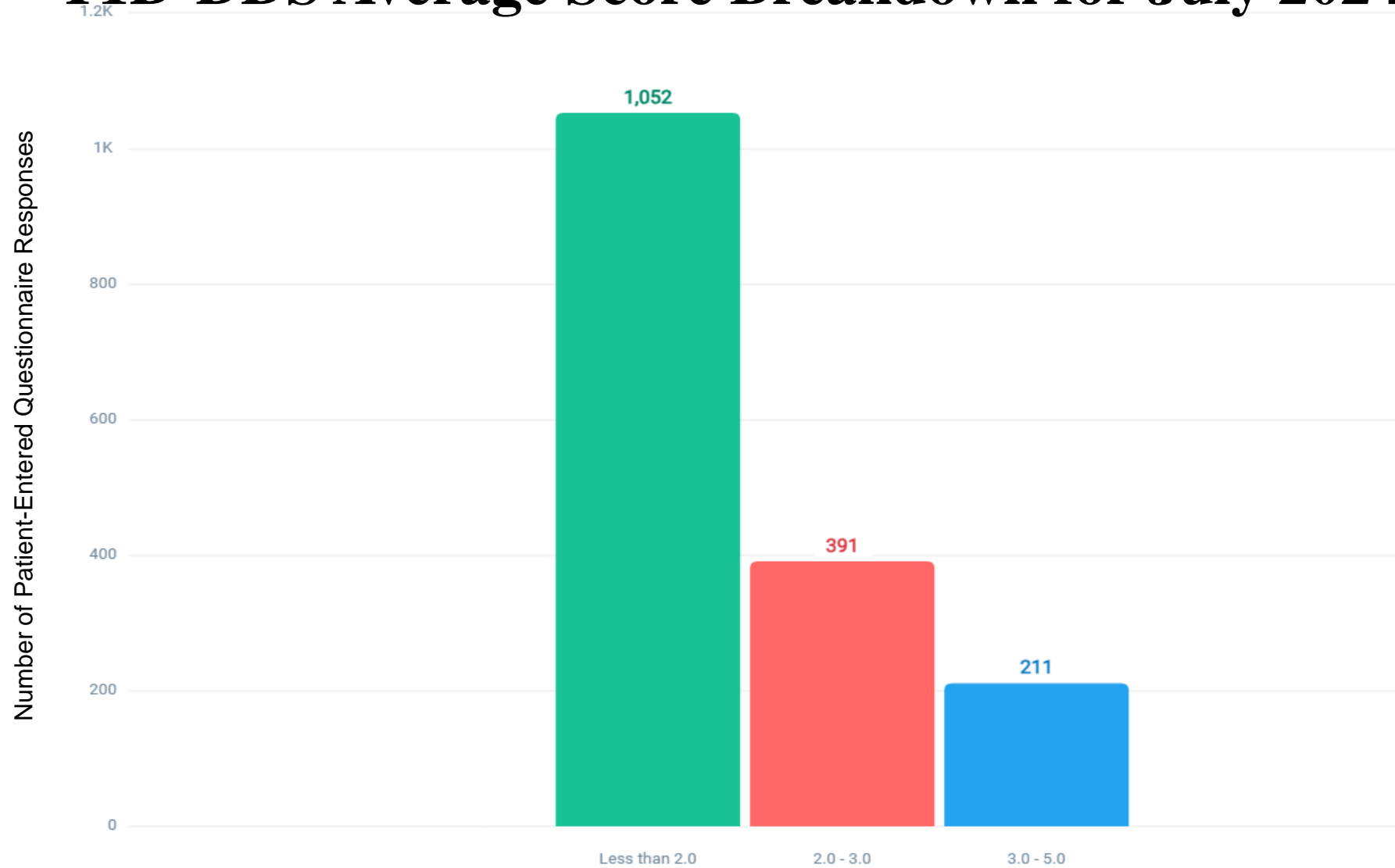
Table 2 Five strategies to consider in diabetes distress interventions

Topics	Description
1. Assess diabetes distress systematically and regularly	Self-report surveys: PAID, DDS, T1-DDS
2. Focus on feelings, beliefs, expectations	Content: demonstrate how feelings, beliefs and expectations drive behaviour Process techniques: <ul style="list-style-type: none">• active exploration,• acknowledge and label feelings,• summarize and reflect frequently,• normalize,• use double reflections
3. Help gain perspective	Identify distorted assumptions and highlight unrealistic expectations by providing new diabetes-related information
4. Develop a concrete plan	Focus on how feelings are managed so that they can be anticipated; plans should be: <ul style="list-style-type: none">• focused,• easily achievable,• address small changes,• time-limited
5. Follow-up	At 2-week intervals: phone, clinic visit.

Fisher L, et al. Addressing diabetes distress in clinical care: a practical guide. *Diabetic Med* 2019;36(7):803-812.



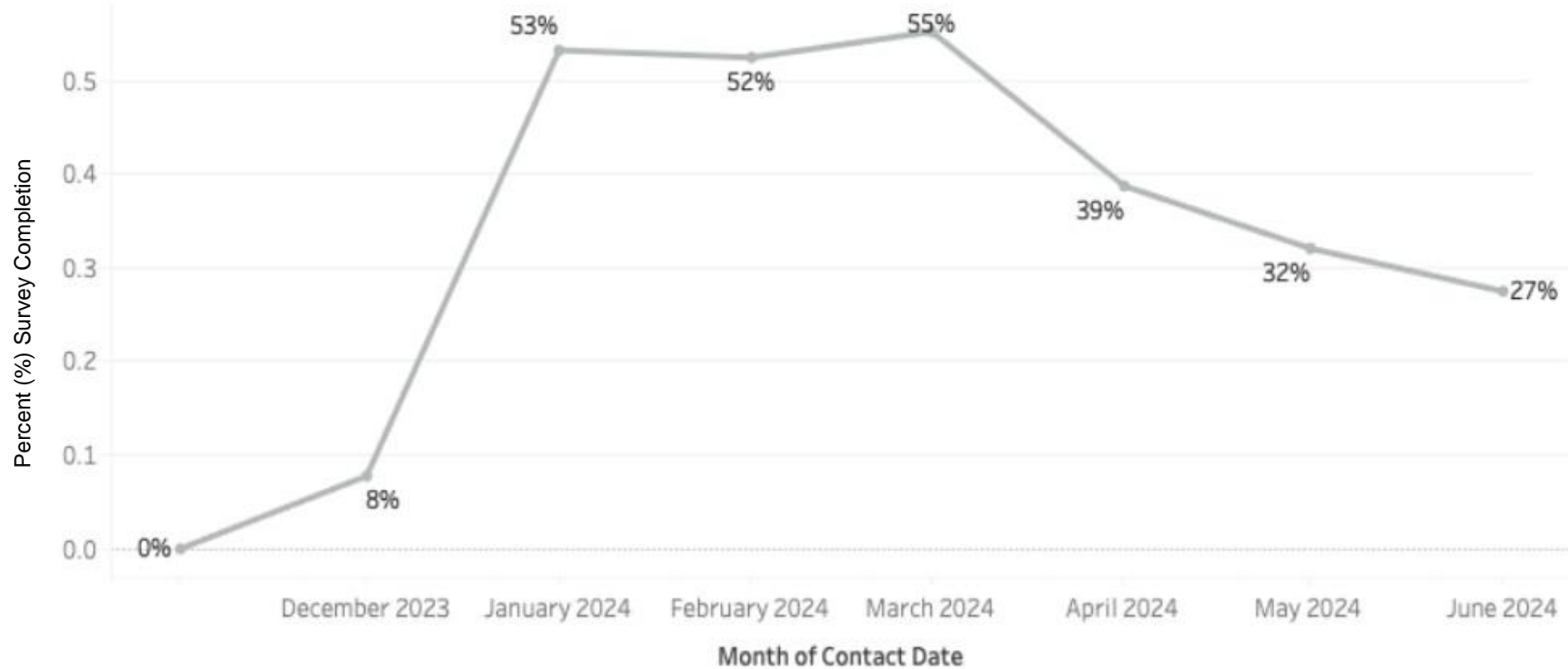
T1D-DDS Average Score Breakdown for July 2024



July 1, 2023 through July 22, 2024 Diabetes Distress Average Score Breakdown



Diabetes Distress Run Chart



Table

Category	Metric Name	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24
Overall	Eligible n	464	373	483	454	415	470	440	324	197
	T1DDAS Screen n	0	29	257	238	229	182	141	89	67



Conclusions & Next Steps

- Diabetes Distress is common (**42.1%**), but often overlooked
- 12/18/2023 - T1D-DDS Screening tool:
 - Start: **0%** in November 2023
 - Current: **27%** in July 2024 (to-date)
 - Peak: **55%** in March 2024
- **Next Steps**:
 - 1). *Survey patients & providers about tools/referrals they would find most helpful for addressing DD in clinic*
 - 2). *Provide training to providers to increase comfort with addressing psychosocial issues in their clinical encounters*
 - 3). *Develop clinical decision support tools in HER to track how often providers are responding to high DD scores*



Questions?

David T. Broome, MD
broomeda@med.umich.edu



T1D Exchange QI collaborative QI Presentation

July 2024 Adult Collaborative Call



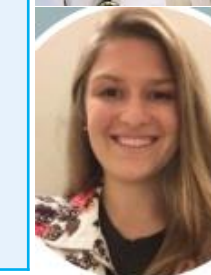
Carol J. Levy, MD, CDCES
Professor of Medicine and Obstetrics
Director Mount Sinai Diabetes Center and T1D Clinical
Research
Associate System Chief Endocrine Clinical Research
Division of Endocrinology and Metabolism
Icahn School of Medicine at Mount Sinai



**Mount
Sinai**

Clinic Profile

Mount Sinai East Adult Diabetes Center	Staffing	Volume	Contact Names
Main campus: 100 th and Madison Avenue, NYC	12 Endocrinologists with a diabetes focus (total Endo division has 16 providers) 5 NPs (2 CDCES) 2 RNs 2 RDs (2 CDCES) 1 Project lead 2 RC 7 Endo fellows per year 2-3 Diabetes Research fellows/yr	2 Clinics : Fellow and Faculty T1D visits (based on ICD10 dx 10.): approximately 1000/year	Site PI: Carol Levy Other team MDs: -David Lam, MD -Grenye O'Malley, MD -Nirali Shah, MD Site project managers: in transition Other team members: Camilla Levister , NP, CDCES Madeline Rouviere, RD, CDCES
Other Healthcare system NYC sites: Sinai West, Downtown and Morningside	10 Endocrinologists with a diabetes focus 4 NPs, 2 RDS 1 endo fellow covering diabetes service	4 Clinics-Fellow and Faculty (includes main campus and other sites) T1D visits: 1200 per year	



QI initiatives active (in red being presented today)

Outpatient	Purpose
PREPP'D (8/2022) Back up Basal insulin for pump users	Preconception counseling and Reproductive Education Program for People with Diabetes Increase percent of individuals who use pump who have back-up basal insulin for device malfunctions

Inpatient	Purpose
Mild DKA subcutaneous management protocol (4/2020)	initiated during COVID-19 pandemic- reduce critical care/nursing burden by providing a management protocol for more stable patients
Glycemic management of hyperglycemia in conjunction with steroid use for treatment of COVID 19 (4/2020)	Implemented a detailed protocol for patient management for hospitalist teams
Update of inpatient EMR DKA protocol	For easier use
Revisions of inpatient CGM Insulin Pump Policies	Due to broader use of these systems

These initiatives are being implemented for people with T1D, T2D as well as other types of diabetes

The problem:

- Not all insulin pump users have back-up long acting insulin (which is often discovered at the time of an emergency call)
- A pump malfunction often leads patients to:
 - Scramble to get back-up insulin/supplies
 - Request urgent prescriptions via phone (often after house or on weekends and/or Epic MyChart message)
 - Utilize the ER or Urgent Care due to delays in obtaining alternate therapy
- Result: less than optimal resolution (and reduced patient and on call providers well being)

Aim

- To improve/increase the availability of back-up long acting insulin among patients with T1D on insulin pumps by 20% over 6 months (from 60% at baseline to 80%) at the Adult Endocrine Faculty Practice at Mount Sinai.
- To increase appropriate documentation of pump use status in patients' charts.

People:

- Providers do not consistently ask patients if they have back-up long acting insulin
- Patients may not take note of insulin expiration dates
- Staff may not verify that long acting insulin is up to date/on patient's med list since it is not a routine task

Policies and Procedures:

No policy or procedure in place for ensuring pump users always have back-up long acting insulin

Process:

Insurance changes which delay urgent insulin needs

Place:

- Information on pump use/pump type not always readily available
- Med list may not show current status of back-up long acting insulin

Not all insulin pump users have back-up long acting insulin

Implementation/ Baseline Figures

- Determination of number of pump users: pump companies to send list of persons using insulin pump types from the Mount Sinai Health System to confirm consistent with chart listing of ICD 10 code Z96.41, Z46.81: **61% of pump users had pump code documentation in charts. 64.9% of pump users had long acting insulin on med list with 32% been current (ordered within 18-24 months)**
- Consultation with IT to identify ways to document and track initiative such as incorporating smart forms, etc.



Implementation strategy #1

- To increase prescription rate (as measured by documentation on med list with a date of script within 2 years) of back up long acting insulin for those patients with T1D who are using insulin pump therapy
- Increase clinical documentation of insulin pump use (Z96.41,Z46.81)

Strategy 1: Medical Assistant Support

- MA to ask about back-up insulin during pre-visit contact
- Prescribers with verbal prompts during session or notes in “epic huddle” update long acting insulin scripts for patients
- Who did this involve? 2 providers with a high number of patients with T1D using pumps baseline stats
 - Provider 1: 32% have pump code, 58% have back up insulin with **33%** having current script
 - Provider 2: 90% have pump code, 68% have back up insulin with **32.7%** having current script

Trial Duration

- 1 month: 8/1/2022-8/31/2022
- Medical Assistants asked eligible patients during pre visit confirmation contact (at time of confirming pre-clinic visit device data) and added notes in charts for providers
- Providers when able reviewed MA notes and documented pump status and e-prescribed back-up long-acting insulin scripts

Strategy 1: outcomes



- MAs contacted less than 50% of eligible patients
- Documentation in charts was not consistent
- Providers forgot to check charts for MA notes
- Patient pump status and back up long-acting insulin script not routinely ordered
- Some patients declined back-up insulin, script citing it as being wasteful

Results: Strategy 1

- Increase of 21% (61-82%) in pump status documentation prior data shared with providers who actively entered appropriate pump codes problem list in charts.
- Back-up insulin prescription increased by 9% (64-73%)
- Patients with current scripts increased by close to 18% (32-50%)
- MAs expressed additional burden in daily work flow

Strategy #2

- Create fliers to remind patients and providers for strategy 2
- Initial evaluation: 10/1/2022-10/30/2022

Strategy 2:

Educate patients who use insulin pumps on the importance of having back-up long-acting insulin

Patients will request a prescription from their providers if they do not have a current prescription

Strategy 2 Plan:

Do you have an **insulin pump**?



If yes, do you have backup

long acting insulin

in case your pump or pod stops working?



If not, ask your provider for a
prescription today!

Strategy 2:

- Fliers posted (after practice manager approval) in clinic area and exam rooms. Patients using insulin pumps request back up insulin during provider visits.
- Providers when prompted for scripts check for and/or document pump status codes and send back-up long-acting insulin scripts

Strategy 2: at the time of implementation:

- 27% patients were pump users with 61% of those patients having the appropriate CPT codes documented
- 62% of pump users had a back-up long-acting insulin prescription documented in chart with 55% of those prescriptions being current (written within the past 2 years)

Strategy 2: FU evaluation

- 79% of pump users had appropriate pump CPT codes listed in charts, an increase of 18% over pre-implementation
- 73% had back up insulin documentation on med list with 58.8% of those being a current script (within 2yrs) which is an increase of **8%** and **26%** respectively

Strategy 2: Second follow up

- 81% of pump users had appropriate pump CPT codes listed in charts, an increase of 20% from pre-implementation
- 81% had back up insulin documented in chart with 69% of those being a current script (within 2yrs) which is an increase of 16% and 36% respectively

Strategy 3.....

- Adopt strategy 2 and add strategy 3 (Mass EPIC message to patients)

Strategy 3: Plan

- Weekly reminders are sent via EMR messaging (MyChart) to patients with upcoming visits to check for basal insulin and if they have it, check expiration date.
- Patients can either message their provider immediately or during visit request new or updated basal insulin (and confirm their formulary coverage).
- Providers when prompted for scripts check for and/or document pump status codes and prescribe up long-acting insulin scripts.

Strategy 3: Initial trial 8/15/23-9/15/23

EMR
Communication
with patients
using
smartphrase

E Hyperspace - Mount Sinai - Production - 5 E 98 ENDOCRINOLOGY - SELASSIE OGYAADU

Epic Schedule In Basket Chart Printer Status Patient Lists Patient Station Documents Appts Schedules Templates Referrals

Reports Multi-Patient Message

Multi-Patient Message

27 patients selected View/Modify Patients Allow proxies to view

[Redacted]

☆ B abc ↶ ↷ + Insert SmartText ↶ ↷

Hello,

You have an upcoming scheduled visit with your Endocrinologist. Prior to your visit, please check for an un-expired long acting insulin at home.

This is usually prescribed as back up to use during pump failure. If not available or expired, please remind your provider at the visit for a new script.

Thank you,
Mount Sinai Diabetes Clinic

[Signature]

Dates

Delay sending until [Redacted]

Date [Calendar icon]

Reply

Do not allow patient reply

Send patient reply to me

Tasks ⓘ

General Questionnaire + Add

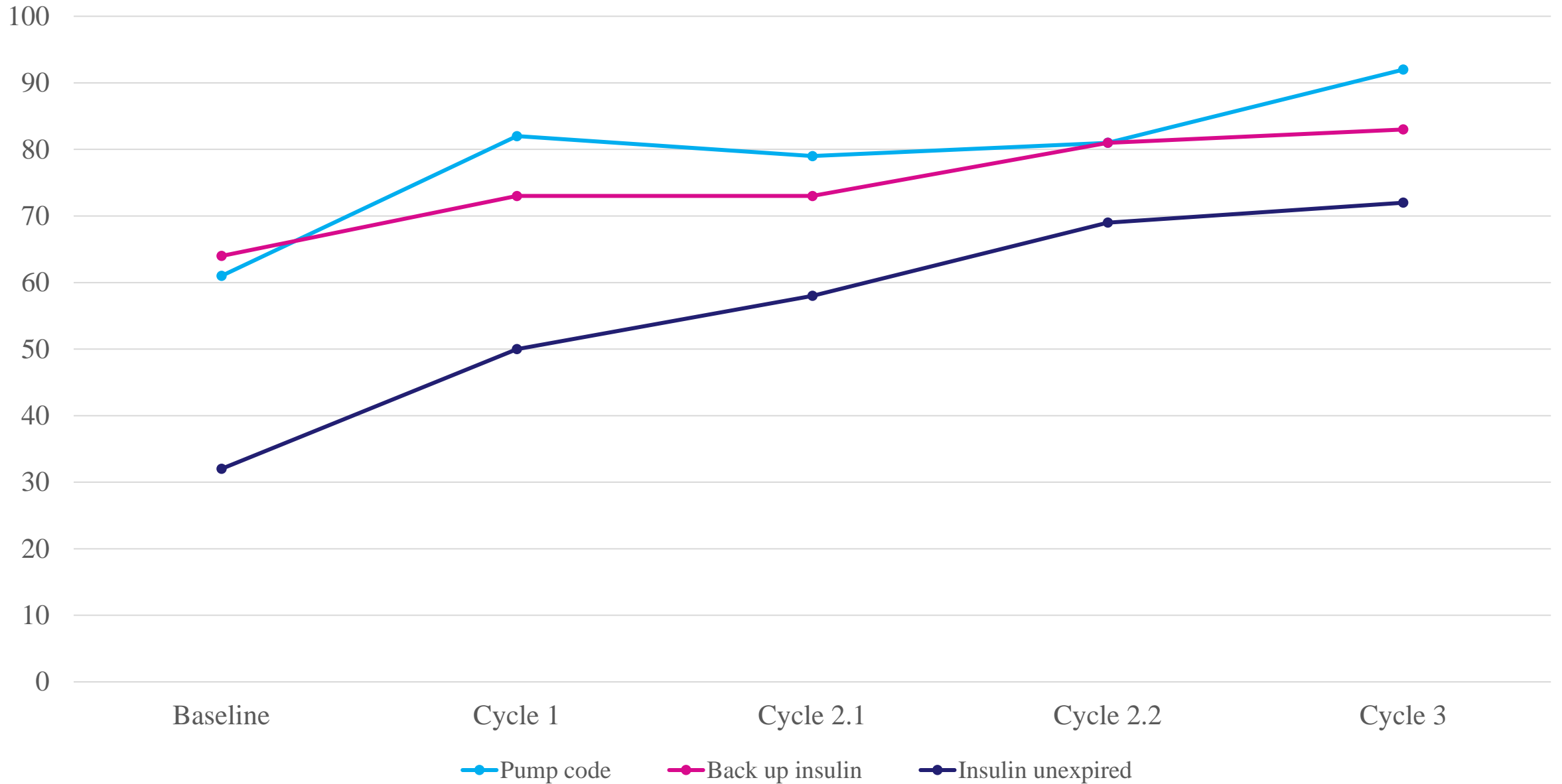
History Questionnaire + Add

Follow up evaluation of strategy 3

- 92% of pump users had appropriate pump CPT codes listed in charts, an increase of 31% from pre-implementation.
- 83% had back up insulin documented in chart with 72% of those being a current script (within 2yrs) which is an increase of 19% and 40% respectively



Intervention timeline



Continued Strategies (2 and 3)

- Change color of poster quarterly to re-engage patients and providers during clinic visits
- Automate Strategy 3 to send weekly reminders to participants (in development)
- Expand strategy across health care system



Do you have an **insulin pump**?



If yes, do you have backup
long acting insulin
in case your pump or pod stops working?



If not, ask your provider for
a prescription today!

Do you have an **insulin pump**?



If yes, do you have backup
long acting insulin
in case your pump or pod stops working?



If not, ask your provider for
a prescription today!

Questions?



A huge shout out to Selassie Ogyaadu, MD MPH who moved each step of this project along

Current Mount Sinai Team: Grenye, Nirali, David, Camilla, and Madeline





Updates from the Coordinating Center

8th Annual T1D Exchange Learning Session 2024

The T1DX-QI November Learning Session will be held Monday, November 11, in Chicago, IL.

The Learning Session will be a 1-day event this year. Please use this [link](#) to view the FAQ.

Call for abstracts: abstract submissions are now open, please use this [link](#) to submit your abstract to share your centers work.

For additional questions please email qi@t1dexchange.org



Learning Session and ADEPT Conferences

- Please use this [link](#) to register for the 2024 T1DX-QI 8th Annual Learning Session.
 - Nov 11: 8 am – 6:30 pm Learning Session
 - Nov 12-13 (with half-day session on the 13th) ADEPT
- We are offering ADEPT Registration for 2 Free Members from each center:
 - [Link](#) for free registration
 - [Link](#) for paid registration
- Hotel registration: use this [link](#) to register for your rooms for the Learning Session and ADEPT. When registering click on “I have an access code” and enter the code (T1DX-LS2024) for the discount.
- T1DX-QI will cover the hotel costs for 2 team members for the nights of 11/10/2024 and 11/11/2024. Please confirm with your PI and mail qi@t1dexchange.org if your room should be covered.
- Use this [link](#) or scan the QR code to register.



Announcing New Diabetes Conference!

Achieving Diabetes Equity Practice Today (ADEPT 2024)

T1D Exchange, in collaboration with the ADA, will be hosting a new diabetes equity focused conference titled, ADEPT. ADEPT 2024 will be held Tuesday and Wednesday, November 12-13 following the T1DX-QI Learning Session 2024 in Chicago, IL.

- The conference objectives: highlight equity best practices and practical strategies on all areas of diabetes.
- We encourage members to attend and invite your colleagues.

Use this [link](#) to view the FAQ. Please view [these details](#) before registering and use this [link](#) to register.

