

# Disordered Eating Screening Implementation



**BARBARA DAVIS CENTER  
PEDIATRIC DIVISION**

# About Us

~4,000 PATIENTS  
350-400 NEW ONSET  
DIABETES PER YEAR  
12,000 TOTAL VISITS  
20% VIA TELEHEALTH  
PUMP: 76%  
CGM: 94%

## Insurance

59% PRIVATE  
35% MEDICAID  
4% MILITARY PLAN  
2% SELF PAY

## Staffing

9 PHYSICIANS  
8 ADVANCED PRACTICE  
PROVIDERS  
8 NURSES  
4 DIETITIANS  
2 SOCIAL WORKERS  
3 PATIENT NAVIGATORS  
3 MEDICAL ASSISTANTS  
2 PHARMACY TECHNICIANS  
2 CLINICAL PSYCHOLOGISTS  
2 DATA/EPIC ANALYSTS  
1 QI COORDINATOR



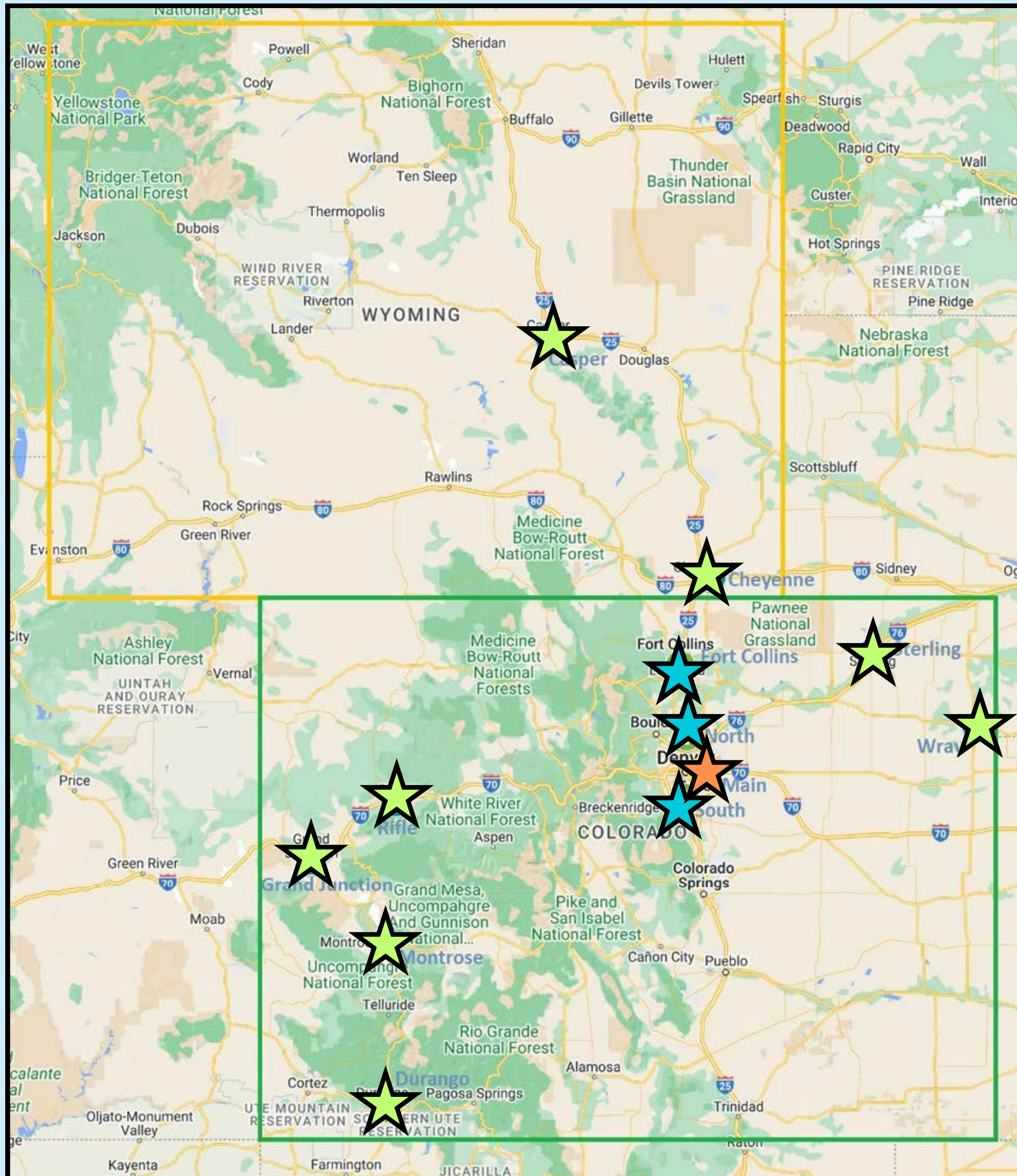
# Locations

## In-Person Clinics

- ★ MAIN CAMPUS (AURORA)
- ★ FORT COLLINS
- ★ NORTH (BROOMFIELD)
- ★ SOUTH (HIGHLANDS RANCH)

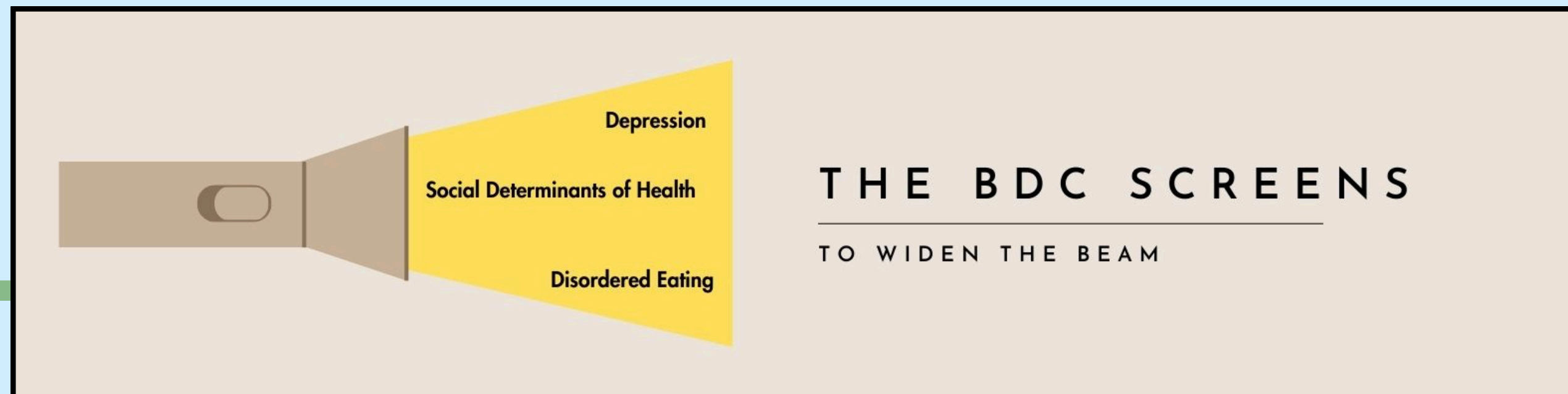
## Telemedicine

- ★ CASPER, WY
- ★ CHEYENNE, WY
- ★ DURANGO, CO
- ★ GRAND JUNCTION, CO
- ★ MONTROSE, CO
- ★ RIFLE, CO
- ★ STERLING, CO
- ★ WRAY, CO

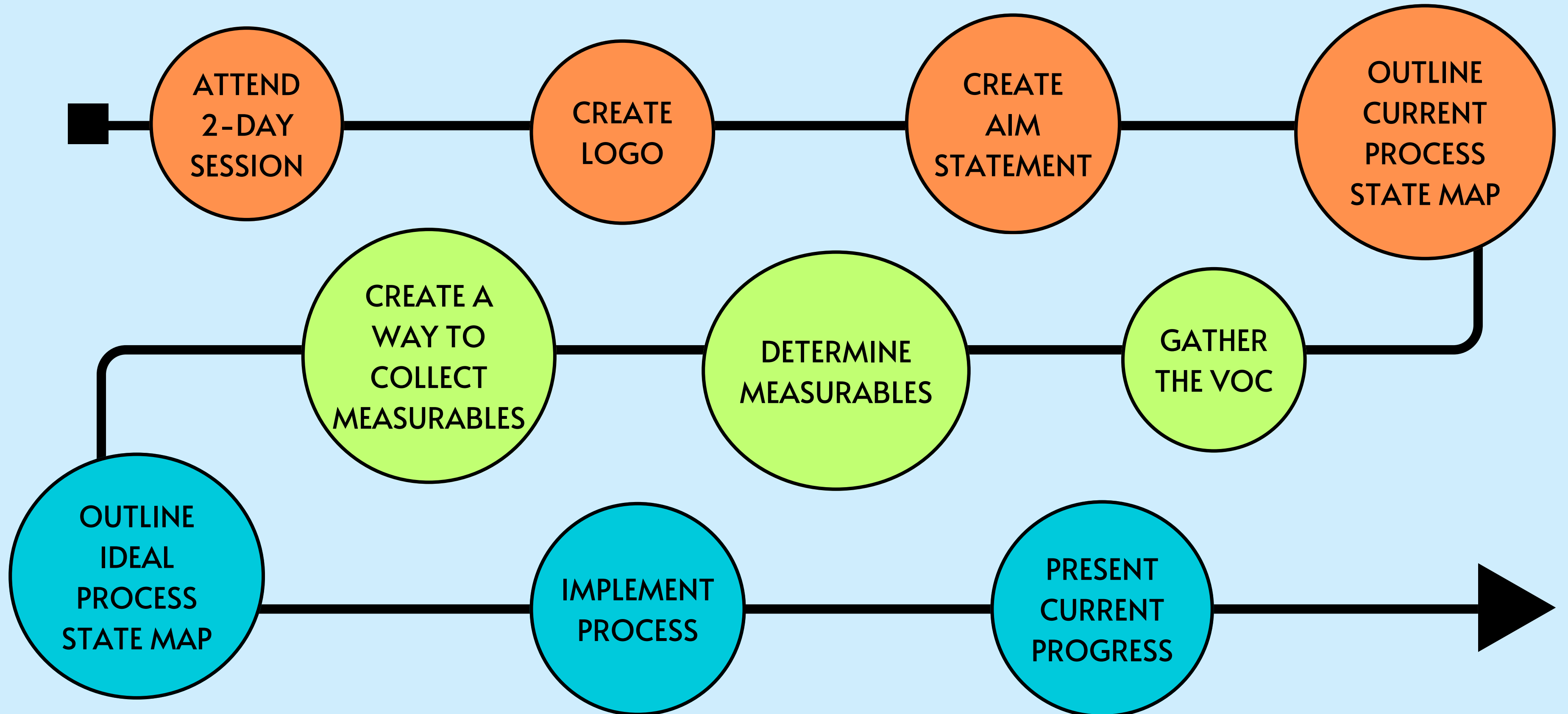


# QI Academy

- 2 day in-person training
- Introduced to QI tools/process
- 6 mos follow-up with QI coach during implementation



# QI Academy Timeline



# Background

- Unidentified and untreated eating disorders lead to non-adherence with T1D cares and poor T1D outcomes
- The ADA & ISPAD recommend routine screening, but the BDC lacked effective screening process



## Example DEPS-R Result

XXX score on the DEPS-R was: XX. A score  $\geq 20$  is elevated.

Each item scored as: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Usually, 5 = Always.

1. Losing weight is an important goal to me. X
2. I skip meals and/or snacks. X
3. Other people have told me that my eating is out of control. X
4. When I overeat, I don't take enough insulin to cover the food. X
5. I eat more when I am alone than when I am with others. X
6. I feel that it's difficult to lose weight and control my diabetes at the same time. X
7. I avoid checking my blood sugar when I feel like it is out of range. X
8. I make myself vomit. X
9. I try to keep my blood sugar high so that I will lose weight. X
10. I try to eat to the point of spilling ketones in my urine. X
11. I feel fat when I take all of my insulin. X
12. Other people tell me to take better care of my diabetes. X
13. After I overeat, I skip my next insulin dose. X
14. I feel that my eating is out of control. X
15. I alternate between eating very little and eating huge amounts. X
16. I would rather be thin than to have good control of my diabetes. X



# **AIM Statement**

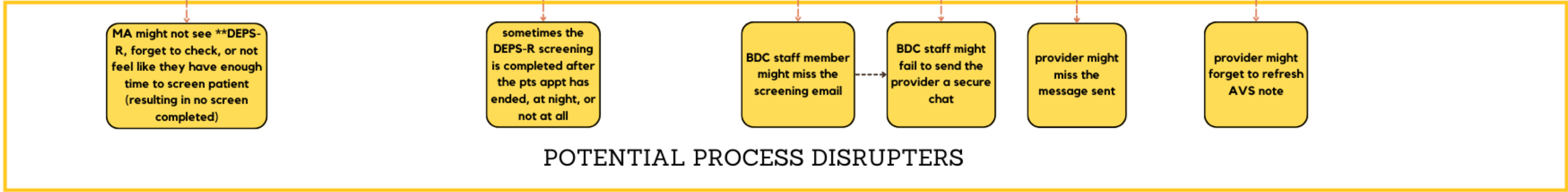
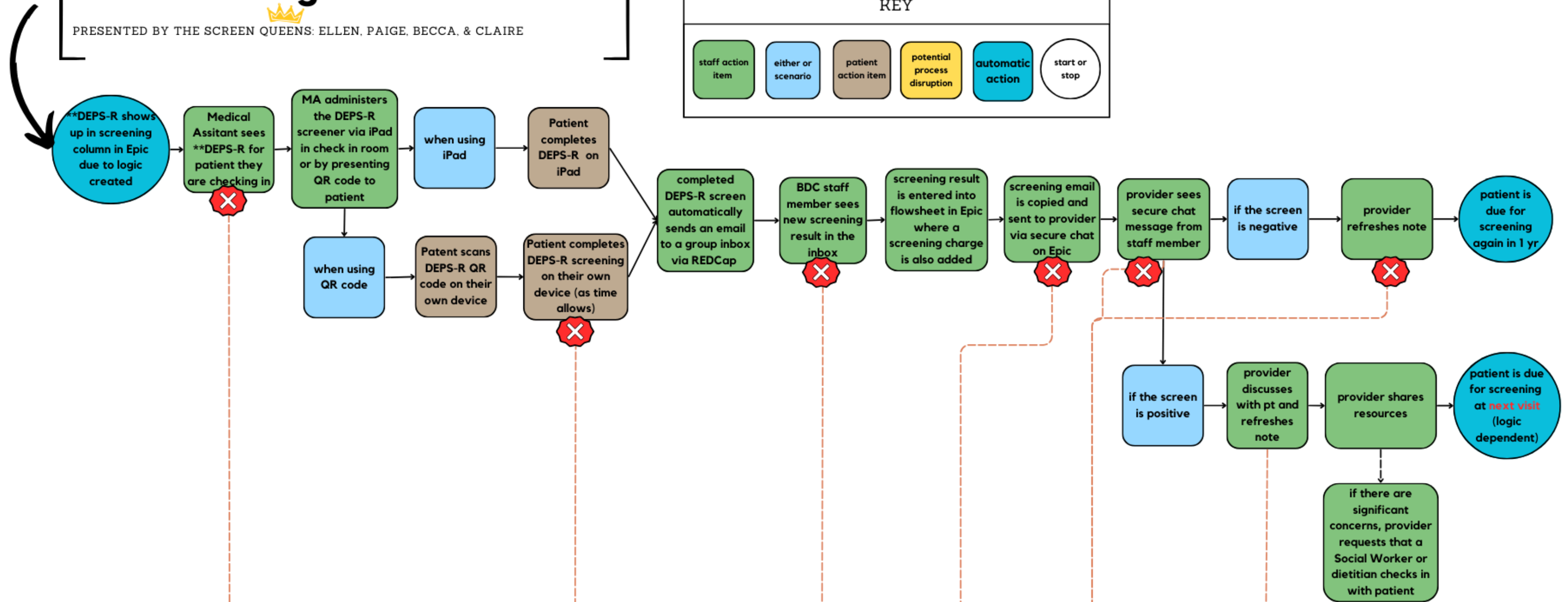
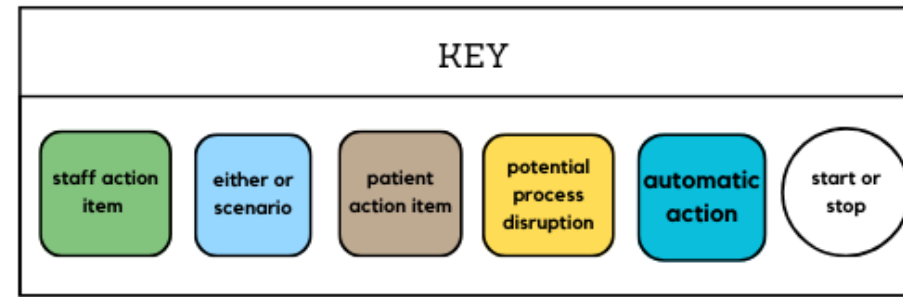
**75% OF ELIGIBLE ADOLESCENTS AND YOUNG ADULTS (12+ YEARS OLD) WITH T1D WHO ATTEND IN-PERSON VISITS AT THE BDC WILL BE SCREENED FOR DISORDERED EATING BY DECEMBER 1ST, 2024.**





# Initial Screening Process for DEPS-R

PRESENTED BY THE SCREEN QUEENS: ELLEN, PAIGE, BECCA, & CLAIRE



# AFFINITY DIAGRAM

## Time

- NOT ENOUGH TIME FOR PROVIDER TO ADDRESS TOPIC IN ADDITION TO OTHERS DURING CLINIC ENCOUNTER
- NOT ENOUGH TIME TO SCREEN PTS AND HAVEN'T MADE IT A PRIORITY
- DELAYS GETTING PATIENTS CHECKED INTO ROOMS, ESPECIALLY PROBLEMATIC ON BUSY DAYS
- LENGTHY SCREENER DEMANDS MORE TIME FROM PT TO COMPLETE
- SOMETIMES THE DEPS-R SCREENING IS COMPLETED AFTER THE PTS APPT HAS ENDED, AT NIGHT, OR NOT AT ALL

## Resources

- AVAILABILITY OF BDC RESOURCES FOR PROVIDERS IF PT ANSWERS POSITIVELY
- LACK OF TREATMENT RESOURCES AND FAMILY RESOURCES
- LACK OF GOOD SCREENING TOOL

## Staffing Constraints

- WE MAY NOT HAVE ENOUGH STAFF TO SCREEN
- VARIABLE CLINIC FLOW
- NOT ALL STAFF WILL KNOW HOW TO ADMINISTER SCREENING
- LACK OF BEHAVIORAL HEALTH PERSONNEL TO FOLLOW UP ON POSITIVE SCREENS (ESPECIALLY AT OUTREACH SITES)
- STAFF MEMBERS DEPENDENT ON GRANT FUNDING

## Patient Response

- NOT ALL PTS WILL BE HONEST WITH THEIR SCREENING ANSWERS
- PATIENTS ARE USUALLY DISTRACTED WHILE COMPLETING A SCREEN AND ARE NOT ENGAGED AT THE CLINIC VISIT
- PATIENTS IN DENIAL ABOUT HAVING AN EATING DISORDER
- STIGMA RELATED TO EATING DISORDERS

## Process

- NUMEROUS SURVEYS ADMINISTERED IN CLINIC
- WHEN/HOW SCREENING IS PERFORMED - PAPER VS ON TABLET VS PHONE MESSAGE
- PROVIDER MIGHT NOT REMEMBER TO REFRESH AVS WITH THERAPY REFERRALS
- BDC STAFF MIGHT MISS THE SCREENING EMAIL OR FAIL TO SEND THE PROVIDER A SECURE CHAT
- PROVIDER MIGHT FORGET TO REFRESH AVS NOTE OR MISS THE MESSAGE SENT
- MA MIGHT NOT SEE THE \*\*DEPS-R, FORGET TO CHECK, OR NOT FEEL LIKE THEY HAVE ENOUGH TIME TO SCREEN PATIENT

## Next Steps

- FEAR OF WHAT TO DO WHEN THEY SCREEN POSITIVE
- GETTING PLUGGED INTO THERAPY- WILL THEY FOLLOW THROUGH?

# Measures

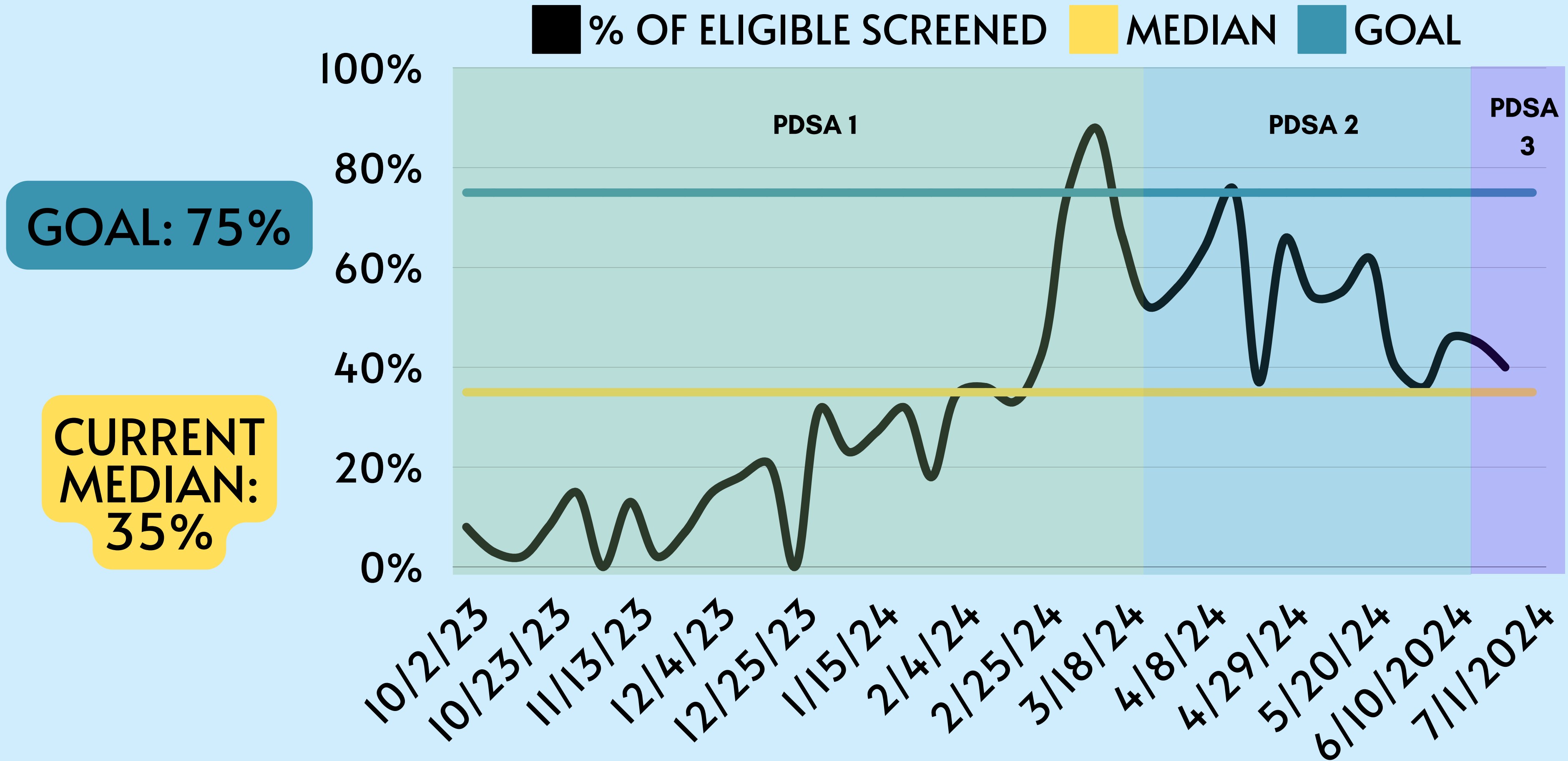
- % Screened weekly
- % Positive



**FUTURE: REFERRAL RATE FOR POSITIVE SCREENS**



# How many patients have we screened?

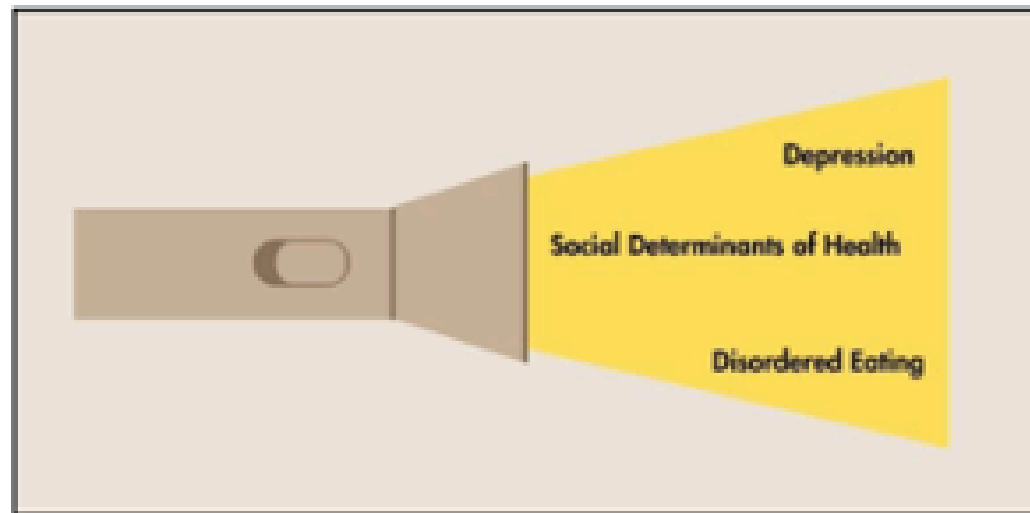
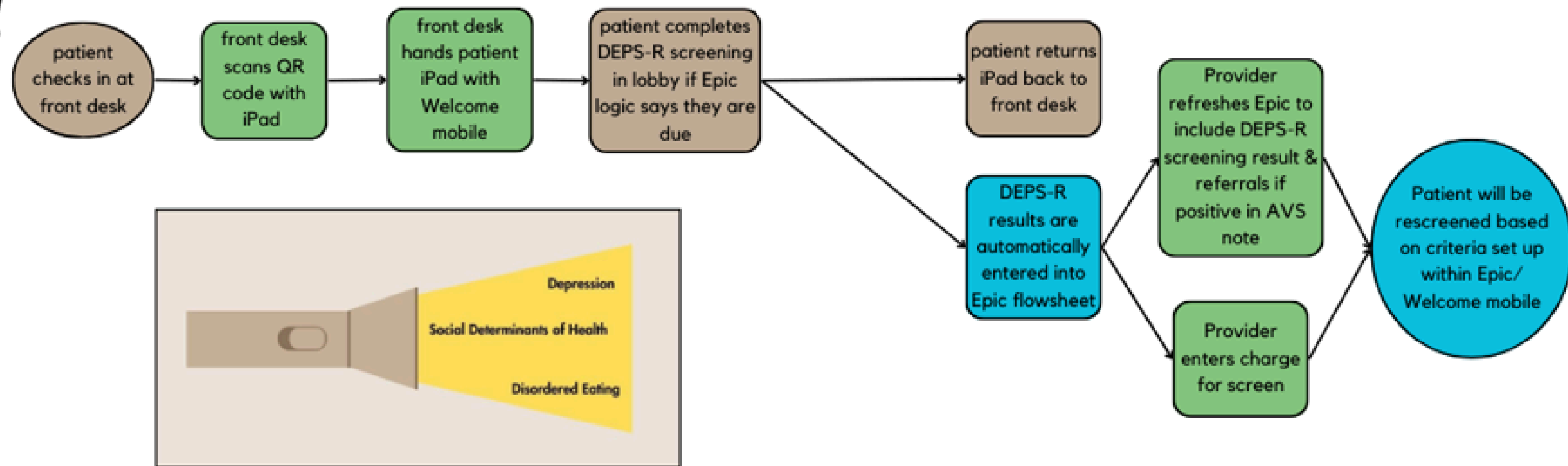
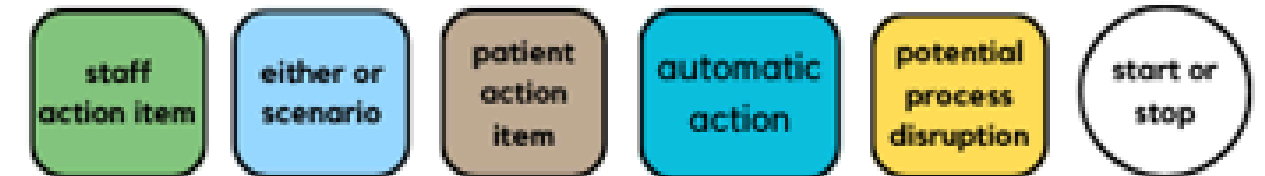


# Process Improvement

## Ideal Screening Process for DEPS-R

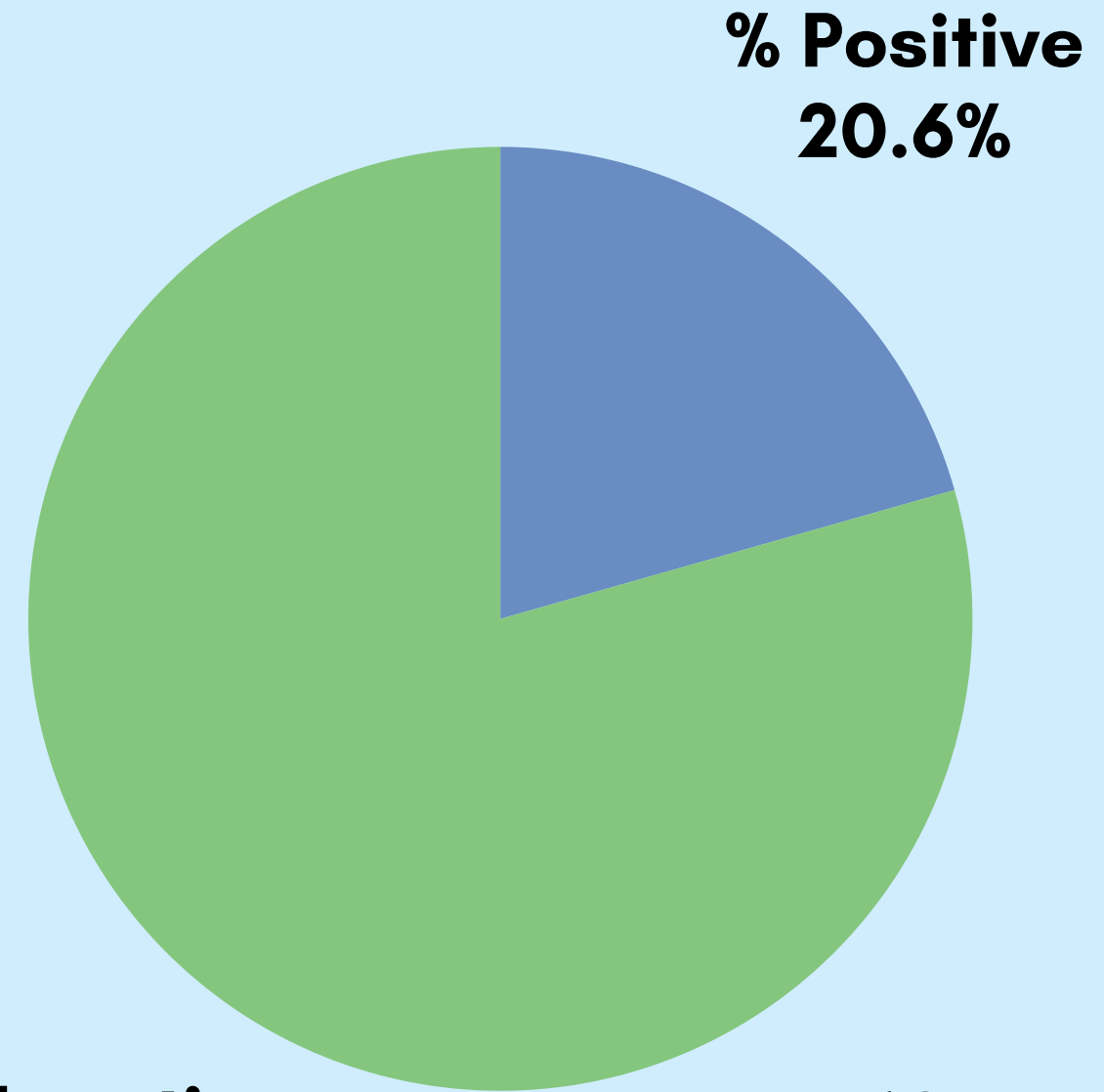
PRESENTED BY THE SCREEN QUEENS: ELLEN, PAIGE, BECCA, & CLAIRE

### KEY



# Screening Results

**POSITIVE  
SCORES ARE  
> OR = 20**



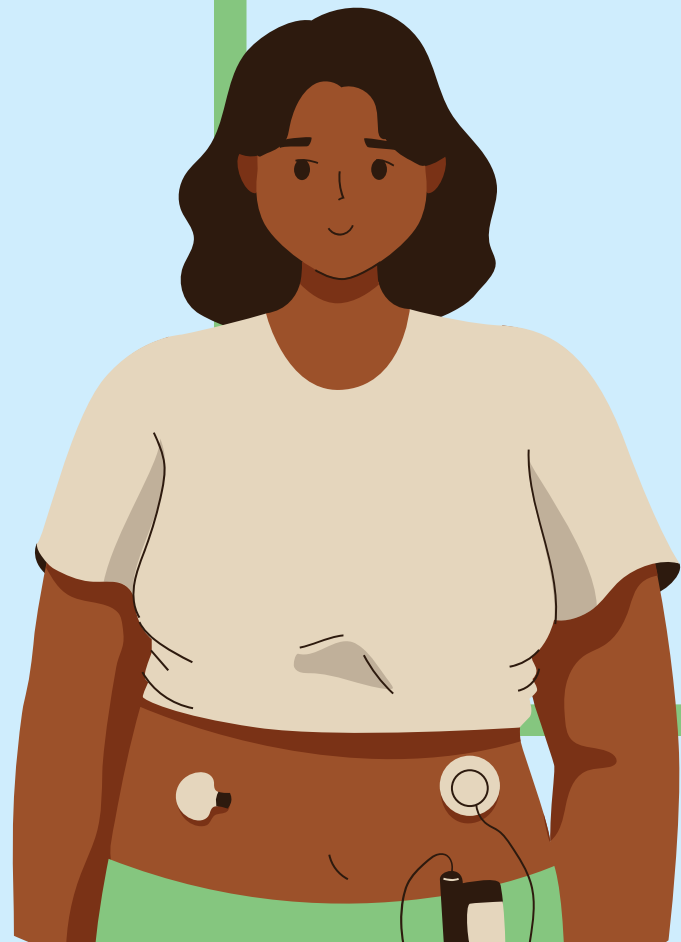
**% Negative  
79.4%**

**n=1235**



# Challenges

- WELCOME MOBILE LOGISTICS
- PRESSURE TO START SCREENING
- HUMAN RESISTANCE TO CHANGE



# Next Steps

- COLLECT OUTCOMES WHEN USING IDEAL SCREENING PROCESS
- EXPAND SCREENING TO TELEMEDICINE
- INCREASE ACCESS TO CARE







# Questions?

