T1D Exchange

T1DX-QI Collaborative Call with Pediatric Centers

September 19, 2024

Agenda

- Welcome & introductions, Nicole Rioles, MA and Osagie Ebekozien, MD, MPH, CPHQ
- Clinical center presentations
  - Children's Health, UT Southwestern, Abha Choudhary, MD
  - University of Utah, Intermountain Health, Allison Smego, MD and Vana Raman, MD
  - Cleveland Clinic, Andrea Mucci, MD

- Collaborative Updates, Nicole Rioles, MA
  - November 2024 Learning Session Registration
  - ADEPT Registration

Center Presentations

Increase CGM Data Sharing to Facilitate Remote Patient Monitoring Initiatives (T1DX- QI project)

Marsha Mackenzie MS, RDN, LDN CDCES
Katie Hamilton RN, BSN
Abha Choudhary MD
Dallas, Texas
9.19.2024

Learning objectives

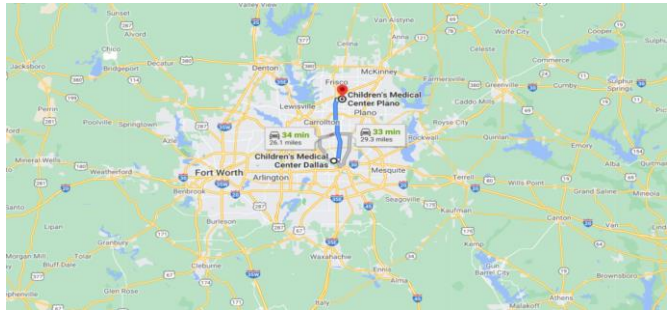
Explore barriers to CGM sharing among T1D patients in an urban pediatric academic hospital

Increase familiarity with strategies used to increase CGM sharing

UTSW Peds/Children's Medical Center

Joined the T1DX collaborative in September 2023
Licensed beds: 487 (Dallas); 72 -> 220 (Plano)

13.25 FTE Pediatric Endocrinology MDs (Hiring!)
4 Pediatric Endocrinology fellows
6.2 FTE Advanced Practice RN's
1.0 PA
12.2 FTE RN CDCES
4.86 FTE RD CDCES
1 RD
2 clinic RN's
5 Social Workers
1.5 FTE psychologists



Our population (2023-2024)

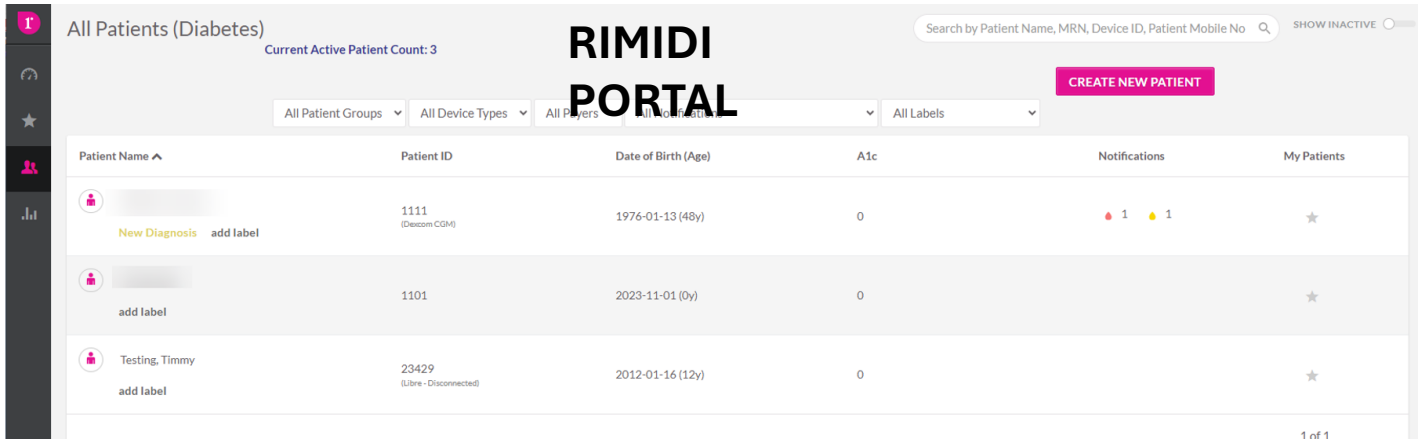
- Total number of T1D : 1908
- Non- commercially insured : 40%
- CGM users:
  - 77% (Dexcom: 86%)
  - 60% sharing with clinic
- Pump users: 49%
- New onset admissions/ year: ~ 300

* TX Medicaid covers ALL CGMs and AIDs

Benefits of CGM sharing

- Ability to adjust patient’s doses in between visits allowing our patients to meet goals

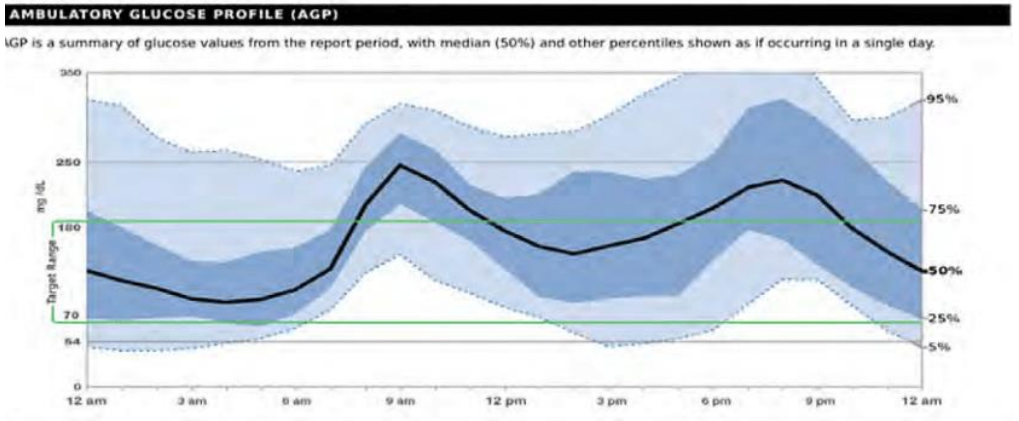
CGM Data sharing



Improve A1C
Decrease hospital admissions

CGM data

- Updated nightly
- Not real time
- 14 days look back



Patient with diabetes on MDI/pump utilizing CGM

Mode of communication
My Chart
Telephone Call
Telemedicine

CDCES reviews patients who are flagged to assess
CGM wear (troubleshoot by MA)
Notifications
Pattern management

CGM set up process (Pre QI)

- Dexcom prescription given to the patient
- Clinic sharing code is shared with the patient by MA at visit
- Day 1/Pump Mech activities focus on pairing fresh CGM to device/phone app ..so maybe not a natural process for them to independently share on clarity

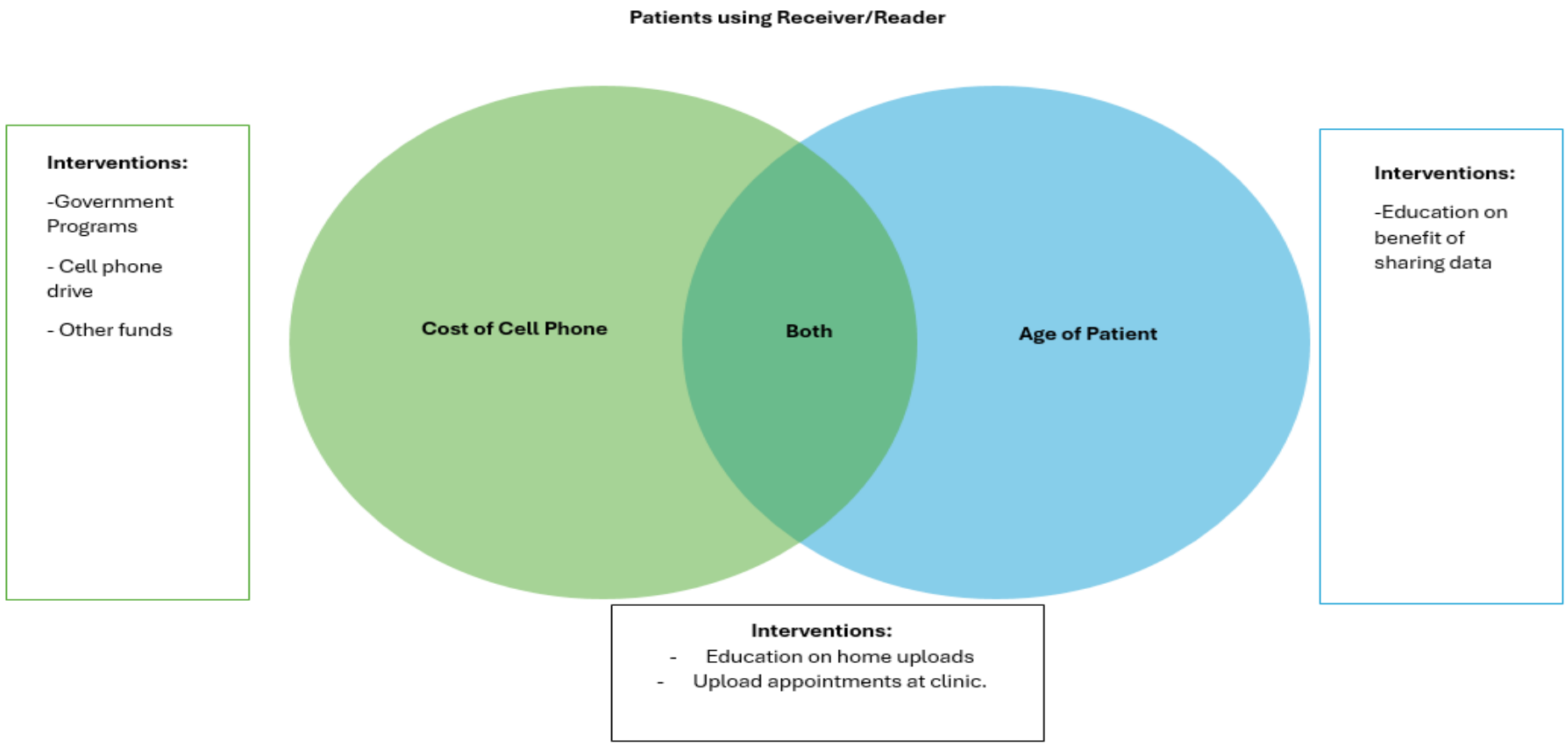
Baseline data

- Baseline data was collected from December 2023- Feb 2024
- Data reviewed for Dexcom CGM users seen at the Dallas campus
- Approximately 60% of our patients were sharing data with clinic
- Data sharing defined as-
  - CGM data available on Clarity with a check box with current date of upload (phone users)
  - CGM data uploaded within 1 month (receiver users)-utilize home computer to upload receiver

Barriers to data sharing

- Device specific barriers
  - Ongoing access/insurance
  - Compatibility
  - Ease of use
  - Rapidly changing technology
- Patient
  - Time/Interest
- SDOH
  - Supplies
  - Insurance coverage
  - Phone/computer/internet access
- HEAL
  - Instructions/language/literacy friendly

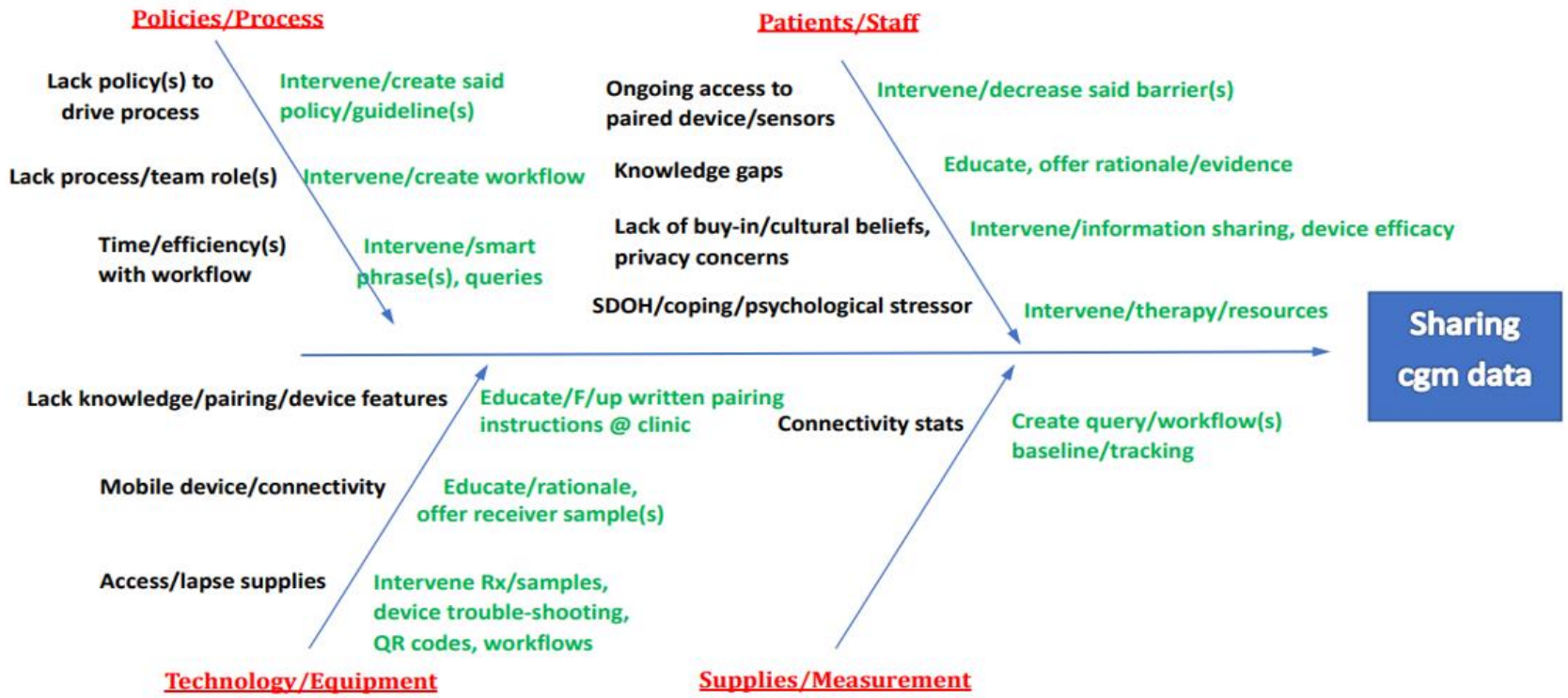
Patients using receivers



Aim

Increase shared CGM data between T1D families and clinic staff by 15% over a 9 -month timeframe compared to baseline

Fish bone diagram



Key Drivers: People, Processes, Policies, Equipment, Supplies, Measurements

Effort Impact matrix

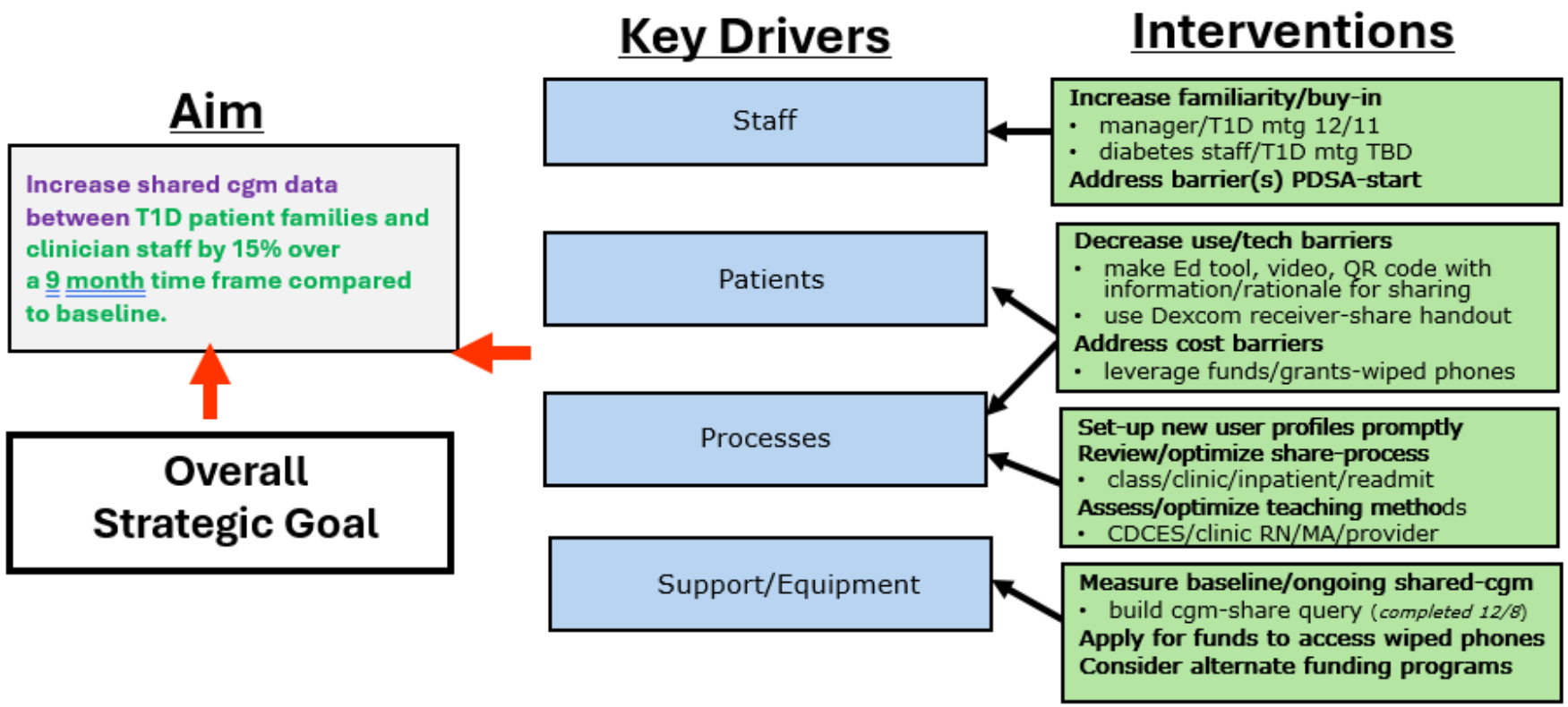
Prioritize
INTERVENTIONS

		Effort L/H	Impact L/H
1	Increase QI project familiarity/buy-in.	L	H
2	Address barriers to QI project start/PDSA.	L	H
3	Measure baseline/ongoing cgm sharing.	H	H
4	Decrease tech/share-user barriers.	H	H
5	Optimize cgm-set-up/sharing at varied points of contact (clinic/class/inpatient).	H	H
6	Create/use Ed resources such as Dexcom handouts/videos/QR codes to ease use.	H	H
7	Optimize teaching methods/delivery among points of contact/team.	H	H
8	Address cost/phone access barriers.	H	H
9	Consider/pursue funding sources for wiped phones for research purposes.	H	H
10	Consider next step-PDSA to further QI process for desired increased cgm-sharing.	L	H

Effort Impact Matrix

	Low Effort	High Effort
High Impact	1, 2, 4, 10	3, 8, 9, 5, 6, 7
Low Impact		

Key Driver Diagram



CGM Sharing Rolling Action Item List

Key Driver	Interventions	PDSAs	Owner	Check Date	Progress Notes	Next Steps	Status
staff: increase QI project buy-in.	1.leadership mtg 12/11/23 2. staff mtg 1/23/24	Enlisted clinic RN's help who routinely sets-up sharing as samples given/clinic.	T1DX team/staff	2/26/2024	1. buy-in increase	review DSME charting tool w/Dr. Adhikari 2/27/24	
staff: address barriers to QI start.	staff ID barriers 1/23: 1. dexcom: more tedious 2. source of sharing (family/ctr.) 3. time to set-up	feasibility assessment of cgm sharing query.	T1DX team/staff	2/26/2024	1. Excel sharing query started 1/2. 2. opt for ctr intiated set-ups.	1. continue query through 2/28.	
staff: measure baseline/ongoing cgm sharing	1. Mtg w/Cassie & Soumya Re: share check box. 2. Queried dexcom staff: baseline sharing Dec.	considered back-fill check box/diabetes summary for baseline stats tho "box" in EPIC production.	T1DX team/staff	2/26/2024	Dexom reported 60% sharing 12/7 likely inflated		
staff: optimize teaching methods among staff.			T1DX team/staff	2/26/2024			
patients: decrease tech/share-user barriers	1. discussed smart phrases 2. use dexcom handout on uploading receiver	1.smart phrase/s 2. dexcom receiver sharing handout .	T1DX team/staff	2/26/2024	MA, clinic nurse	PDSA 1 3/4/2024	
staff: create Ed resources: Dexcom handouts/videos /QR codes to ease use.	created smart phrase for sharing status and barriers so staff can independently assess sharing.		T1DX team/staff	2/26/2024	consider smart phrase with links to dexcom sharing handouts (mobile/receiver).	PDSA # 2	
patients: optimize cgm set-up at more points of contact.	discussed varied points of contact to set up share status at staff mtg 1/23.		T1DX team/staff	2/26/2024			
Remote patient monitoring	Sign up to Rimidi	Smart phrase	Clinic RN/staff	8/6/2024	Ongoing	PDSA # 3	
patients: optimize cgm set-up at satellite site (Plano)			T1DX team/staff				
Patients: Libre CGM	Create smart phrase	Smart phrase	T1DX team/staff				
support: address cost/phone			T1D team/staff	2/26/2024			
support: consider funding for wiped phones/research.			T1D team/staff	2/26/2024			

PDSA cycles

Dexcom CGM users at Dallas campus

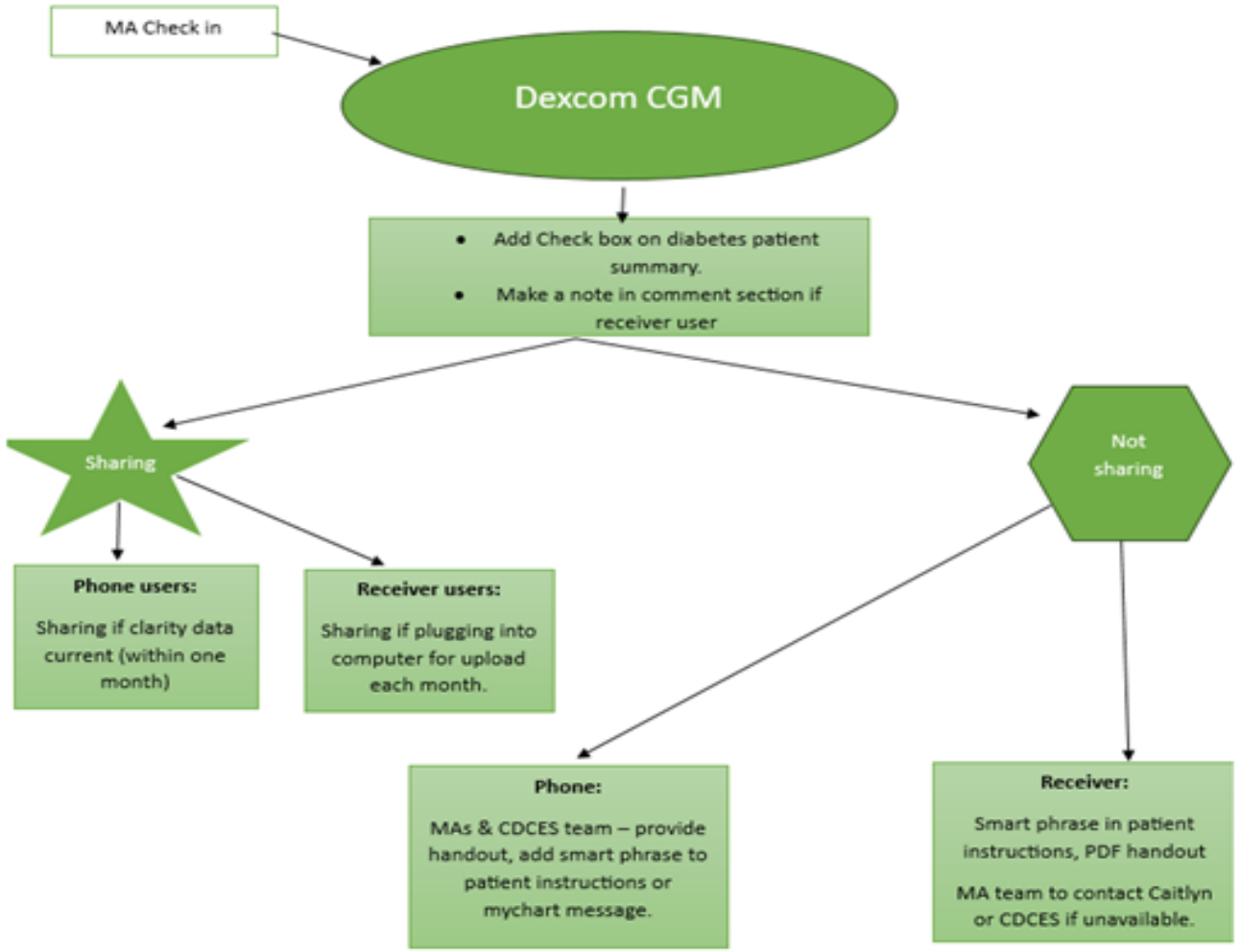
Start small:

- One patient, one clinician, one variable for initial PDSA testing

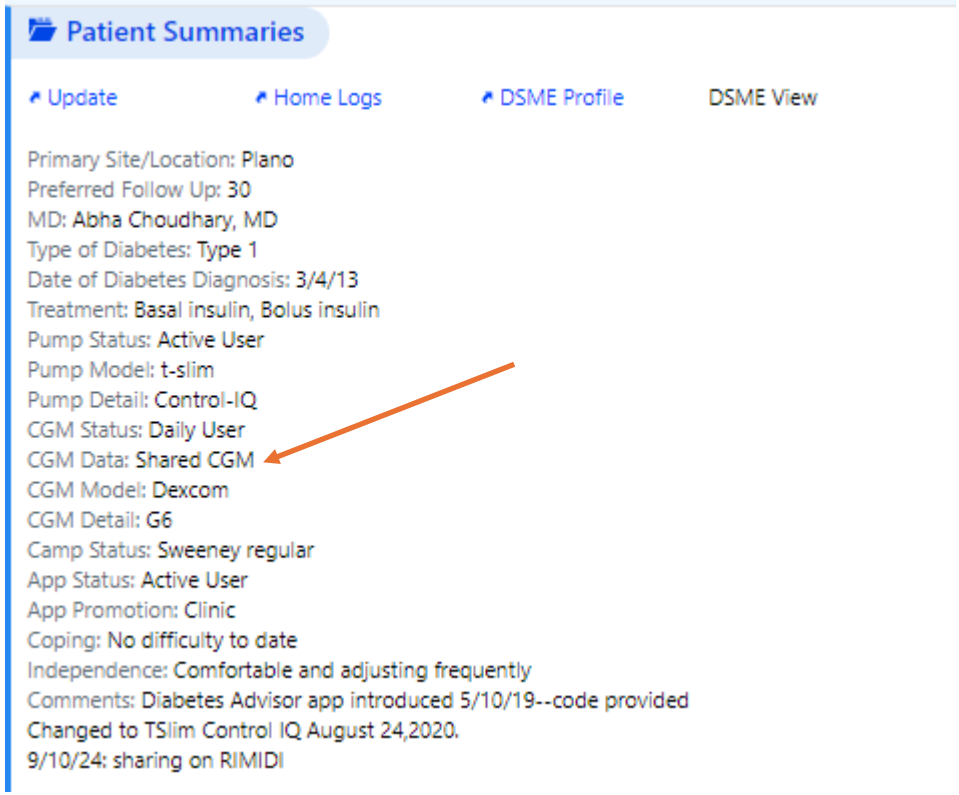
Grow smart:

- Increase sampling slowly to study effect(s) of PDSA cycle

Flow Sheet


MA Check in
Dexcom CGM
Add Check box on diabetes patient summary.
Make a note in comment section if receiver user
Sharing
Not sharing
Phone users:
Sharing if clarity data current (within one month)
Receiver users:
Sharing if plugging into computer for upload each month.
Phone:
MAs & CDCES team – provide handout, add smart phrase to patient instructions or mychart message.
Receiver:
Smart phrase in patient instructions, PDF handout
MA team to contact Caitlyn or CDCES if unavailable.

Patient summary - EPIC



Tools – smart-phrases (phone users) English & Spanish

How to share Dexcom Data with Children's (Phone Users):

1. Download the Dexcom Clarity App.
2. Sign into Dexcom Clarity App with Login.
3. Go to profile on the bottom right-hand corner of phone screen.
4. Select Manage Data sharing (first option) and press continue
5. Enter Clinic Code **'childrens'**
6. Select **'confirm'**

Congratulations, you did it! Your data will be shared automatically through your app

Hi @LNAME@ Family,
I hope you are doing well! I wanted to share instructions for connecting @NAME@ 's Libre *** to our clinic if you are interested in doing so. We are able to see more details of blood sugar data if you request us to view it. In addition to sending the blood sugar logs on Wednesdays we can pull the report at your request in order to make additional changes.

On @NAME@ 's phone:

1. Open up the freestyle Libre *** app.
2. Open main menu icon on the upper left hand corner of the app screen
3. Scroll down on menu to the connected app option
4. Click on Libre View connect
5. Select connect to practice
6. Enter practice ID : 2144565959

If you have further questions please reach out and let us know.
Thank you

Tools- Smart phrase – receiver users English & Spanish

How to share Dexcom data with Childrens (Receiver):
How to set up sharing:
Go to https://clarity.dexcom.com
Select **home user**
Sign into Dexcom Clarity using Dexcom App login information
Locate settings on top menu bar and select
Scroll down to **data sharing with clinics**
Select **Go to data sharing**
Enter Clinic code '**childrens'**
Select **continue**
Select **confirm**

How to upload receiver for the first time
After connecting to clinic, go back to https://clarity.dexcom.com
Select **upload** on top menu bar and select
If it is your first time using the Dexcom clarity uploader, click **download** to install
Follow onscreen instructions
Once installation is done, refresh browser

How to upload receiver each month
Connect USB to your computer and your receiver
Click **Upload,** making sure your receiver is powered on
Follow onscreen instructions

PDSA cycles

Dec 2023 – Feb 2024

Baseline data collection

Building awareness and team buy-in

PDSA # 1 March 2024 –May 2024

Education for staff

English and Spanish smart phrases created-> utilized in one clinic, one site with one physician

Check-box in diabetes summary/EPIC created to document CGM sharing

PDSA # 2 May 2024 –July 2024

Implementation of smart phrases & website resources for patients in clinic

Incentivize clinic staff to add updating checkbox to clinic check in process

PDSA #3 Aug 2024 – September 2024

Onboard patients to remote patient monitoring platform (CGM sharing is the part of this process)

Barriers

Staff

Equipment
- frequent technology updates
- sharing-ease across platforms
- education resources

Time to maintain sharing status

Process/workflow gaps
- clinic efficiencies
- education helps e.g. smart phrase
- query/reporting

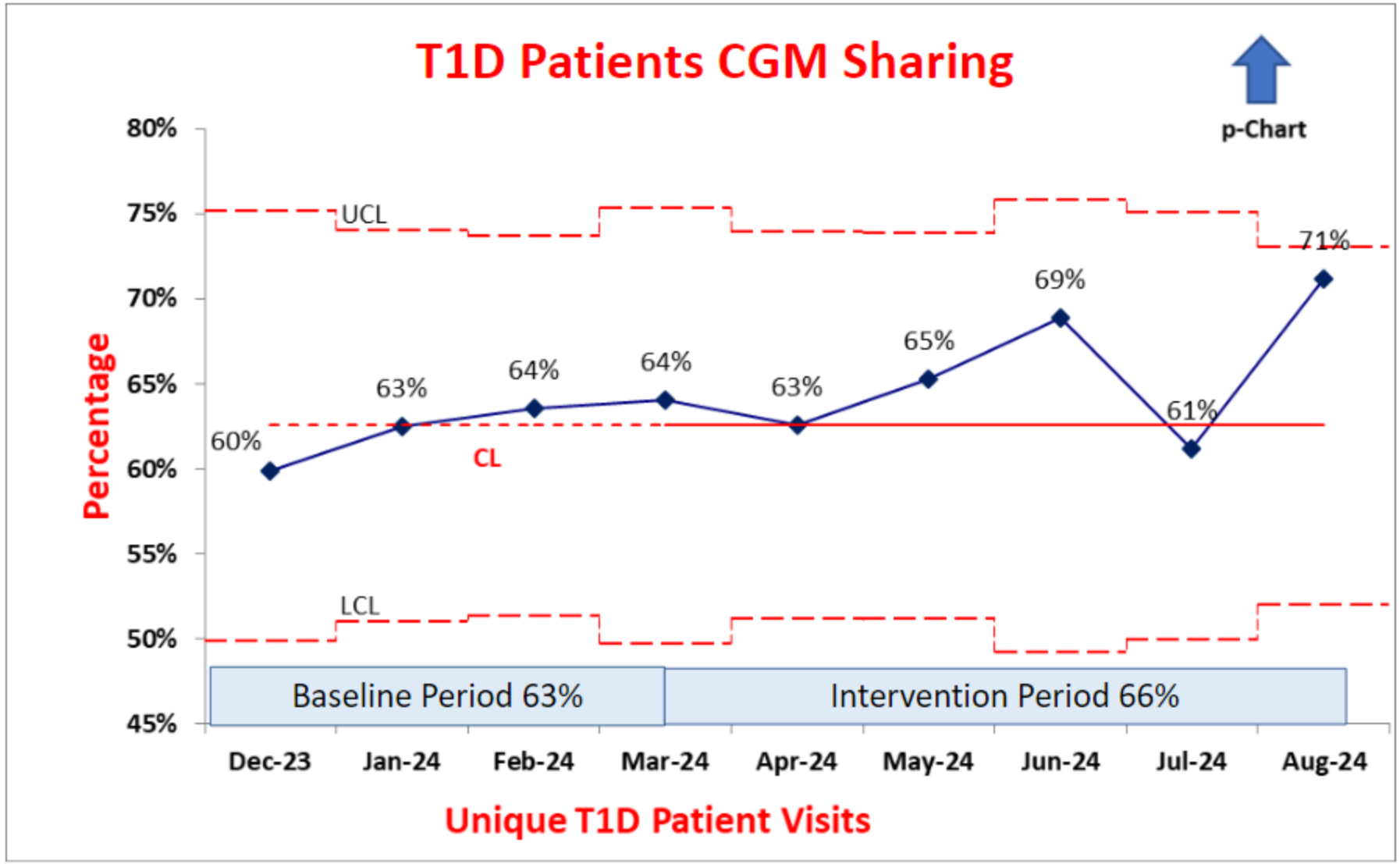
Role clarification
- perceived – CDCES/DCES
- actual – Clinic RN/MA

Patient

Ongoing access to paired device/sensors

Familiarity with equipment
- prior CGM-use
- equipment interest
- level of assistance required for initial placement

SDOH-related
- instruction-ease
- language-specific
- cultural considerations
- psychological stressors


T1D Patients CGM Sharing
p-Chart
80%
75%
70%
65%
60%
55%
50%
45%
Percentage
UCL
LCL
CL
60%
63%
64%
64%
63%
65%
69%
61%
71%
Baseline Period 63%
Intervention Period 66%
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Unique T1D Patient Visits

Deep dive

	Dec 2023-Feb 2024	March 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024
Not sharing (phone)		14	5	11	2	5	6
Pump users and not sharing		30	29	36	26	33	38
Receiver and not sharing		7	5	10	9	14	11
Sharing	288	77	108	107	82	82	136
Total	463	128	147	164	119	134	191
% sharing	62.2%	60.1%	73%	65 %	68.9%	61%	71.2%
Intervention/PDSA	Awareness Buy in	Education Buy in Created smartphrases Created share tab		Implementation of Smartphrases in clinic MA adding shared box			RPM

Pre QI to Current state

Task	Primary staff	Pre CGM sharing QI	Current CGM sharing PDSAs
Share code prompt @ check-in	MAs	X	X
Completion of sharing set-up @check in	MAs		X
Smart Phrase share instructions	CDCES, Clinic RN		X
CGM sample w/verbal share instructions (set up later @ home)	Clinic RN	X	X
New CGM set up w/Rx, pairing, and sharing set up @ visit	Clinic RN		X
Remote Patient Monitoring (RPM) sign up at visit	Clinic RN, CDCES		X

Remote patient monitoring (Rimidi)

- Go Live- 8/6/2024
- 83 active patients

2. Patient Notifications

CGM Very High Glucose Notification : Indicates CGM patient spent > 40% time in very high glucose range

CGM Very Low Glucose Notification : Indicates CGM patient spent > 2% time in very low glucose range (Glucose Range: < 54)

CGM Sensor Days Worn Notification : Indicates CGM patient had < 4 days of readings

CGM Time in Glucose Range Notification : Indicates CGM patient spent < 15% time in target glucose range (Glucose Range: 70-180)

Recently Connected Device : Indicates patient has recently connected a CGM Device

Lessons learned

- Change is gradual due to human nature, set habits/preferences
- Continued buy-in from team members is essential
- Allow team members to work at the top of their license
- Monthly check in/ obtain feedback from key players to assess what worked and what did not
- Offer appreciation/incentive to staff involved
- Started a culture of QI (Transition to adult, lipid screening, inpatient CDCES education, health equity BPA, CGM/ RPM in new onset)

Next steps

Coach pump patients to keep Dexcom app open

Receiver users- data dump on parent phone, encourage them to use compatible phone, refurbished phone (funding/ grant), ? Blue tooth enabled receivers

Expand to Libre CGM

Expand to Plano campus

SDOH correlation

HEALTH LITERA	FOOD INSECURI	FINANCIAL INSECURIT	SOCIAL	TRANSPORT	HOUSIN	TOBACC	Age
Low	Medium	Low	Low	Medium	Low	Low	3
Low	Low	High	Low	Medium	Low	High	4
Low	Medium	Low	Low	Low	Low	Low	4
Low	Low	Low	Low	Low	Low	Low	6
Low	Low	Low	Low	Low	Low	Low	6
Low	Low	Low	Low	Low	Low	Low	7
Low	Low	Low	Low	Low	Low	Low	7
Low	Low	Low	Low	Low	Low	Low	8
Low	Low	Low	Low	Low	Low	Low	8
Low	Low	Low	Low	Low	Low	Low	8
Low	Low	High	Low	Low	Low	Low	8
Low	Low	Medium	High	Low	Low	Low	9
Low	Low	Low	Low	Low	Low	Low	9
Low	Low	Low	Low	Low	Low	Low	9
Medium	Medium	Medium	Medium	High	Low	Low	10
Low	Low	Low	High	Medium	Low	Low	10
Medium	Low	High	Low	Low	Low	Low	11
Medium	Low	Low	Low	Low	Low	Low	11
Low	Low	Low	Low	Low	Low	Low	11
Low	Low	Low	Low	Medium	Low	Low	11
Low	Medium	Medium	High	Low	Low	Low	11
Low	Low	Low	Low	Low	Low	Low	11
Low	Low	Low	Low	Low	Low	Low	11
Low	Low	Low	Low	Low	Low	Low	12
High	Low	Low	High	Low	Low	Low	12
Low	Low	Low	Low	Low	Low	Low	12
Low	Medium	Low	Low	High	Low	Low	13
Low	Low	Low	Low	Low	Low	Low	13
Low	Low	Low	Low	Low	Low	Low	14
Low	Low	Low	Low	Low	Low	High	14
Low	Low	Low	Low	Low	Low	Low	15
High	Low	Low	Low	Low	Low	Low	16
Medium	Low	Low	Low	Medium	Low	Low	16
Medium	High	Low	Low	Medium	Low	Low	16
Medium	Low	Low	Low	Medium	Low	Low	17
Low	Low	Low	Low	Low	Low	Low	17
Low	Low	Low	Low	Low	Low	Low	17
Medium	Low	Low	Low	Medium	Low	Low	17
Low	Low	Low	Low	Low	Low	Low	18
High	Low	Low	Low	Low	Low	Low	18
Low	Low	High	Low	Low	Low	Low	18

Questions?

Center Presentations

INCREASING PUMP THERAPY ADOPTION IN PATIENTS WITH TYPE 1 DIABETES

Allison Smego MD, Fadi Asfour MD, Janet Sirstins RN, BSN, CDCES, Corinne Loizos MS, RD, Megan Counter MSW, CSW, Billie Whitaker CMA III, Stacey Bjerregaard MHA, Tina Wadhwa, LeAnn Gubler MSN, RN, Vandana Raman MD

OBJECTIVES

- At the conclusion of this activity, participants should be able to successfully:
  - Identify barriers to insulin pump therapy
  - Describe interventions to increase insulin pump utilization
  - Recognize correlation between insulin pump therapy and glucose control improvement

PRIMARY CHILDREN'S HOSPITAL
DIABETES CLINIC

- Salt Lake City, UT
- 13 physicians
- 4 NPs
- 5 fellows
- 13 RN (CDCES)
- 3 RD
- 4 social workers
- 0.3 psychologist

- 2500 (+300) type 1 diabetes patients
- Approx 300+ new onset yearly
- Outreach Clinics: **Lehi**, Logan, Layton, St. George
- Large catchment area from surrounding states
- 77% private insurance
- 23% public insurance

Contacts

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BACKGROUND

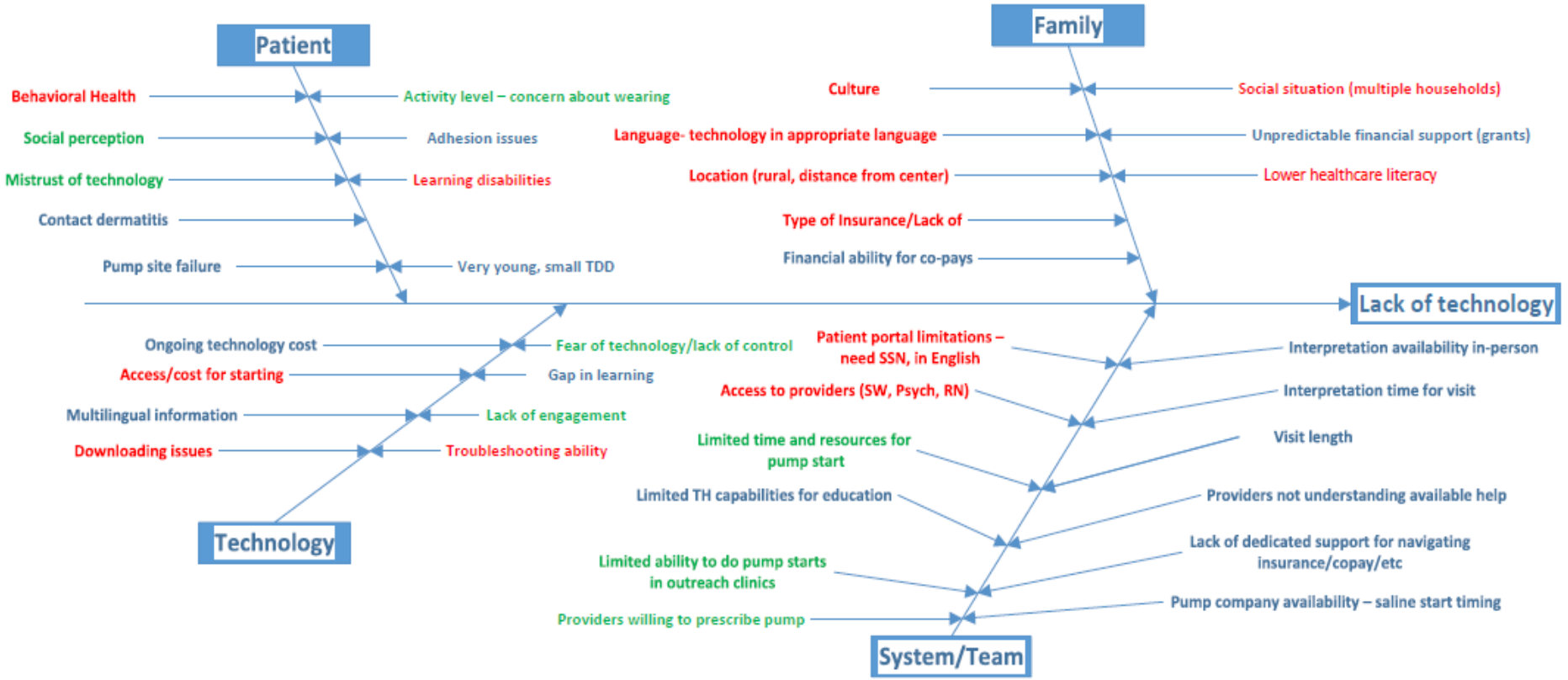
- Insulin pump therapy improves glycemic outcomes and quality of life in pediatric patients with type 1 diabetes
- Historically, our pump initiation process was long and complex
  - Monthly pump class typically at least 6 months from diagnosis
  - A1c must be ≤ 9.5%

AIM

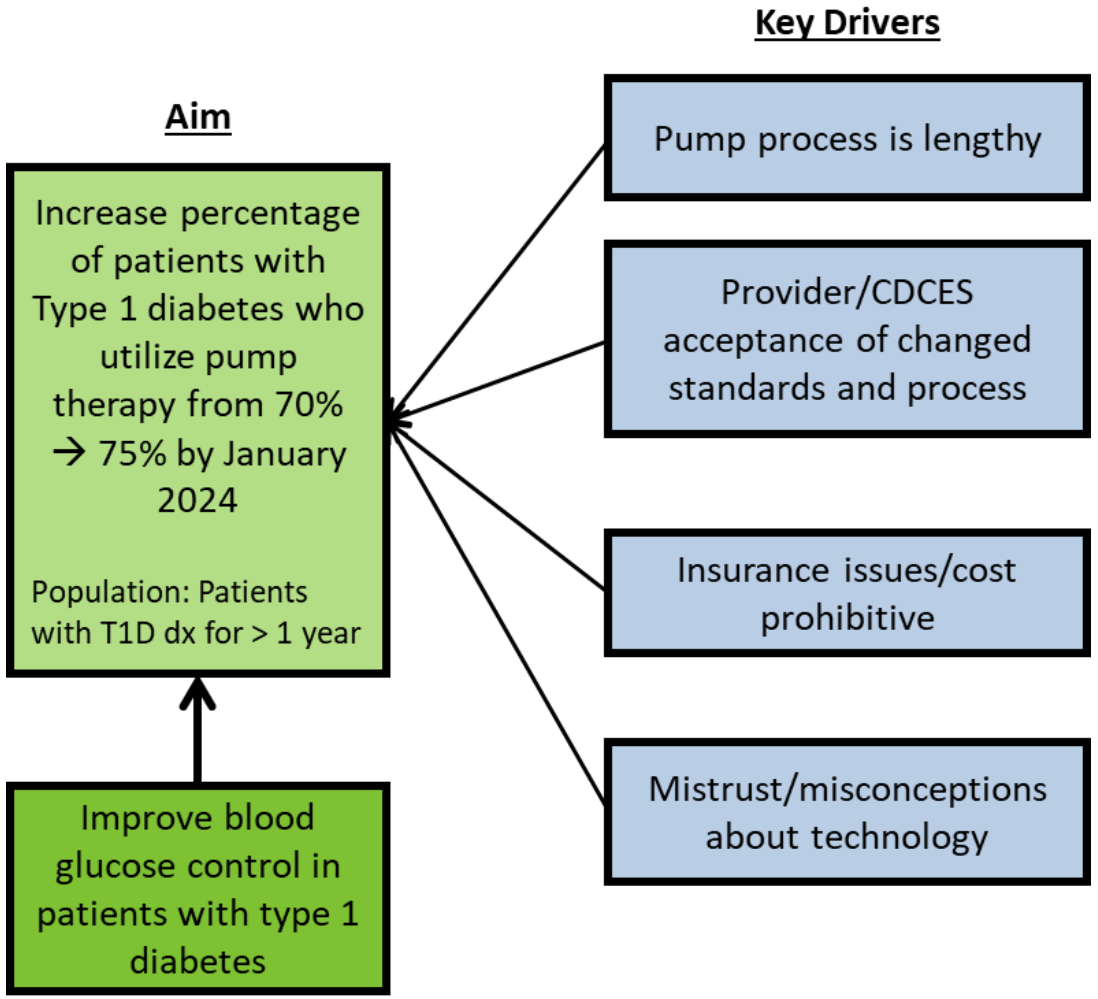
- Global aim: improve glycemic control in patients with type 1 diabetes
- Specific project aim: Increase pump therapy adoption in patients with type 1 diabetes from nearly 70% in January 2023 to 75% by December 2023

FISHBONE

BARRIERS TO TECHNOLOGY UTILIZATION



KEY DRIVER DIAGRAM



INTERVEN

Aim

Increase percentage of patients with Type 1 diabetes who utilize pump therapy from 70% → 75% by January 2024

Population: Patients with T1D dx for > 1 year

Improve blood glucose control in patients with type 1 diabetes

Please note that if your child lives in more than one household, both legal guardians are required to attend all pump educations

After reviewing this information, if you have any questions, please contact our office through the Intermountain Health app, at diabetes@imail.org or at (801) 662-1640 option #4 and speak with one of our diabetes educators.

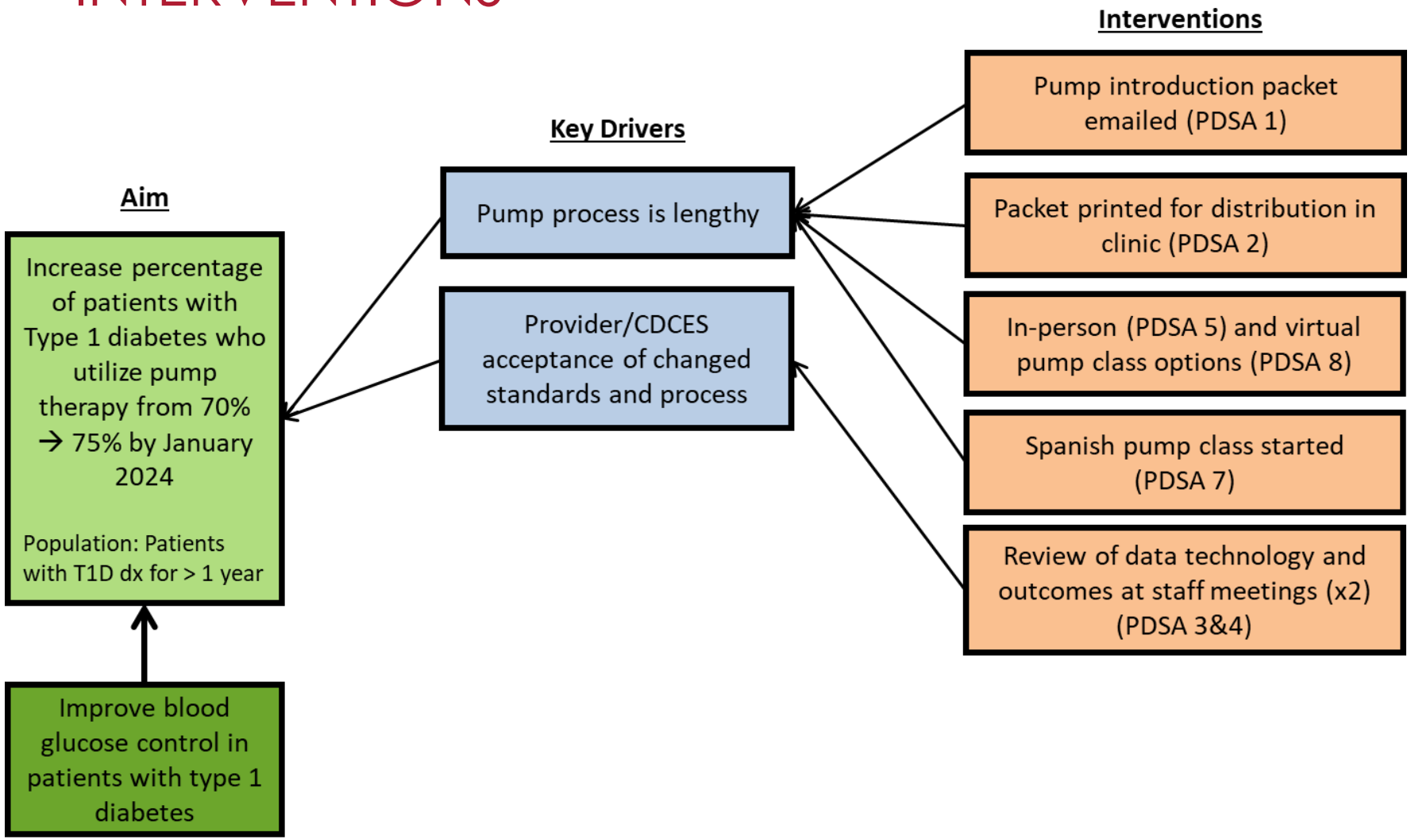
PUMP QUIZ AND PUMP WAIVER

Please scan the QR code below with your phone camera and click on the website that pops up to access the online PUMP QUIZ and PUMP WAIVER. From there, follow the steps below:

1. Click 'Next Page'
2. Complete the PUMP QUIZ. All questions must be answered correctly for the 'submit' button to appear. Click 'submit' and it will take you to the waiver.
3. Complete the PUMP WAIVER. All fields must be filled out for the 'submit' button to appear. Click 'submit' to move forward.
4. Review your information, click the check box to confirm. Click 'submit' and your quiz and waiver will be sent to the Diabetes Clinic.
5. We will reach out to you once we receive and review your PUMP QUIZ and PUMP WAIVER.

DUE TO RAPID CHANGES IN TECHNOLOGY, PLEASE REVIEW THE DIFFERENT PUMPS BELOW AND VISIT THEIR WEBSITES FOR MORE INFORMATION.

INTERVENTIONS



INTERVENTIONS

Aim

Increase percentage of patients with Type 1 diabetes who utilize pump therapy from 70% → 75% by January 2024

Population: Patients with T1D dx for > 1 year

Improve blood glucose control in patients with type 1 diabetes

Key Dri

Mistrust/misconceptions about technology

Pump misconceptions/concerns handout (PDSA 6)

Patient Name: _____DOB:_____Date of Diagnosis:_____

COMMON PUMP CONCERNS/REASONS WHY PATIENT IS NOT USING AN INSULIN PUMP:

(Please select ALL that apply.)

- Insertion is painful and requires a surgical procedure.
- Can't use pump with sports or physical activity.
- Pump and/or tubing will get caught or in the way.
- Body size is too small/big to wear a pump.
- Not appropriate for the age of my child.
- School dosing.
- Insurance will not cover.
- Cost of pump and/or monthly supplies/Financial.
- Alarm fatigue.
- Total Daily Dose not enough.
- Total Daily Dose too high.
- Parent(s) want/kids do not.
- Kid wants/Parent(s) do not.
- Social situations/concerns.
- Phone/Technology concerns.
- Misc:_____

_____

Please explain additional concerns: _____

INTERVENTIONS

Aim

Increase percentage of patients with Type 1 diabetes who utilize pump therapy from 70% → 75% by January 2024

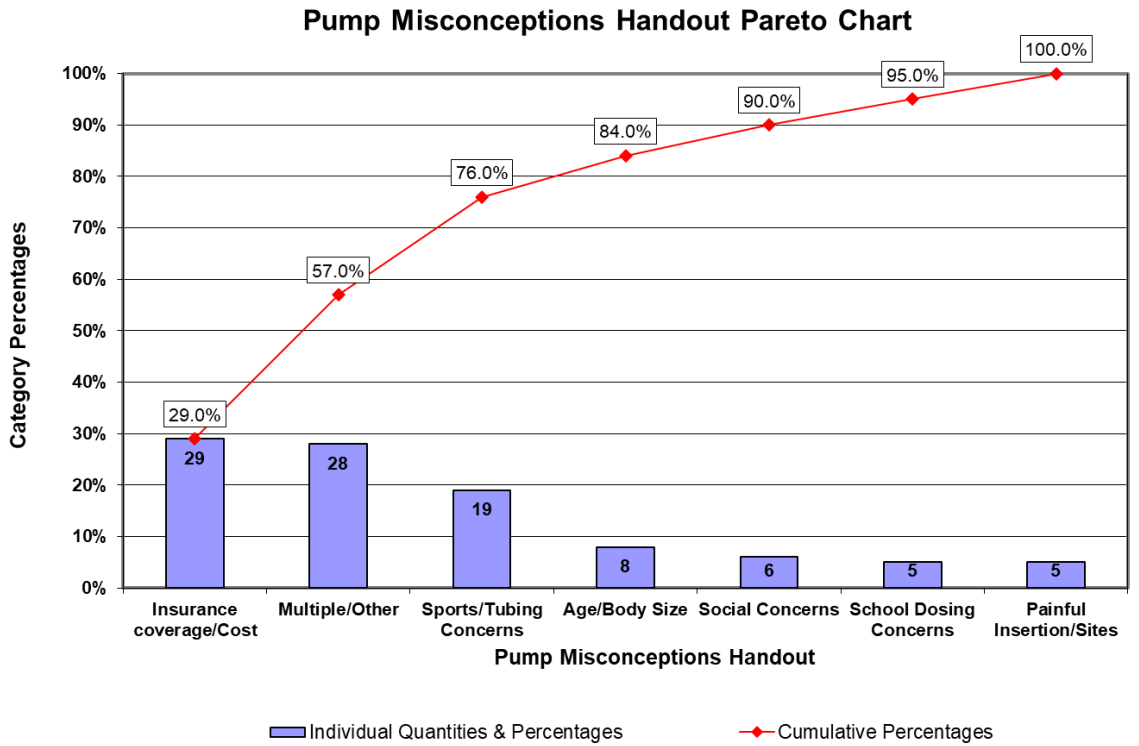
Population: Patients with T1D dx for > 1 year

Improve blood glucose control in patients with type 1 diabetes

Mistrust/misconceptions about technology

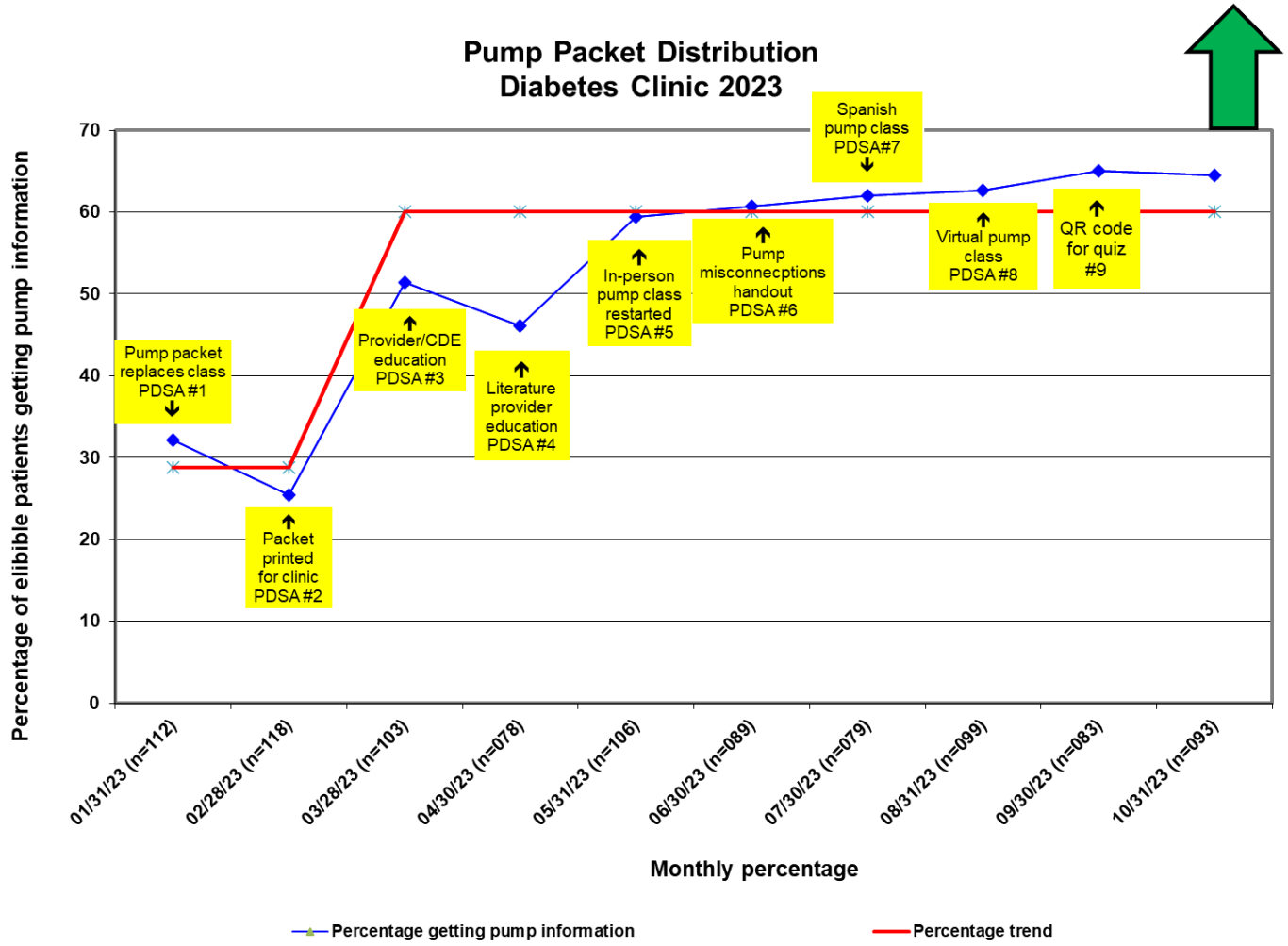
Pump misconceptions/concerns handout (PDSA 6)

Interventions



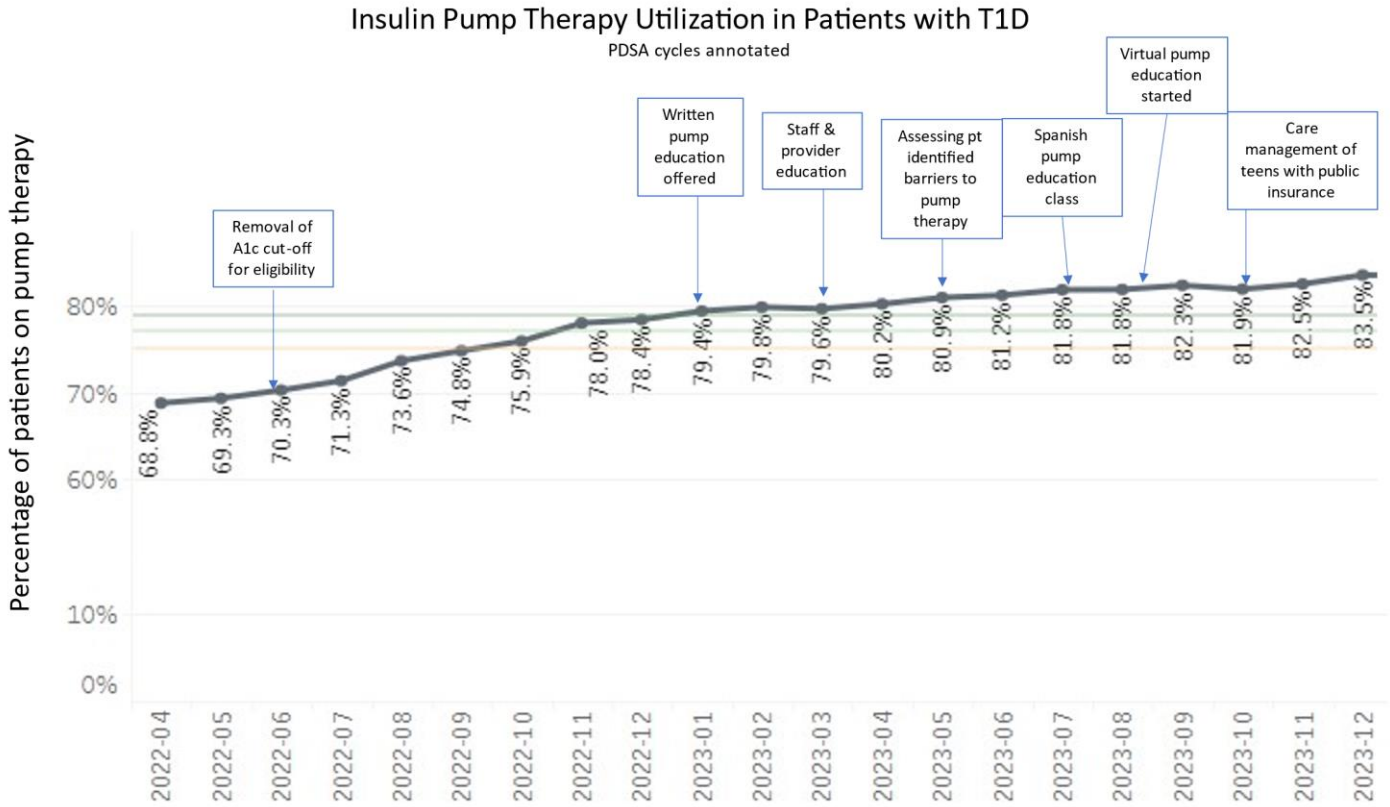
PROGRESS

PERCENT RECEIVING PUMP INFORMATION



PROGRESS

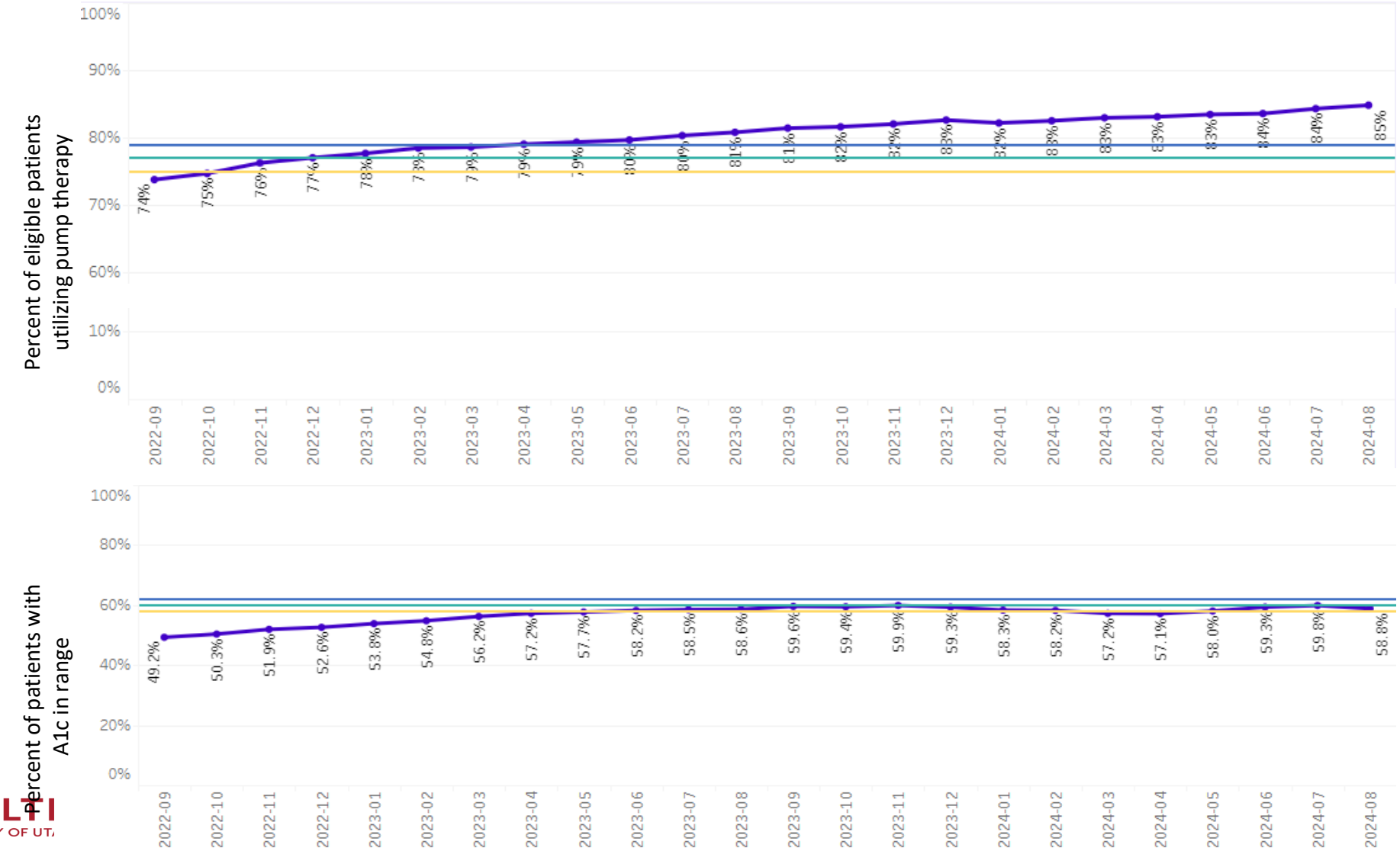
PERCENT OF PATIENTS UTILIZING PUMP THERAPY



- Pump utilization increased from 75-84%
- Over same time, pump use increased in:
  - Hispanic population from 41% to 60%
  - Black population from 50% to 62%

PROGRESS

PERCENT OF PATIENTS UTILIZING PUMP THERAPY



CONCLUSIONS

- Interventions to improve our pump start process led to increase insulin pump adoption by our patients
  - Improving access to pump information based on family's availability and learning styles
  - Provider education on recent data
  - Addressing common pump concerns among patients and families
- Percent of patients with A1c in goal range has increased as pump utilization increased
- Future Directions
  - Investigating funding/grant options for portion of patients who cannot afford pump technology
    - First family is currently enrolling in this program
  - Assessing percentage of patients utilizing hybrid-closed loop technology

QUESTIONS?

Center Presentations

September 19, 2024

CLEVELAND CLINIC CHILDREN'S GETS *READDY* TO TRANSITION YOUTH WITH DIABETES!

T1D Exchange

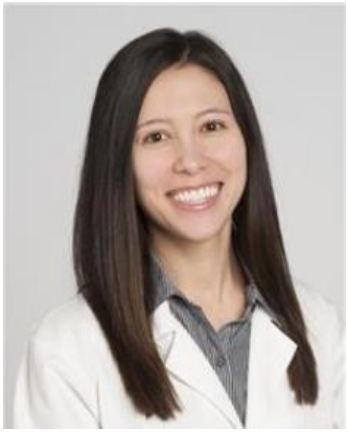
WELCOME TO

INTRODUCTIONS

Andrea Mucci

Andrew Lavik

Cheryl Switzer



Alyssa Rowe

Other Team Members	
Research Manager	Barb Bevier
Research Coordinator	Blair Martin Mary Kate OMalley
Data Scientist	Lyla Mourany

CLEVELAND CLINIC CHILDRENS HOSPITAL (CCCH): PEDIATRIC ENDOCRINOLOGY DEPT.

Providers (MD, NP): 8 MD (6 full time, 2 part time), 4 NP

Nurses: 4 RN

Educators: 3 CDE

Dietician: 1

Social Workers: 1

Psychologists: 1

Patient/Family Navigator & Patient/Family Advisors: 2 volunteers on Advisory Committee

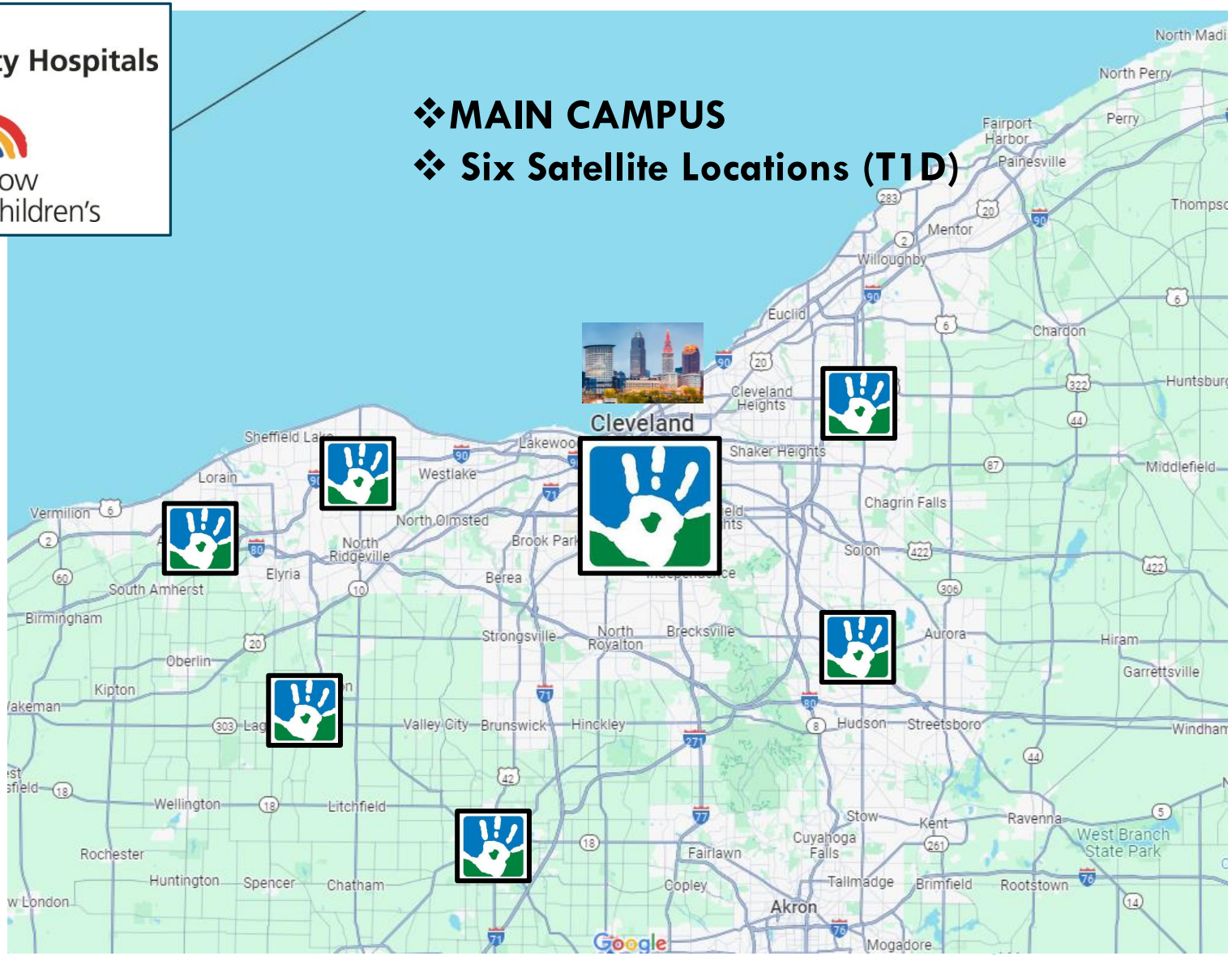
Resident: 1 (doing QI research on food insecurity as part of T1DX)

CCCH T1D CLINIC LOCATIONS

Cleveland Clinic Children's

University Hospitals Rainbow Babies & Children's

❖MAIN CAMPUS
❖ Six Satellite Locations (T1D)



CCCH PEDIATRIC T1DX COHORT

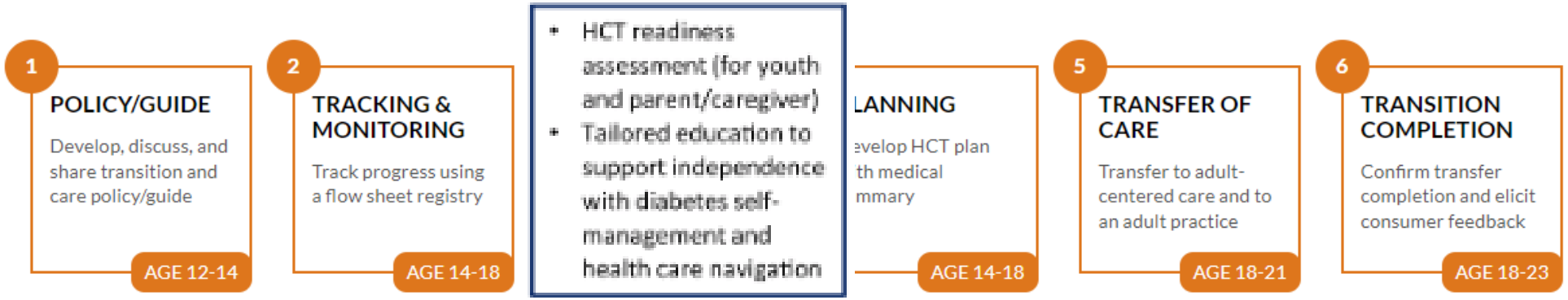
- Children/Adolescents with T1D: ~ 625
  - 242 patients are ≥15 years old - eligible for transition screening
- Approximately 50 patients with new onset per year
- Insurance: ~ 35% public
- Race
  - ~ 80% White
  - ~ 10% Black
  - ~ 10% Unknown/Not Reported/Other

CCCH T1DX QUALITY PROJECTS

- FOOD INSECURITY SCREENING
  - CURRENTLY PDSA 1– resident QI project
  - "HUNGER" QUESTIONNAIRE
- TRANSITION READINESS

SIX CORE ELEMENTS APPROACH FOR HEALTH CARE TRANSITION

- T1DX-QI institutions (n=53) were surveyed
  - (n=50 clinics; 33 pediatric, 17 adult)



72.7% (n=24) of pediatric clinics

45.4% (n=15)

39.4% (n=13) formally assess HCT readiness

52% (n=17) document and update a plan of care for transition

27.3% (n=9)

Malik F, et al., T1DX-QI COLLABORATIVE; 1041-P: Health Care Transition Practices in the T1D Exchange Quality Improvement Collaborative. Diabetes 20 June 2023; 72 (Supplement_1): 1041–P.

Malik F, et al., Incorporating the Six Core Elements of Health Care Transition in Type 1 Diabetes Care for Emerging Adults. Endocrinol Metab Clin North Am. 2024;53(1):53-65. doi:10.1016/j.ecl.2023.09.003

SMART AIM

To increase the percentage of patients age 15 years and older with type 1 diabetes followed in our pediatric practice who receive the READDY tool from 0% to 100% by Sept 30th, 2024

Secondary Aim: to document the READDY questionnaire for each screened patient into their EMR

READDY: READINESS ASSESSMENT OF EMERGING ADULTS WITH TYPE 1 DIABETES DIAGNOSED IN YOUTH

READDY- V1.1 for distribution

Name:

DOB:

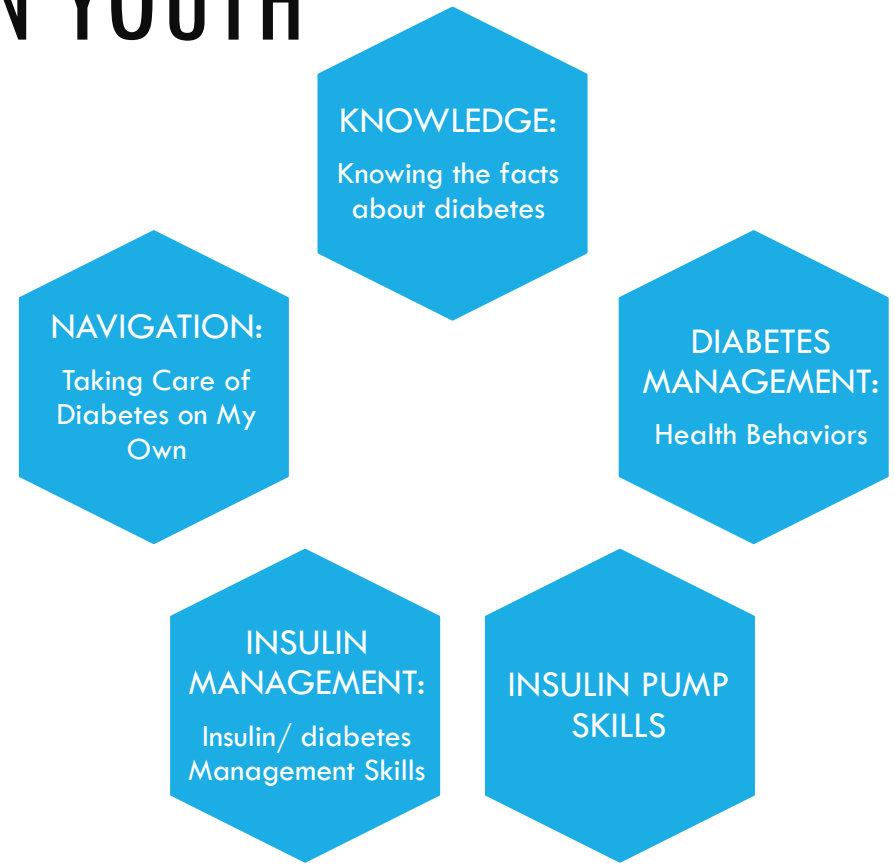
Date:

How ready are you for transition to adult diabetes care?

Transition **R**eadiness assessment for **E**merging **A**dults with **D**iabetes **D**iagnosed in **Y**outh

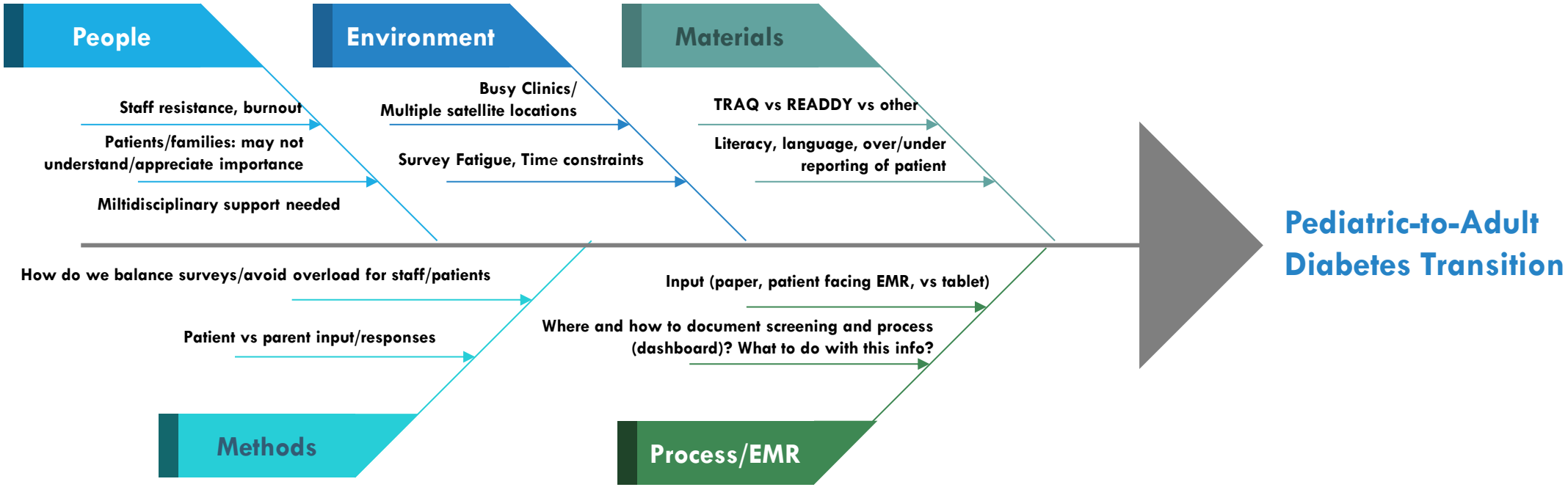
Listed below are some knowledge or skill items that are useful in keeping you healthy with diabetes over your lifetime. This is not a test. There are not right or wrong answers. Please try to answer honestly. Be sure to ask your provider if you need more help in any of these areas.

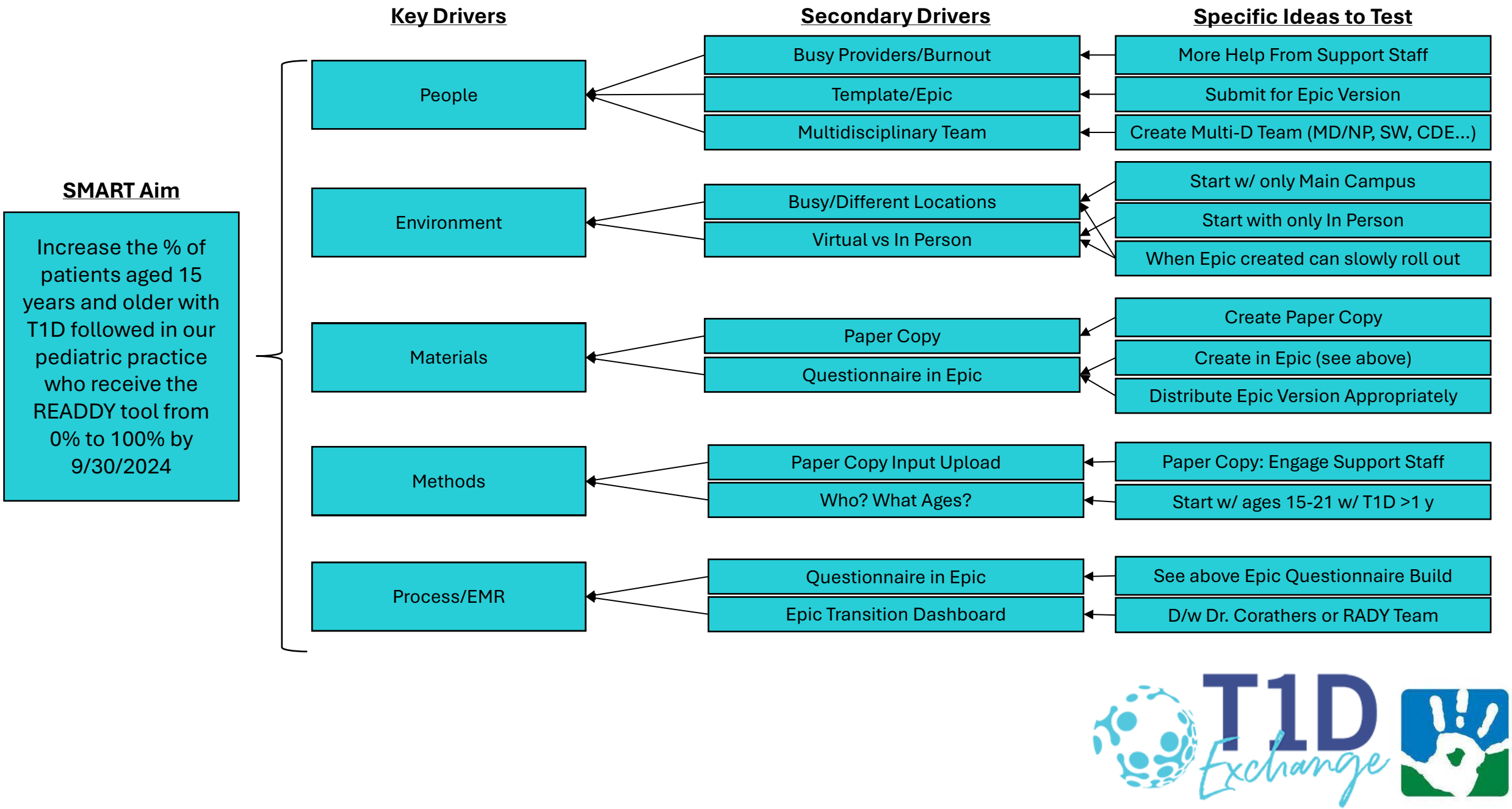
Knowing the facts about diabetes (Knowledge) ***I am able to:***	Yes, I can do this	Somewhat, but I need a little practice	No, I still needs lots of practice	I plan to start	Haven't thought about it
Describe diabetes in my own words					
Explain what Hemoglobin A1c (HbA1c) measures					
Recall my most recent HbA1c					
State my target HbA1c					
Understand my current health status					
Describe three long term problems that might come from high HbA1c					
Teach a friend or roommate about signs of hypoglycemia					
Teach a friend or roommate about treatment of hypoglycemia, including use of Glucagon					
Tell someone how alcohol effects blood glucose					
Explain long-term impact of tobacco on heart health in people with diabetes					
Explain the impact of diabetes on sexual health/function					
Explain the impact of glucose control before and during pregnancy (female patients)					
List examples of tests done in routine visits to identify or prevent complications of diabetes					



Corathers SD, Yi-Frazier JP, Kichler JC, et al. Development and Implementation of the Readiness Assessment of Emerging Adults With Type 1 Diabetes Diagnosed in Youth (READDY) Tool. *Diabetes Spectr*. 2020;33(1):99-103. doi:10.2337/ds18-0075

FISHBONE DIAGRAM




Key Drivers
Secondary Drivers
Specific Ideas to Test
SMART Aim
Increase the % of patients aged 15 years and older with T1D followed in our pediatric practice who receive the READDY tool from 0% to 100% by 9/30/2024
People
Busy Providers/Burnout
Template/Epic
Multidisciplinary Team
More Help From Support Staff
Submit for Epic Version
Create Multi-D Team (MD/NP, SW, CDE…)
Environment
Busy/Different Locations
Virtual vs In Person
Start w/ only Main Campus
Start with only In Person
When Epic created can slowly roll out
Materials
Paper Copy
Questionnaire in Epic
Create Paper Copy
Create in Epic (see above)
Distribute Epic Version Appropriately
Methods
Paper Copy Input Upload
Who? What Ages?
Paper Copy: Engage Support Staff
Start w/ ages 15-21 w/ T1D >1 y
Process/EMR
Questionnaire in Epic
Epic Transition Dashboard
See above Epic Questionnaire Build
D/w Dr. Corathers or RADY Team

PDSA CYCLES

CYCLE 1
(9/23 -12/23)

- Paper Questionnaire v 1.0
- Main Campus Only
- Initiated discussions re Epic build

CYCLE 2
1/24 - 3/24

- Paper Questionnaire v 2.0 increased clarity
- Main Campus, Fairview, Avon
- Reviewed at Confernece-- provided information sheets for MD/NP and MAs
- Clarified how/where to return forms
- Continue to work to get epic build complete

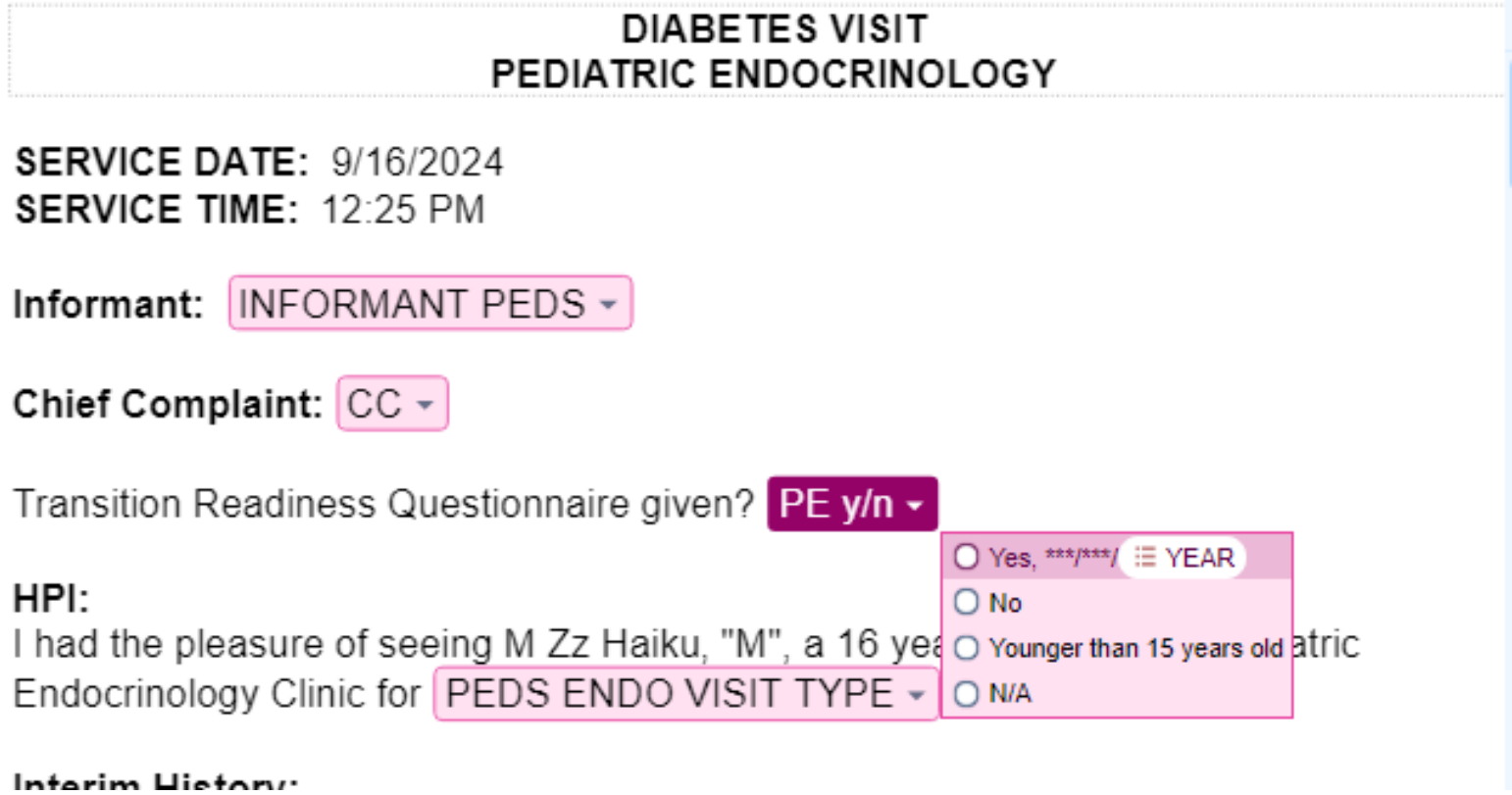
CYCLE 3
4/24 -6/24

- Paper Questionnaire v 1.1
- All locations
- Reviewed at Conference-- provided information sheets for MD/NP and MAs

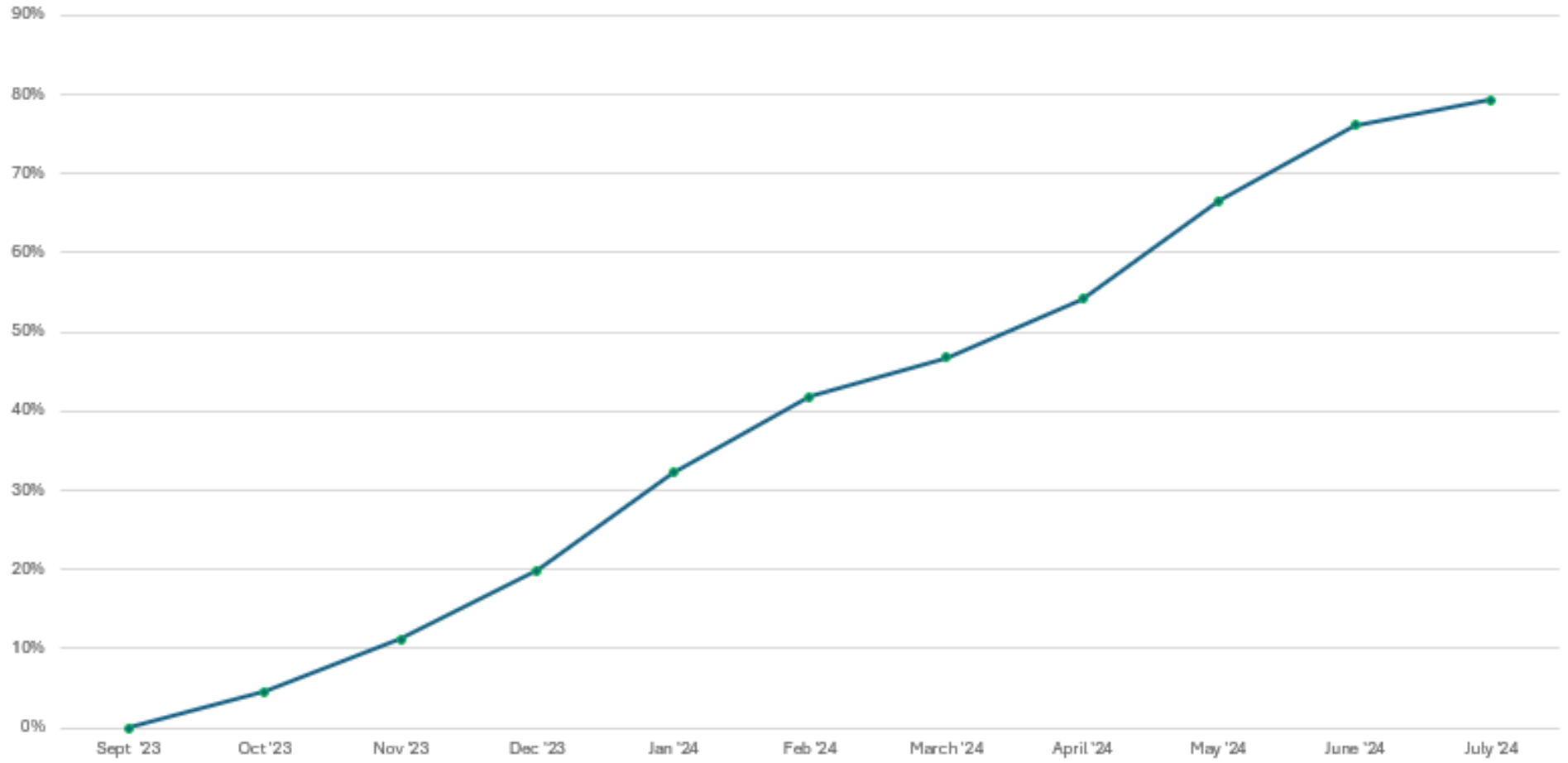
T1D Exchange

EPIC TEMPLATE DOCUMENTATION

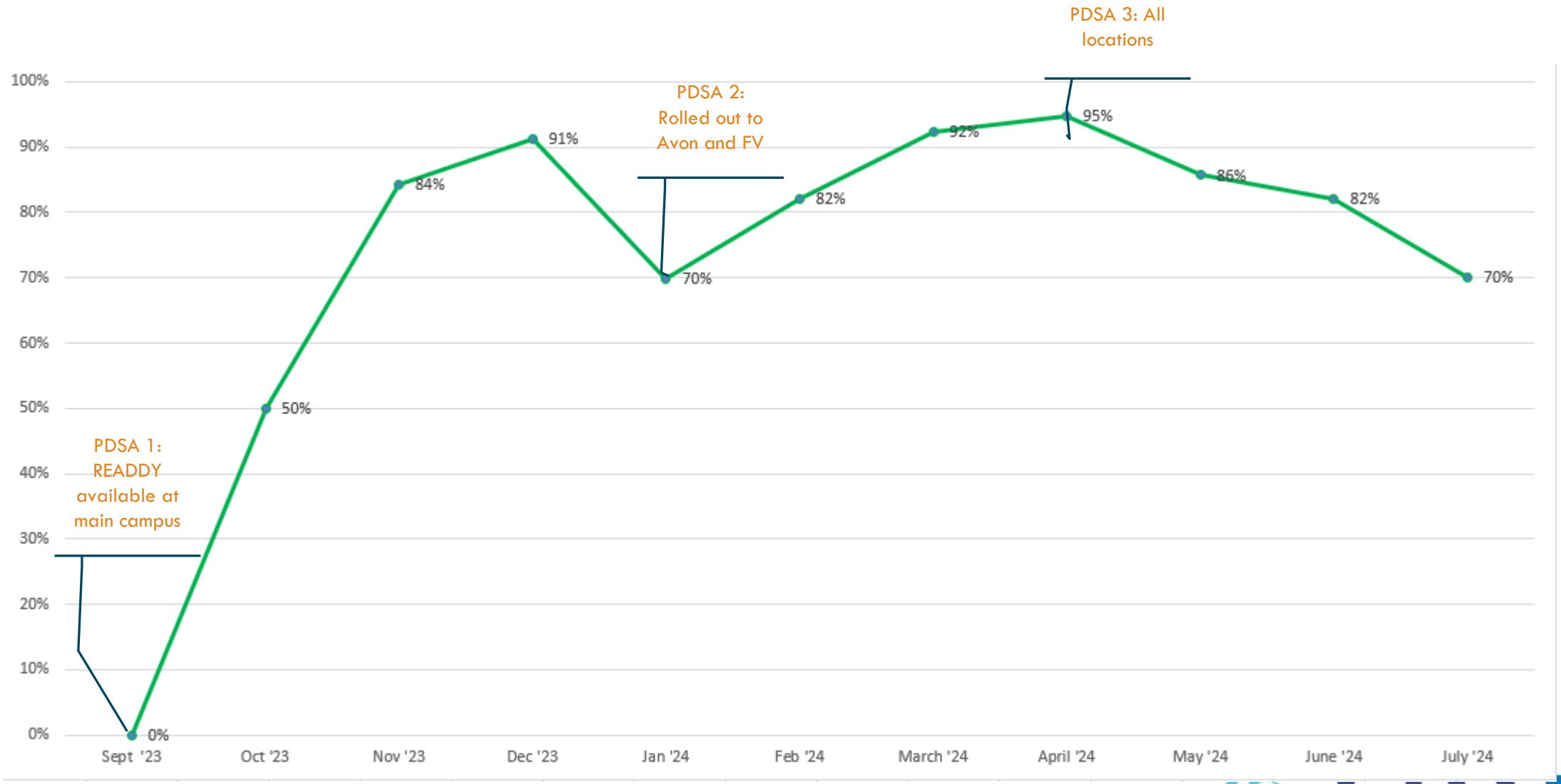
- template dropdown if questionnaire was given
- Currently scanning hard copy in
- working with Epic team to get READDY built in



~80% OF CUMULATIVE PATIENTS OF TOTAL ELIGIVE AGED 15+ GIVEN READY QUESTIONNAIRE (N=242)



%age if T1D patients receiving READDY



READDY SURVEYS: RETURN & DOCUMENTATION

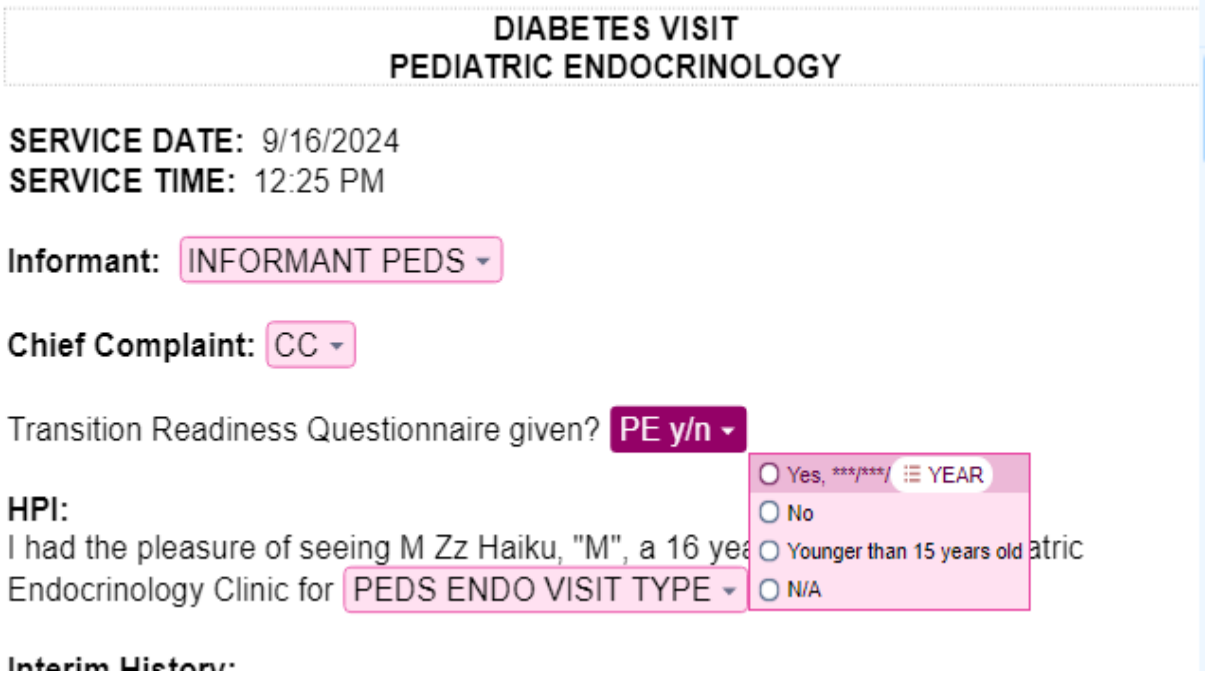
	# Patients Eligible for READDY	# Patients Given READDY	% READDY GIVEN	% READDY RETURNED & DOCUMENTED
Sept '23	2	0	0%	0%
Oct '23	22	11	50%	55%
Nov '23	19	16	84%	88%
Dec '23	23	21	91%	86%
Jan '24	43	30	70%	73%
Feb '24	28	23	82%	65%
March '24	13	12	92%	67%
April '24	19	18	95%	72%
May '24	35	30	86%	63%
June '24	28	23	82%	57%
July '24	10	8	80%	100%

CHALLENGES WITH READDY FORM COMPLETION/DOCUMENTATION

- Missing name/MRN→ addressed now by putting sticker on
- Youth vs Parent completing the form?
- Missing back side of form or otherwise incomplete
  - Males answering pregnancy question
  - All items answered with same score
- Returning forms from satellite clinics to Main
- Forms not scanned in to EMR

LESSONS LEARNED

- Getting our “feet wet” with paper copies of READDY
- The most effective strategies for the roll out of READDY:
  - step-wise involvement of locations
  - digital and paper instructions tailored to intake teams and providers
  - regular discussion at division meetings
  - smartphrases embedded in note templates for tracking
  - standardized process for storing completed questionnaires
- Barriers:
  - Epic build process
  - Multiple locations/ variation of process/staff


DIABETES VISIT
PEDIATRIC ENDOCRINOLOGY

SERVICE DATE: 9/16/2024
SERVICE TIME: 12:25 PM

Informant: INFORMANT PEDS

Chief Complaint: CC

Transition Readiness Questionnaire given? PE y/n

Yes, ***/***/ YEAR
No
Younger than 15 years old
N/A

HPI:
I had the pleasure of seeing M Zz Haiku, "M", a 16 yea atric
Endocrinology Clinic for PEDS ENDO VISIT TYPE

Interim History:

NEXT STEPS

- READDY to be built into Epic!
  - Send before visit vs patient-facing in room
  - Questionnaire burnout
- Supporting transition education (assigning multidisciplinary team members to items on READDY)
  - "Phase 2"
  - Pareto chart
- Dashboard for transition/ health maintenance
- SMA transition clinic

SUMMARY

- Addressing comprehensive transition process can be challenging but breaking down into “blocks” correlating to the 6 core transition steps is a manageable way to get started!
- Assessing readiness in patients with T1DX allows for gaps in knowledge and skills to be identified
  - READDY is a diabetes-specific questionnaire that allows the opportunity for focused educational interventions to help support patient and family
- CCCH implemented readiness screening in a step-wise fashion amongst our diabetes clinics and started using a hard/paper copy
- EMR/Epic integration will further optimize our achievement of targets and facilitate workflow

QUESTIONS FOR COLLEAGUES/AUDIENCE

- How to limit questionnaire burnout?
  - Pros and cons of sending prior to visit vs patient-facing in clinic
- Keeping track of specific education interventions related to READDY?
- Independent Transition Dashboard vs building into Health Maintenance
- Other thoughts or ideas for us?

Upcoming Conferences

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

2024 ADEPT CONFERENCE
ACHIEVING DIABETES EQUITY IN PRACTICE TODAY
American Diabetes Association. + T1D Exchange

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

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) to open the room block.
- 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.
  - Abstract notifications will be shared by end of September
  - Registration closes **October 31, 2024.**

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.