

Background

- The American Diabetes Association recommends routine social work and nutrition care for all patients with type 1 diabetes (T1D)
- Our practice is interested in expanding screening of key diabetes topics such as diabetes distress, social determinants of health (SDOH), and disordered eating
- A comprehensive **annual visit** would allow our patients the opportunity to see interdisciplinary providers and be screened for important topics such as depression, disordered eating, diabetes distress, and SDOH

Aim Statement

By January 2025, at least 25% of all eligible patients in our practice with T1D will have had an annual visit

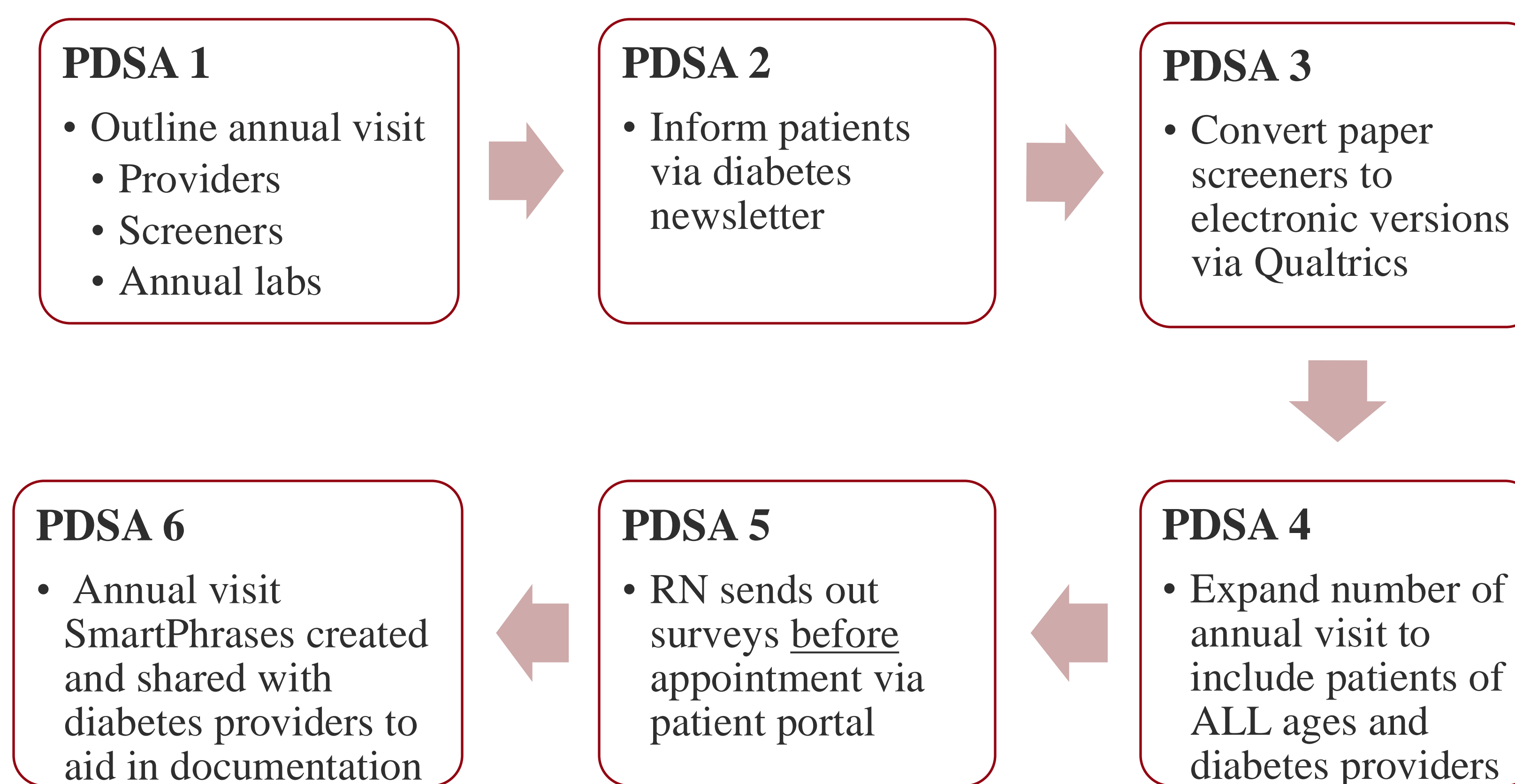
Annual Visit Framework

Patients eligible for an annual visit will have had T1D for at least 1 year and be due for annual blood work at the time of their appointment

The annual visit includes the following components:

- **Annual Blood Work**
- **Providers**
 - Diabetes provider (MD/NP)
 - Registered Dietitian (RD)
 - Social Worker (LCSW)
- **Screeners**
 - Depression:
 - PHQ-9
 - Diabetes Distress:
 - Problem Areas in Diabetes Teen Version (PAID-T)
 - Problem Areas in Diabetes Child Version (PAID-C)
 - SDOH:
 - Partners in Care Survey (adapted from Le-Bonheur)
 - Disordered Eating:
 - The Diabetes Eating Problem Survey Revised (DEPS-R)

Intervention/PDSAs



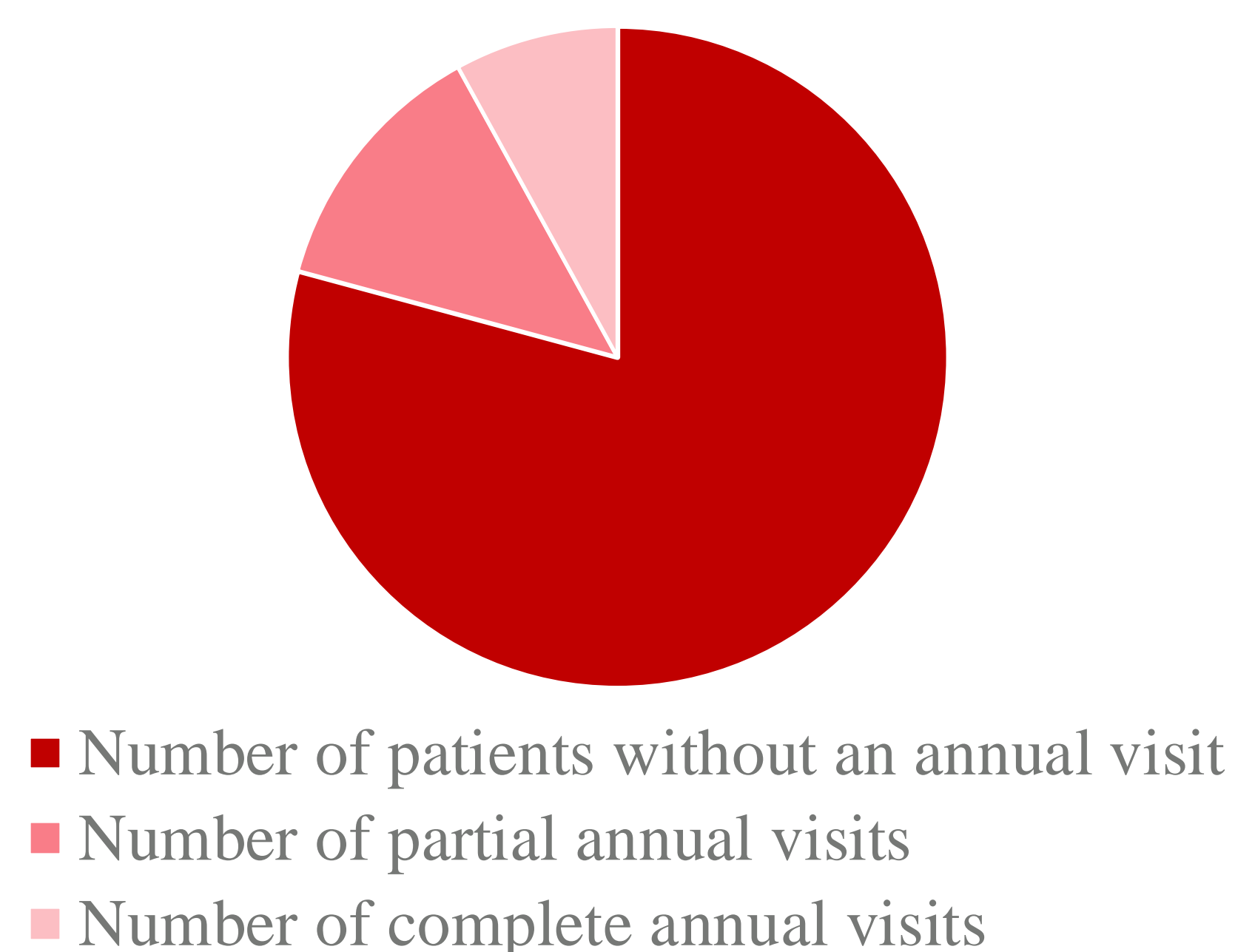
Results

Data collection: February 2024 to October 2024 (8 months)

- Number of patients eligible for annual visit during this time: 125
- Number of patients with an annual visit during this time: 26
 - Of these visits, 10 had all components (listed in the annual visit framework)

21% of patients with T1D have had an annual visit since QI initiation

Annual Visits (Feb-Oct 2024)



Conclusions

- The annual visit provides an opportunity for comprehensive diabetes care, addressing barriers to diabetes management, and recognizing needs that may not otherwise be identified
- The number of annual visits including of all the listed framework was restricted due to limitations listed below

Limitations

- Lack of available clinic rooms
 - Not enough rooms for every provider to have their own
 - Annual visits are longer which slows down clinic flow
- RD and LCSW not always available to see patient in real time
- Difficult to do multiple annual visits in one day
 - These visits require a lot of time and effort
- Screeners are lengthy
 - Not able to be integrated with EPIC

Next Steps

Improve technology

- Encourage electronic screeners to be completed pre-appointment
- Obtain ipads in clinic for screeners if not done beforehand

Policies/procedures

- To allow patient to see all necessary providers:
 - Increase number of clinic rooms available
 - Adjust providers' schedules to allow for enough time for visits

Expand visit reach

- To all diabetes providers
- Consider parent version of screeners
- To patients with T2D
- Include transition process in annual visit