

## Diabetes Pediatric Annual Visit

- NewYork-Presbyterian Komansky Children's Hospital

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## 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 <u>annual visit</u> 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

#### PDSA 1

- Outline annual visit
- Providers
- Screeners

Annual labs

### PDSA 2

 Inform patients via diabetes newsletter

# PDSA 3

 Convert paper screeners to electronic versions via Qualtrics



#### PDSA 6

 Annual visit SmartPhrases created and shared with diabetes providers to aid in documentation

## PDSA 5

• RN sends out surveys before appointment via patient portal

## PDSA 4

 Expand number of annual visit to include patients of ALL ages and diabetes providers

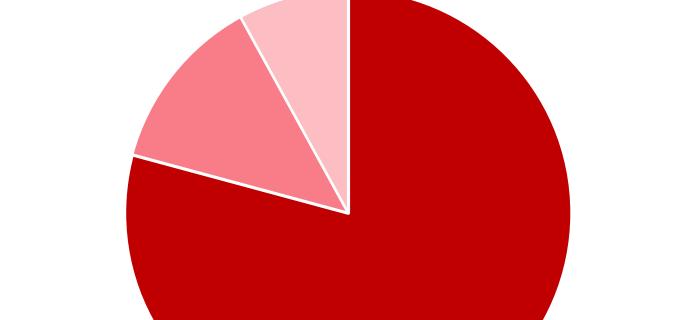
## Results

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)** 



- Number of patients without an annual visit
- Number of partial annual visits
- Number of complete annual visits

## 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
- o 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 preappointment
- 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