

# Implementation of Psychosocial Support Interventions to Narrow Equity Gaps in T1D Outcomes: ConnecT1D Quality Improvement (QI) Initiative

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## Background/Objective

Despite advancements in diabetes treatment, managing type 1 diabetes (T1D) remains challenging, with notable gaps between best practice guidelines and actual practice, including with the provision of psychosocial support. Care gaps can be particularly notable for youth with social determinants of health (SDoH) risk factors.

ConnecT1D is multifaceted quality improvement project designed to address equity gaps for publicly insured patients through enhanced psychosocial support, improved access to care, and increased use of diabetes technology.

The objective of this arm of the ConnecT1D project was to increase access to and utilization of behavioral health services provided by embedded psychology and social work providers.

## Methods

A multidisciplinary diabetes clinic was initiated for publicly insured youth at risk for diabetes complications. Youth were identified based on clinically relevant measures including SDoH screening, hospitalizations, and lack of diabetes technology. A psychologist and social work team were embedded into clinics.

Interventions to promote uptake of psychology/social work visits included SDoH screening and follow-up protocols and patient education materials about psychosocial services.

Rates of social work/psychology visits were tracked using statistical process control charts.

## Results

At baseline and throughout the three-year project period, publicly insured patients showed higher utilization of psychology and/or social work services.

Over the project period, rates of annual social work and/or psychology visits increased from 67.9% to 77% for youth with T1D who were publicly insured (see Figure 1). Rates also increased in privately insured patients.

Compared to youth who were not seen by a diabetes psychologist or social worker, youth who were seen were more likely to have 1) reported an SDoH barrier, 2) attended clinic visits more recently, 3) a mental health diagnosis, and/or 4) a recent hospitalization.

Youth seen by a social worker had higher A1c values (8.9% for those seen versus 8.2% for those not seen) than those who were not seen. Youth seen by the psychologist had higher rates of missed appointments compared to those not seen by a psychologist (see Figure 2).



Figure 2. Clinical characteristics of patients stratified by social work and/or psychology visit completion.

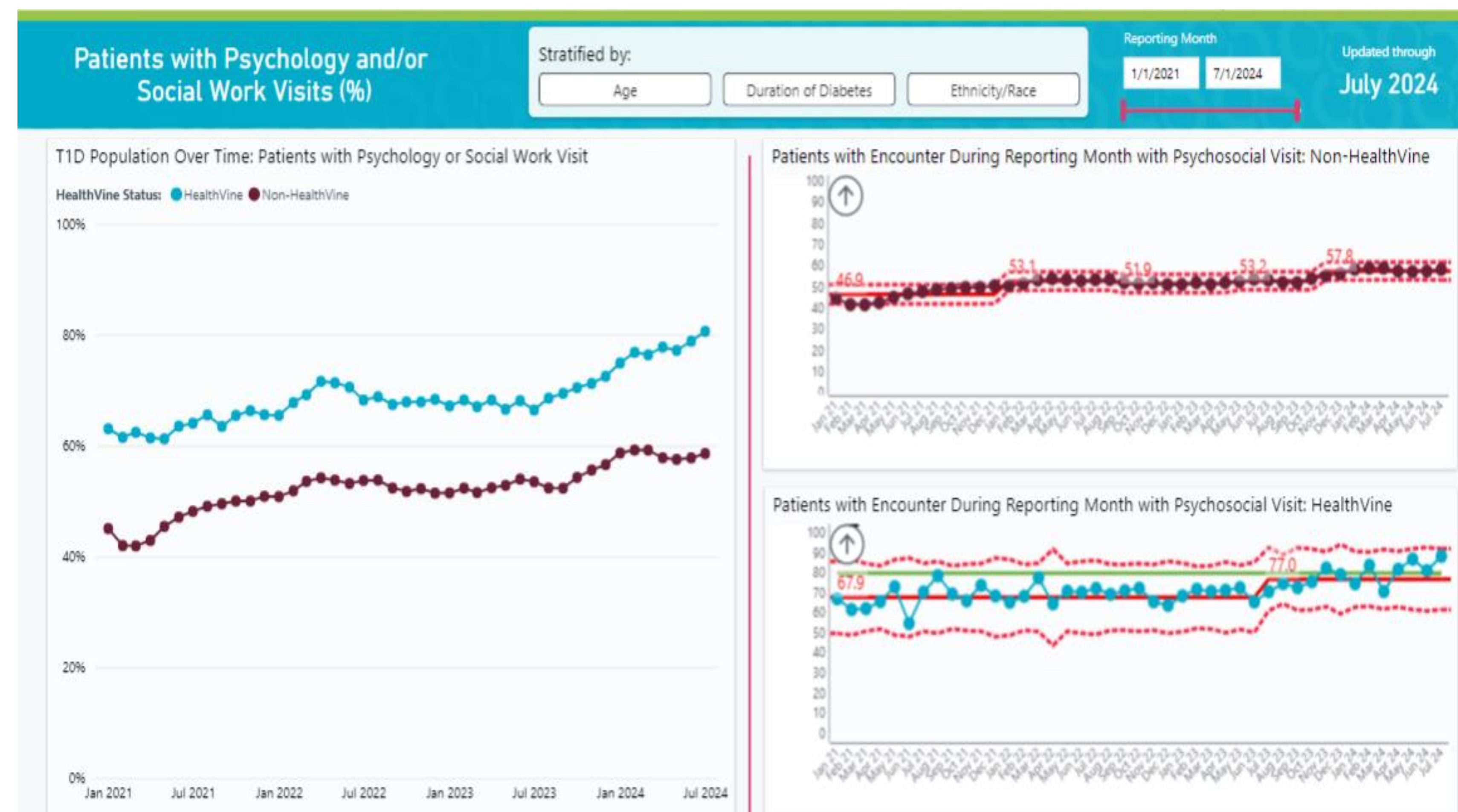


Figure 1. Rates of annual social work and psychology visits over time stratified by public insurance status. Publicly insured patients in blue (“Healthvine”) and privately insured patients in maroon (“non-Healthvine”). Left graph displays visits over time; right graphs display monthly data with center line shifts over time.

## Conclusions

Youth with T1D who are publicly insured evidenced an increase in psychology and/or social work visits during the implementation of the ConnecT1D project which included multi-faceted psychosocial intervention strategies aimed at providing in-clinic support for patients and families. This project thereby increased access to psychosocial support interventions. Publicly insured youth utilize psychology and social work visits at higher rates than do privately insured patients in our clinic setting.

Future directions include continued work on improving access to psychology and social work services in diabetes clinic, examining the impact of these visits on clinical outcomes, and addressing barriers to utilization for those patients not receiving psychosocial services.

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