

Welcome, Logistics, and Thank You



Nicole Rioles, MA





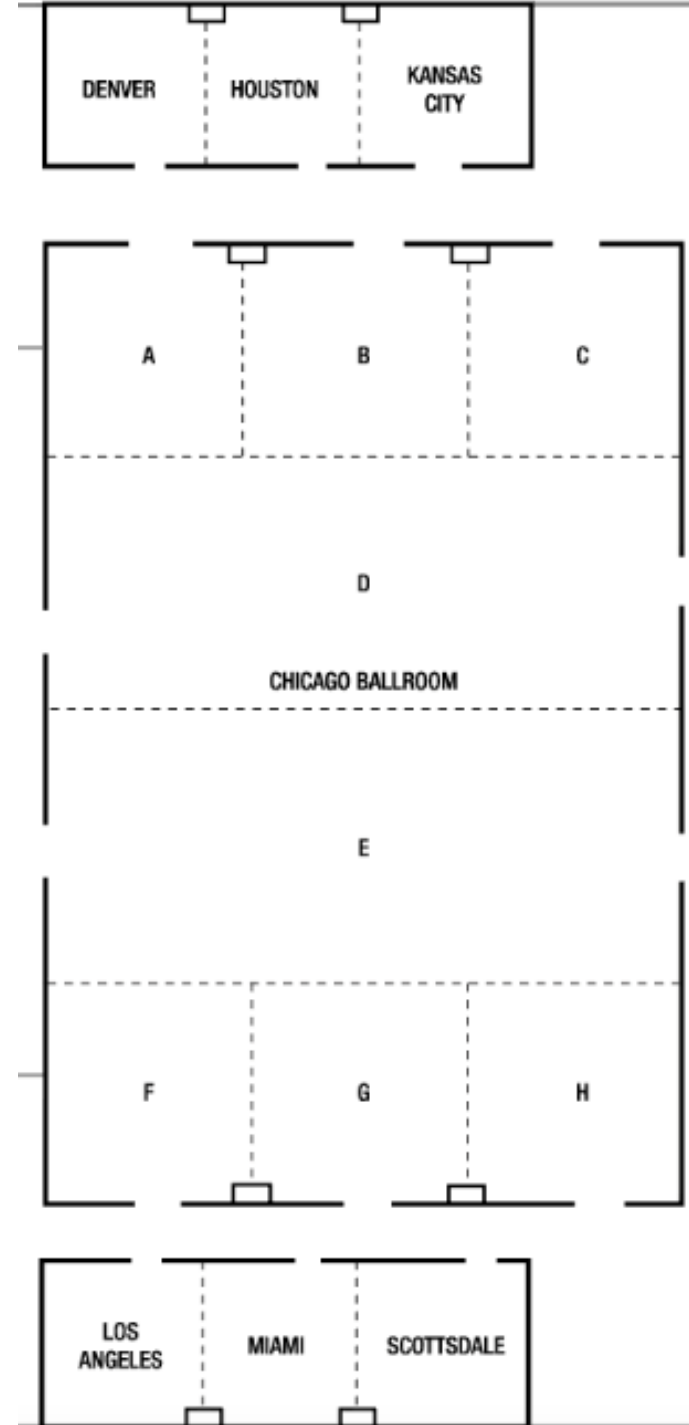
T1D
Exchange

Welcome, Logistics, & Agenda

November 11, 2024

5th Floor conference rooms

1. Plenary sessions are hosted in the Chicago Ballroom D/E.
2. Breakout sessions will be hosted in Chicago A/B/C; F/G/H; Denver/Houston/Kansas City; and LA/Miami/Scottsdale, located on opposite ends of the Ballroom.
3. Sponsors and research partners have tables surrounding the escalator area and there are posters outside the plenary space.



Registration, Sponsors, and layout

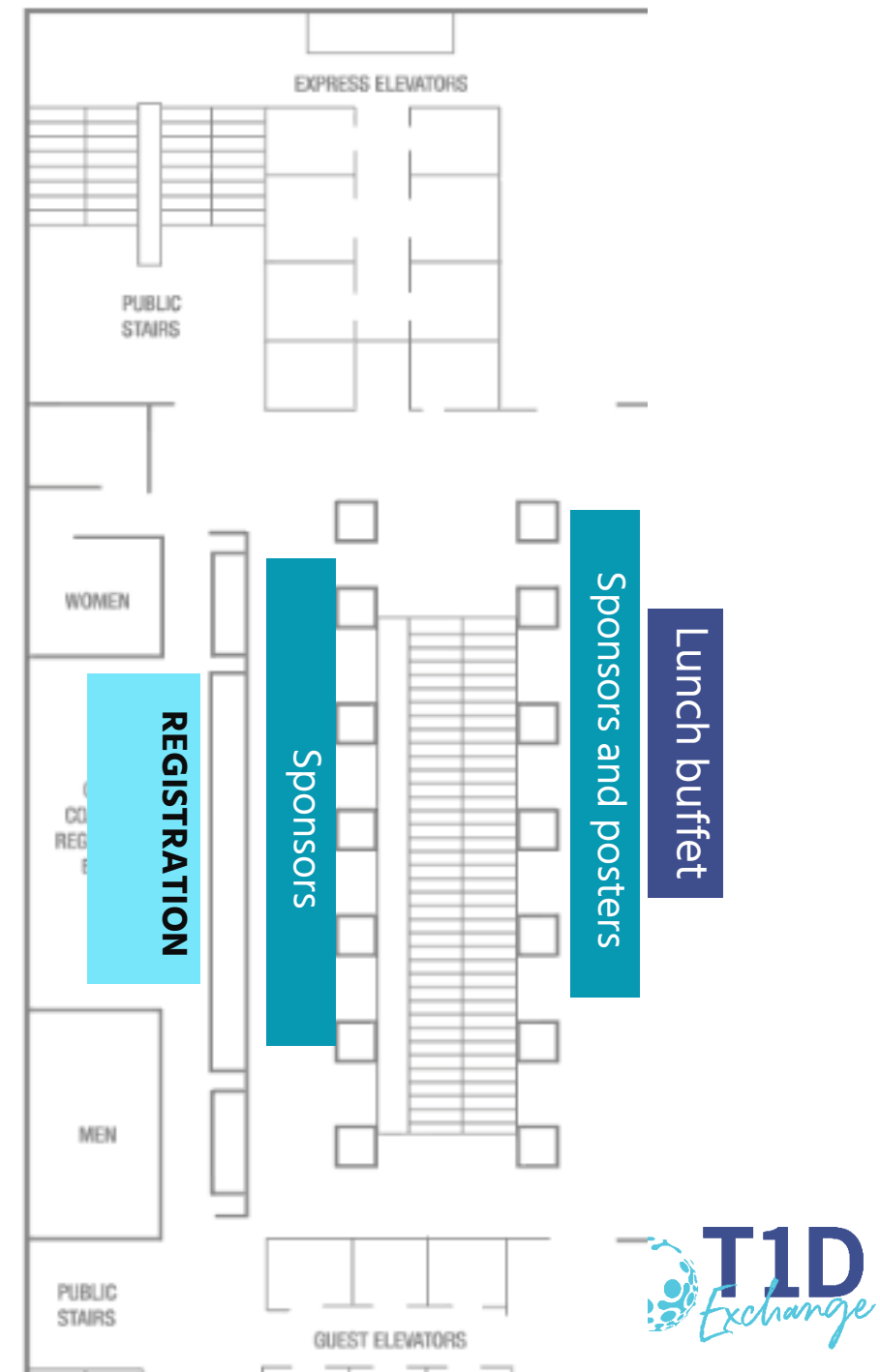
Registration

- Located in office opposite the escalators. Please visit if you haven't picked up your badge yet.
- For ADEPT attendees, you can visit Registration and pick up your name badge at the same time.

Sponsors have tables located outside of the plenary space and the registration office that you can visit.

- Posters are located outside of the plenary space.
- Lunch buffet will be outside of the plenary space at 12:30 pm.

Bathrooms are located on opposite sides of the Registration area.



Agenda and food

- Visit the QR code on your name badge to find agenda, presentations, links for abstracts, FAQ. We encourage you to review the agenda carefully so that you can plan your breakout choices and be ready to transition to that space.

T1D Exchange staff are here to help your get the most out of our time together.

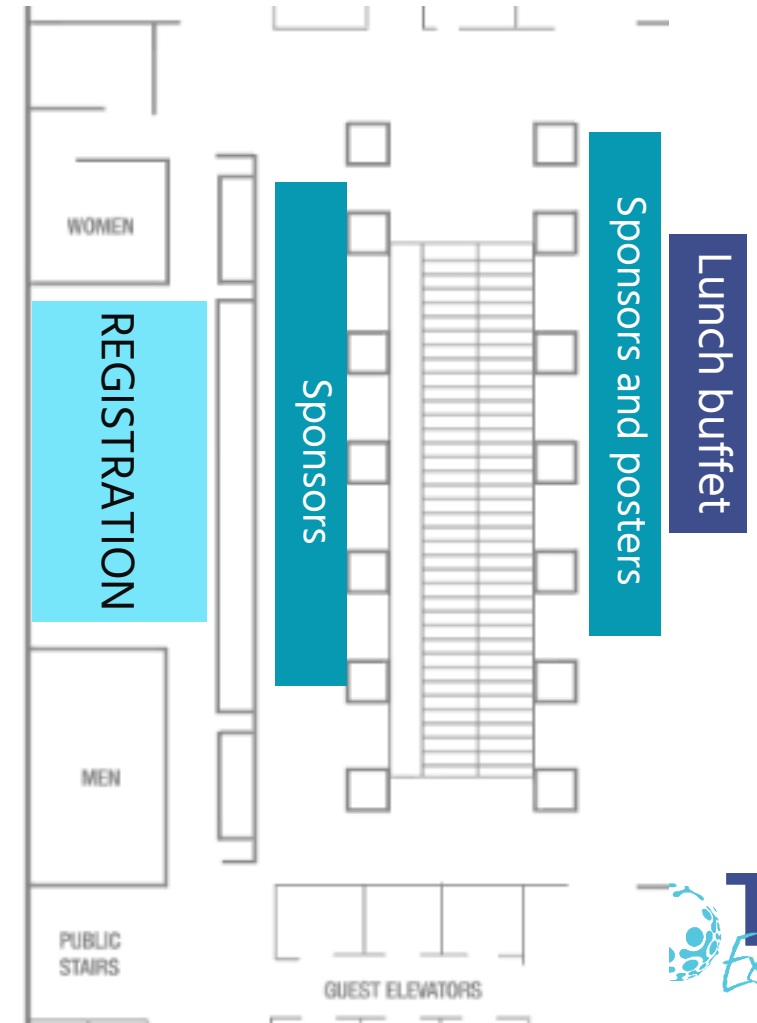
If you have any questions, please feel free to ask a member of the team.

Food

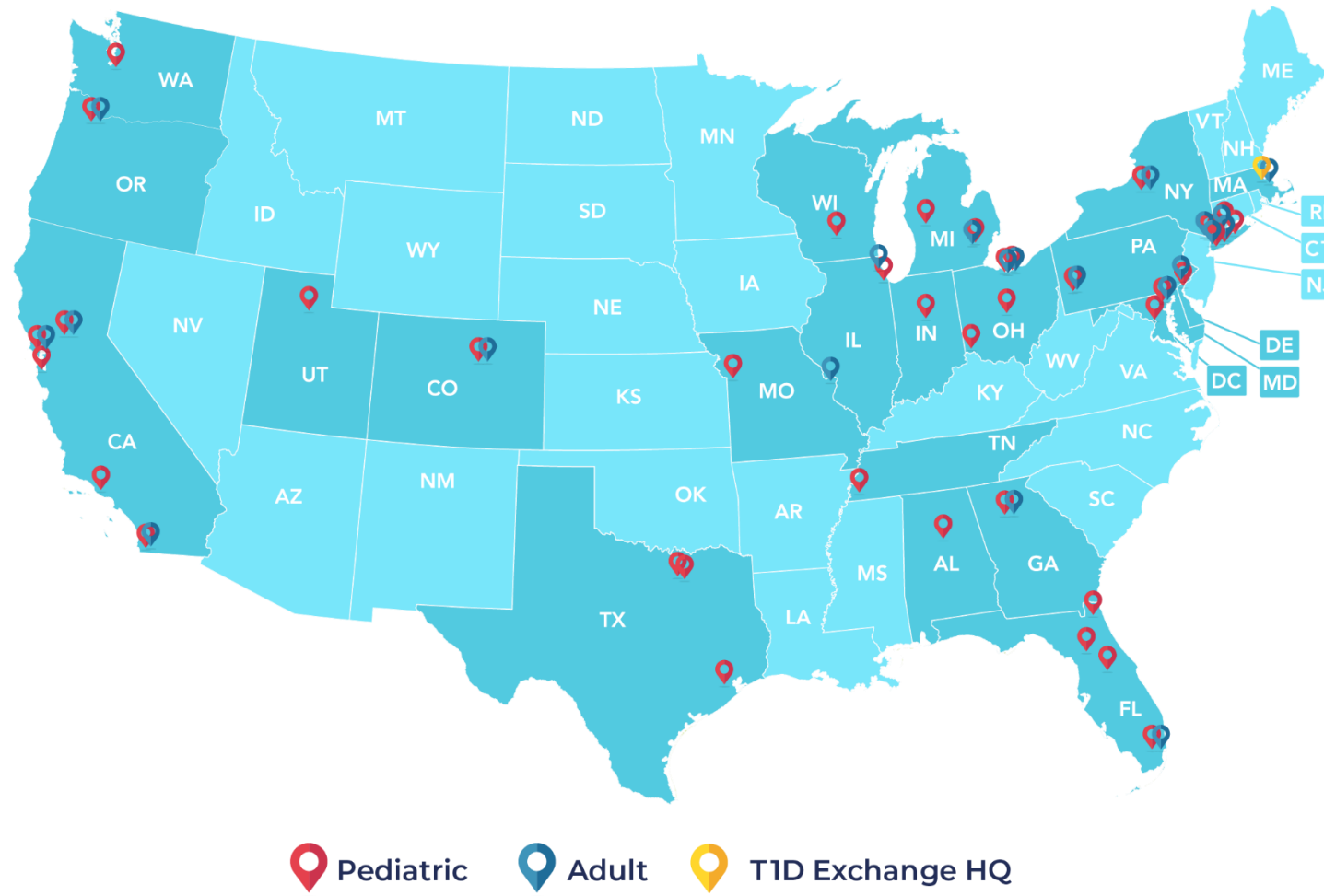
- There is a reception with drinks and passed hors d'oeuvres in the Sponsors and posters area from 5:00-6:00 PM.
- There is no formerly scheduled dinner for the evening; you are welcome to explore Chicago and more time with your colleagues.
- If you have any food allergies, restrictions, or preferences that you have not communicated yet, please contact Sam swalsh@t1dexchange.org



**Scan to view
the agenda**



T1DX-QI network of 62 centers, caring for 150,000+ PWD across 22 states and Washington D.C.



Adult Centers care for 60,000 PwT1D



Pediatric centers care for 90,000 PwTID



ZOOM LOGISTICS

1. Mute yourself when you're not talking. Everyone defaults as muted.
2. We'd love to see you! When appropriate, keep your camera on. If you need to drop off, stop video and mute before leaving, but keep Zoom on.
3. Presenters can display and advance their own slides. Today's presentations are on the website.
4. Please introduce yourself by name and affiliation, using the chat feature.
5. We encourage questions, comments, reflections throughout the conference using chat.
6. Please change you name in Zoom to display your first name, last name + affiliation by clicking the 3 dots to the right of your camera.

ZOOM LOGISTICS

7. Time is set aside for personal breaks. You can also stay in Zoom and chat with colleagues.
8. A T1D Exchange Zoom facilitator will communicate chat comments and questions to the in-person session discussions.
9. Everyone must select a breakout when the breakout rooms are displayed. If you step away from your computer when breakout options are displayed, you will be placed in a room.
10. Visit T1DX-QI Learning Session 2024 website to find agenda, presentations, abstracts, and FAQ
11. T1D Exchange staff can be identified as NAME_T1D and they can help with any technical difficulties.



***Scan to view
the agenda***





ABSTRACTS

Journal of Diabetes Commentary & Supplement

November 11, 2024, T1DX-QI Learning Session, *Journal of Diabetes Abstracts*



Age-appropriate self-management of type 1 diabetes

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Background: Euglycemia for pediatric type 1 diabetes (T1D) patients declines following transfer to adult care. Insufficient mastery of diabetes self-management is a modifiable contributor to the decline. Best-practice recommendations are lacking on ages to teach diabetes topics and skills. We aim to characterize perspectives of

could be mastered at ages 17–18. Participants reported being comfortable or very comfortable with almost all topics. Most participants indicated that clear guidelines (74%) on ages to address topics and a system (87%) for tracking mastery would increase comfort level in providing education.

Conclusions: Data highlight a need for guidance on ages at which topics are taught and methods for tracking patient mastery. Future interventions will incorporate knowledge gained for building guidance and tracking mechanisms for teaching.

Keywords: Diabetes mellitus, type 1, self-management, transition to adult care



QI Learning Session Agenda

November 11, 2024, All times in CT

7:00 - 8:00 am	Breakfast & Awards
8:00 - 8:10 am	Welcome, Logistics, and Agenda Overview, <i>Nicole Rioles</i>
8:10 – 8:40 am	Introduction and Welcome from Chicago PI's <i>Grazia Aleppo, Naomi Fogel, and Laura Levin</i>
8:40 – 8:55 am	Opening Remarks from T1D Exchange, <i>Dave Walton</i>
9:00 - 9:20 am	State of the Collaborative, <i>Osagie Ebekozien</i>
9:20 - 10:05 am	Early State Diabetes Diagnosis and Treatment, <i>Louis Philipson</i>
10:05 - 10:50 am	Leading Sustainable Improvements, <i>Moderated by Manmohan Kamboj</i>
10:50 - 11:05 am	Break
11:10 - 12:30 pm Breakout Session 1	Diabetes Distress Training Implementing Successful Programs Diabetes Devices Reducing Disparities & Promoting Equitable Care Age Related Diabetes Milestones



Tuesday November 11th Agenda, afternoon

12:30 - 1:30 pm	Lunch & a Conversation with People With Diabetes
1:30 - 2:30 pm	Poster Sessions and Networking
2:30 - 3:50 pm Breakout Session 2	Insights on New Education Tools SDOH and Depression Screening Transitions of Care Type 2 Diabetes Positive Interventions for High-Risk Populations
4:00 - 4:50 pm	Panel Discussion: Embracing IT, EHR, and Data <i>Moderated by Mark Clements</i>
4:50 – 5:10 PM	Updates on Inhaled Insulin, Grazia Aleppo
5:10 – 5:15 PM	Close Out, Nicole Riales
5:15 - 6:00 pm	Reception

Educational Objectives

At the conclusion of this activity, learners should be able to:

1. Describe the future of novel therapies, interventions, quality improvements, and solutions to today's diabetes care challenges.
2. Identify gaps in population health needs and state 3 ways that you can provide more equitable care over the next 2 years
3. Apply the strategies of the T1DX-QI Equity Framework which can help to improve diabetes health outcomes and increase diabetes device access for PwT1D and PwT2D patients.
4. Discuss expectations for PWD care and PWD engagement and describe ways to co-design care with PWD and family members.