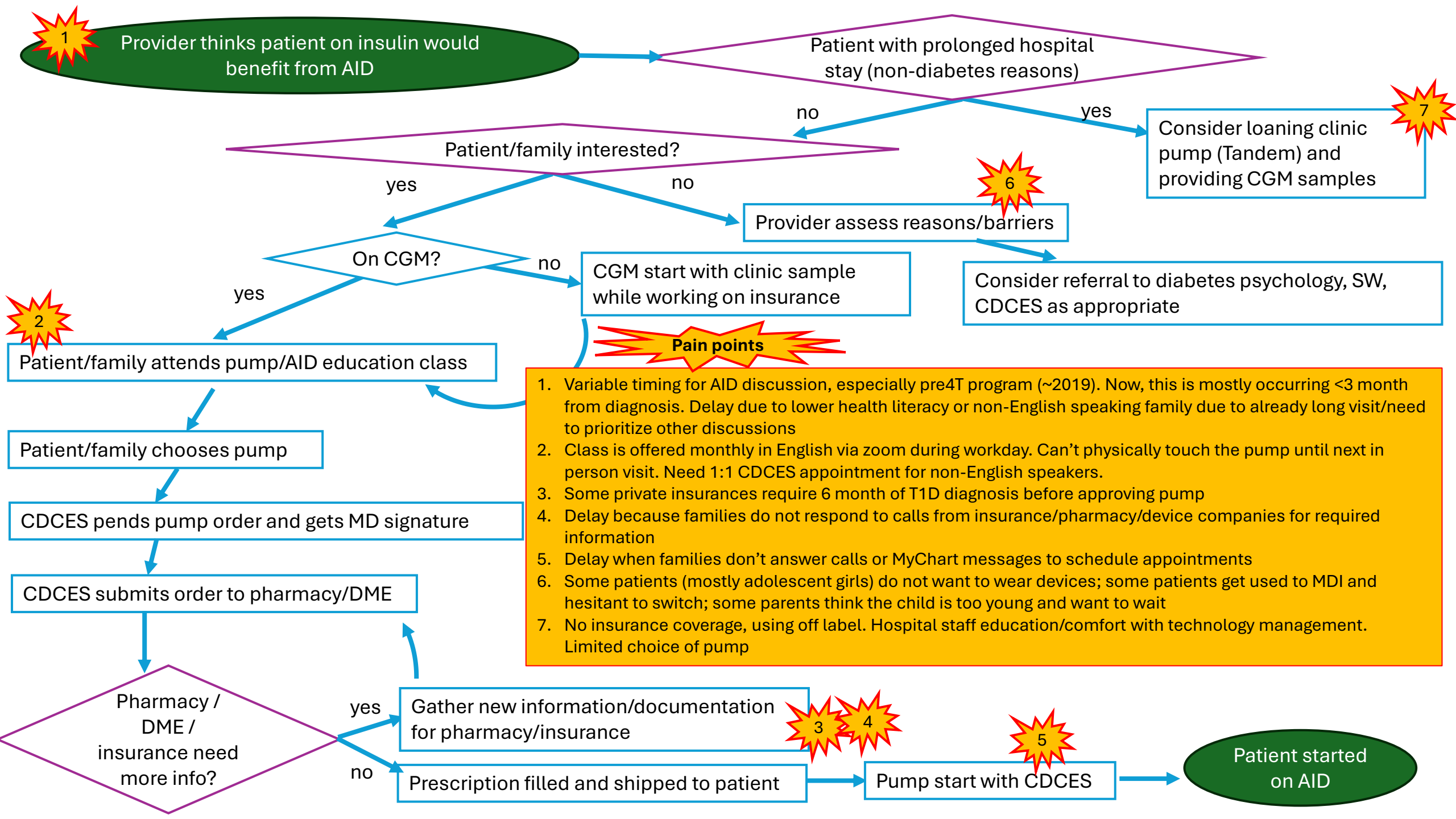
1
Provider thinks patient on insulin would benefit from AID
Patient with prolonged hospital stay (non-diabetes reasons)
no
yes
7
Consider loaning clinic pump (Tandem) and providing CGM samples
Patient/family interested?
yes
no
6
Provider assess reasons/barriers
Consider referral to diabetes psychology, SW, CDCES as appropriate
On CGM?
no
CGM start with clinic sample while working on insurance
yes
2
Patient/family attends pump/AID education class
Pain points
1. Variable timing for AID discussion, especially pre4T program (~2019). Now, this is mostly occurring <3 month from diagnosis. Delay due to lower health literacy or non-English speaking family due to already long visit/need to prioritize other discussions
2. Class is offered monthly in English via zoom during workday. Can't physically touch the pump until next in person visit. Need 1:1 CDCES appointment for non-English speakers.
3. Some private insurances require 6 month of T1D diagnosis before approving pump
4. Delay because families do not respond to calls from insurance/pharmacy/device companies for required information
5. Delay when families don't answer calls or MyChart messages to schedule appointments
6. Some patients (mostly adolescent girls) do not want to wear devices; some patients get used to MDI and hesitant to switch; some parents think the child is too young and want to wait
7. No insurance coverage, using off label. Hospital staff education/comfort with technology management. Limited choice of pump
Patient/family chooses pump
CDCES pends pump order and gets MD signature
CDCES submits order to pharmacy/DME
Pharmacy / DME / insurance need more info?
yes
Gather new information/documentation for pharmacy/insurance
3
4
no
Prescription filled and shipped to patient
5
Pump start with CDCES
Patient started on AID