T1D Exchange

Combined Collaborative Call

April 15, 2025

Agenda

- Updates from T1DX-QI Coordinating Center, Nicole Rioles, MA

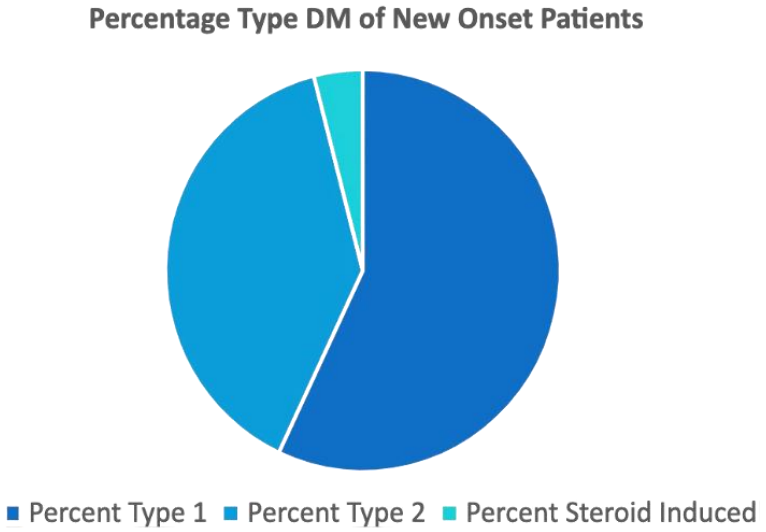
- Presentations
  - Mount Sinai, Adult, NY, NY, Suma Gondi, MD
  - Nemours Children's Health, Jacksonville, FL, Jennifer Pfieffer, APRN
  - Annual Survey Update, Dhruvi Vora, BS
  - Hybrid Closed Loop Working Group Update, Carol Levy, MD, CDCES and Trevon Wright, MHA

Arkansas Children's Collaborative Clinic Profile

Our Diabetes Team (FTE):

M.D.s: 8
APPs: 7
R.N.s: 7
- Little Rock: 2 CDCES certified
- Springdale: 1 CDCES certified

LPNs: 1
R.D.s: 1
Social Workers: 1



Site PIs:

Jurhee Freese, M.D. 0.1FTE (T1D)
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Assistant Professor of Pediatrics, UAMS
Diabetes Program Medical Director

Heba El Ayash, M.D. 0.1 FTE (T2D)
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Assistant Professor of Pediatrics, UAMS

By the Numbers:

CY23 USNWR Survey Data

- T1D outpatient visits: **2,962**
- T2D outpatient visits: **509**
- T2D primary care patients who had a lipid profile performed in the past year: **100**%
- TD1 and TD2 patients 13-18 screened for depression in the past year: **91**%

Arkansas Children's at a Glance:

- The state's only health system dedicated to caring for Arkansas' **850,000** children
- USNWR nationally ranked in **7** specialties
- **170,000** served across **48** states, +D.C. and Puerto Rico
- **590,000** appts, **7** campuses

Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

T1DX-QI Breakfast at the June ADA Scientific Sessions in Chicago

- Save the date!
- Sunday June 22nd, 7 - 8 am.
- Details about the breakfast location will be shared next month.

Learning Session November 11-12, 2025 in Atlanta, GA

- Save the date! Tues-Wed, Nov 11-12th
- Hotel location, tbd
- Plan your travel for arriving on the afternoon or evening of Monday November 10th and departing on the late afternoon or evening of Wednesday November 11th
- T1DX will share a link for registration by 6/1
- T1DX will cover two hotel nights for two guests.

Learning Session Abstracts

T1D Exchange has opened a call for abstracts for the November Learning Session

- QI Collaborative clinics are invited to submit abstracts.
- Abstracts will be considered for publication in the Journal of Diabetes as well as for oral or posters presentations at the November Learning Session.
- Clinics are welcome to submit on T1D and T2D topics
- Link for the abstract submission
  - The link lists topic areas of interest
  - Page also shows JOD formatting requirements

Opportunity to submit questions to Annual Survey

T1D Exchange is now accepting proposed questions for the 2025 Annual Survey.

- Please share your question to T1DX by 5/2
- Clinics are welcome to submit 4-8 questions on a theme area of their interest. Publication expectations:
  - Abstract submission for 2026
  - Manuscript opportunity for 2026
- Share survey questions to QI@t1dexchange.org

Invoice for SOW work ending in June by 5/31/2025

All invoices must be received before 6/1/2025. Consult your SOW for deliverable details.

7	Contribute to the quality improvement Collaborative, as described in sections 1.c. and 1.d.i.	Jan 1, 2025	Jun 30, 2025

Appendix B: Invoicing

Please invoice for payment following the deliverables schedule in 1.D. Please include deliverable number and date.

All payments will be made through electronic funds transfer (EFT). Please include your banking information on invoice.

1. Bank account name & address
2. Bank account number
3. Bank account routing number

Invoices should be sent via email attachment

To: Nicole Rioles- nrioles@t1dexchange.org

CC: Rene Weathers- rweathers@t1dexchange.org

Linda Crasco- linda.crasco@t1dexchange.org

Center Presentation

Improving Equitable Access to Technology in Patients with Type 1 Diabetes

Team Members:
Suma Gondi, MD
Paige Dixon, MD
Madeleine Rouviere, RD
Camilla Levister, NP, CDCES
Nirali Shah, MD
Carol Levy, MD, CDCES
Grenye O'Malley, MD

Baseline Data

- Network of multiple hospitals and clinics in New York City serving a diverse population
- Mount Sinai Hospital (MSH) - split site
  - Attendings and NPs - Medicare/commercial insurance
  - Fellows and NPs - Medicaid/Medicare
- Mount Sinai Beth Israel (MSBI) - combined site
  - All providers see all insurance types

Baseline Data: Methods

- Identified patients with T1DM seen at MSH or MSBI from July 2023-2024
  - Billing/CPT codes and insurance status
    - CGM analysis or insulin pump status

Select Patients between 7/1/2023 and 6/30/2024

From

Patient base:
All Patients

Where

Encounter Type and Dept:
Encounter Department: 5 E 98 ENDOCRINOLOGY and Encounter Type: Office Visit OR
Encounter Department: 17 E 102ND DIABETES CLINIC and Encounter Type: Office Visit OR
Encounter Department: 5 E 98 ENDOCRINOLOGY and Encounter Type: Telehealth OR
Encounter Department: 17 E 102ND DIABETES CLINIC and Encounter Type: Telehealth
AND *Encounter Dx Large Grouper:*
EDG CONCEPT UNOS DIABETES TYPE 1
AND *Procedures:*
PR CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R
AND *Patient living status:*
Alive
AND *Is Encounter Medicare:*
Does not exist
AND *Is Encounter Medicaid (use system settings):*
1

Select Patients between 7/1/2023 and 6/30/2024

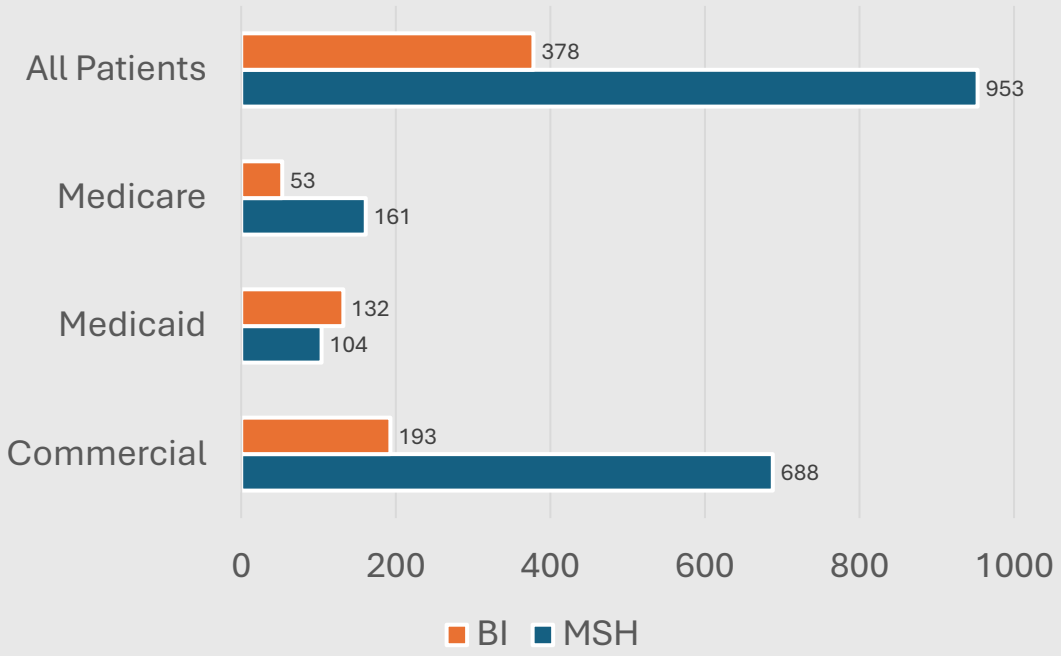
From

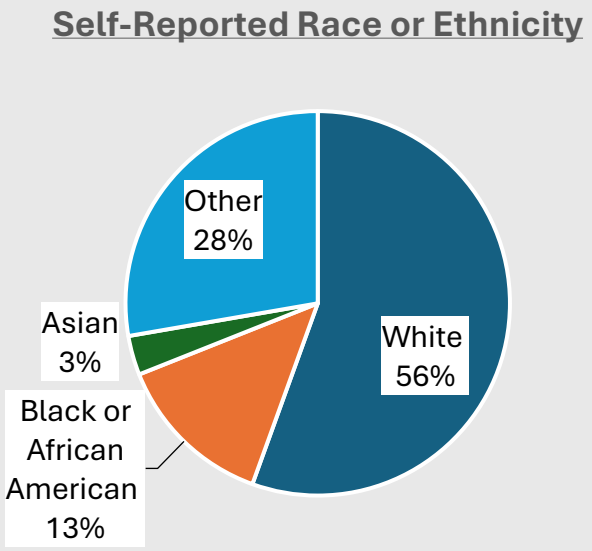
Patient base:
All Patients

Where

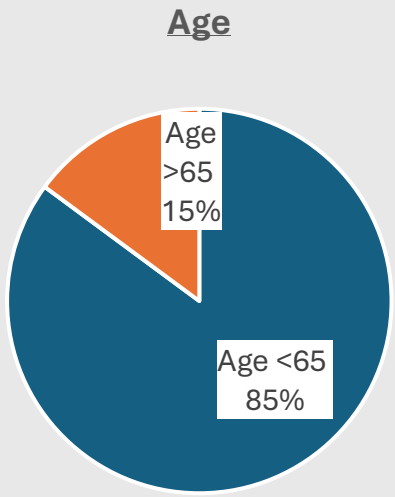
Encounter Type and Dept:
Encounter Department: 10 UNION SQ E ENDOCRINOLOGY and Encounter Type: Office Visit OR
Encounter Department: 10 UNION SQ E ENDOCRINOLOGY and Encounter Type: Telehealth
AND *Encounter Diagnoses:*
Insulin pump titration OR
Insulin pump status OR
Insulin pump in place OR
Fitting and adjustment of insulin pump OR
Insulin pump fitting or adjustment OR
Counseling for insulin pump OR
Encounter for fitting and adjustment of insulin pump OR
Encounter for fitting or adjustment of insulin pump OR
Fitting or adjustment of insulin pump OR
Presence of insulin pump OR
Type 1 diabetes mellitus with complication, with long term current use of insulin pump OR
Type 1 diabetes mellitus without complication, with long term current use of insulin pump OR
Presence of insulin pump (external) (internal) OR
Presence of insulin pump (external) (internal)
AND *Encounter Dx Large Grouper:*
EDG CONCEPT UNOS DIABETES TYPE 1
AND *Patient living status:*
Alive
AND *Is Encounter Medicaid (use system settings):*
Does not exist
AND *Is Encounter Medicare:*
Does not exist

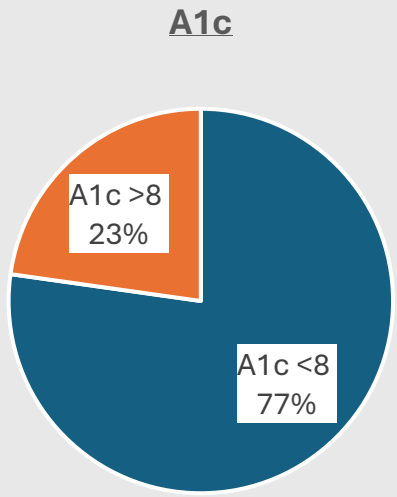
Baseline Data: July 2023-2024





- 1331 patients seen
  - 378 at BI, 953 at MSH
  - Commercial – 72% MSH vs 51% BI
- Race/ethnicity self-reported
  - 28% other, declined, or unknown





Baseline Data: July 2023-2024

Table 1: Technology Usage by Clinic Site and Insurance Type		
	MSBI (n=378)	MSH (n=953)
CGM	87% (328/378)	77% (737/953)
Medicaid	86% (114/132)	78% (81/104)
Medicare	68% (36/53)	57% (92/161)
Commercial	92% (178/193)	82% (564/688)
Pumps	58% (219/378)	49% (465/953)
Medicaid	61% (80/132)	41% (43/104)
Medicare	30% (16/53)	27% (44/161)
Commercial	64% (123/193)	55% (378/688)
SIP	2% (6/378)	1% (14/953)
Medicaid	2% (2/132)	4% (3/104)
Medicare	2% (1/53)	1% (1/161)
Commercial	2% (3/193)	2% (10/688)

- Overall:
  - Higher tech use at MSBI
  - Prescribing lowest for Medicare
  - More inequity at MSH for pump prescribing
  - Very low use of SIP
- Limitations:
  - Incorrect coding of T1/T2, pump/CGM status
    - Higher prescribing of tech at MSBI – manually checked?
    - MSH data compared to T1D – lower percentages from Epic reports

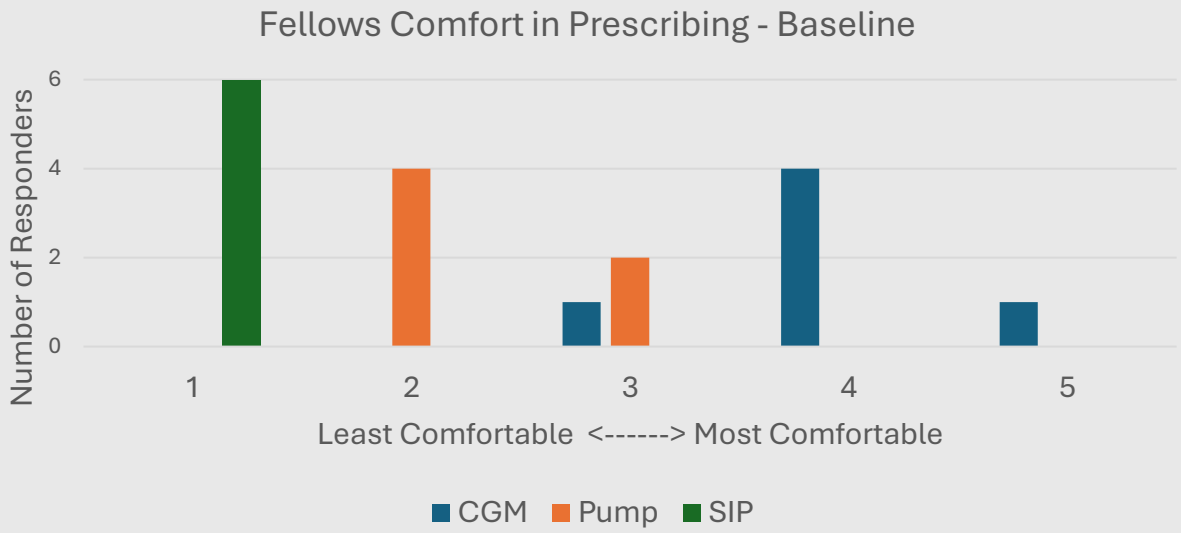
Baseline Data: July 2023-2024

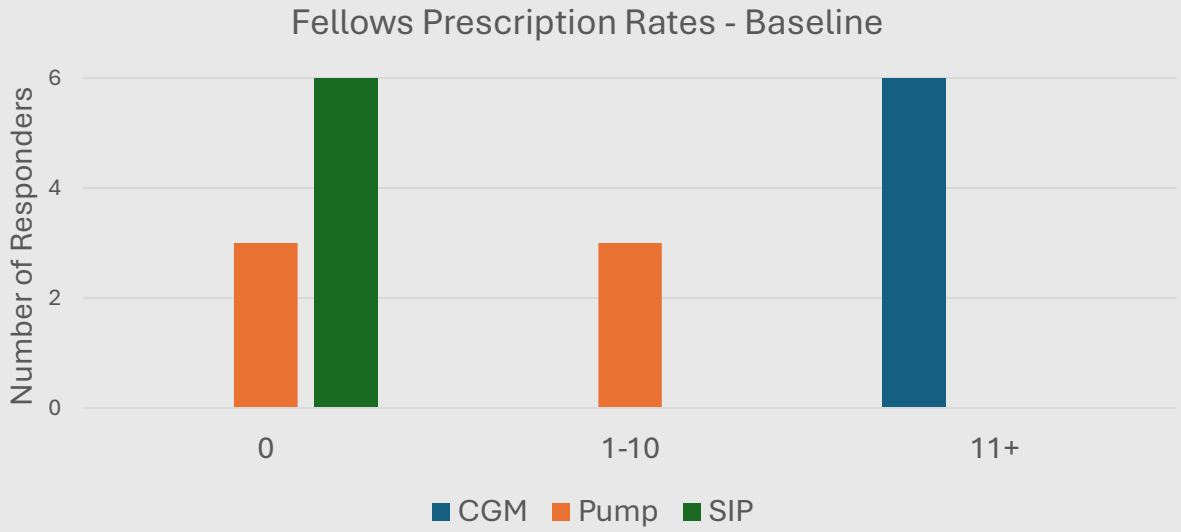
Table 2: Variables Affecting Technology Use and A1c			
Variable		Odds Ratio	Confidence Interval
CGM	Black race	0.51	0.34-0.75
	Medicaid	0.38	0.28-0.54
	Medicare	0.42	0.26-0.66
Pump	Age >65	0.35	0.21-0.57
	Black race	0.45	0.28-0.72
	White race	1.44	1.11-1.86
	Medicaid	0.58	0.41-0.81
A1c >8	Black race	1.63	1.1-2.42
	White race	0.39	0.29-0.53
	Medicaid	2.20	1.54-3.12
	On AID	0.54	0.39-0.73
	On CGM	0.41	0.31-0.55

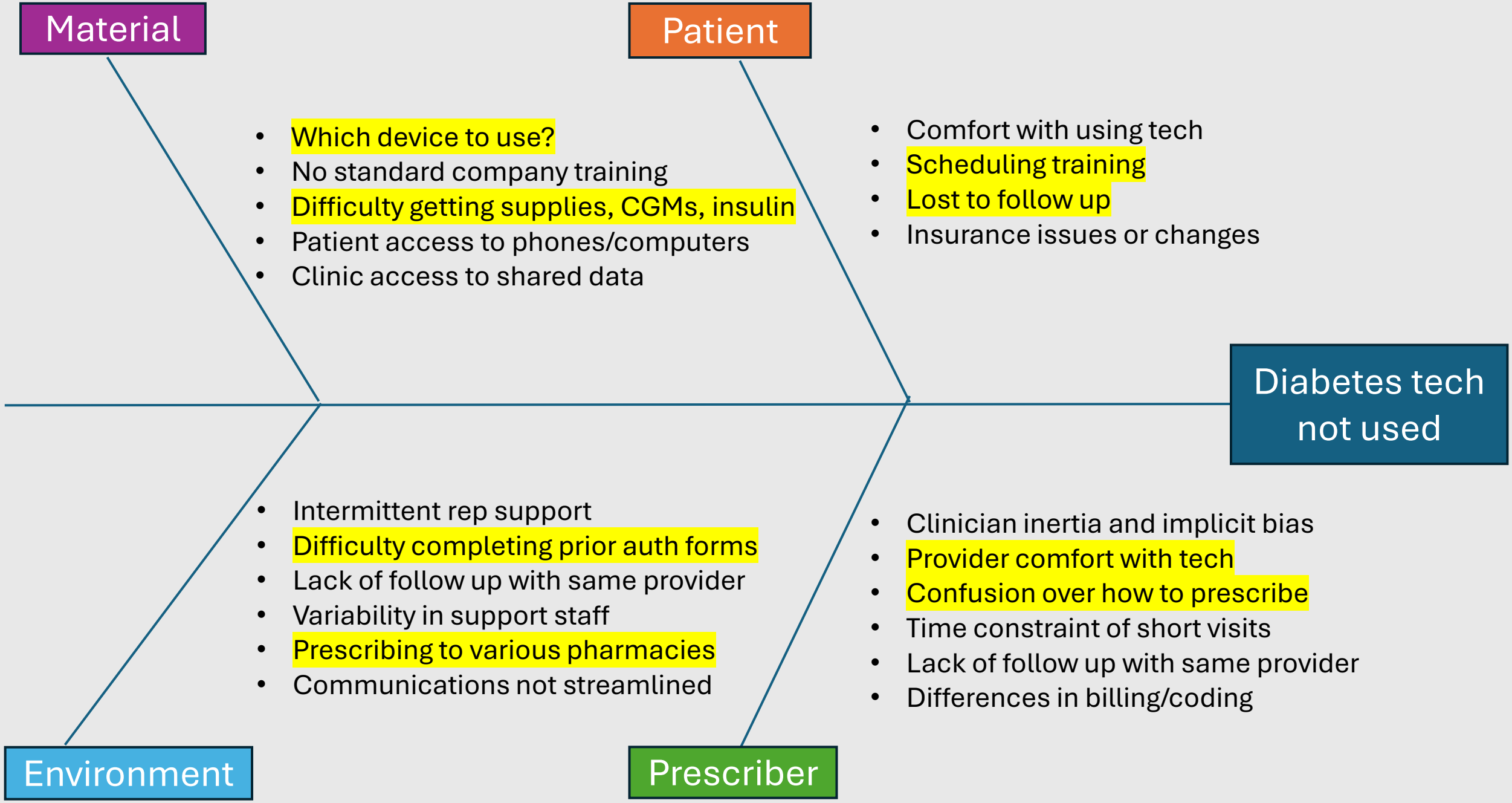
- Multivariable logistic regression model – identify factors that influence tech use
  - Odds of CGM
    - Lower for Black race, Medicaid, and Medicare
  - Odds of AID
    - Lower for Black race, Medicaid, age >65
    - Higher for White race
  - Odds of A1c >8
    - Higher with Black race, Medicaid
    - Lower with White race, CGM, and pump use

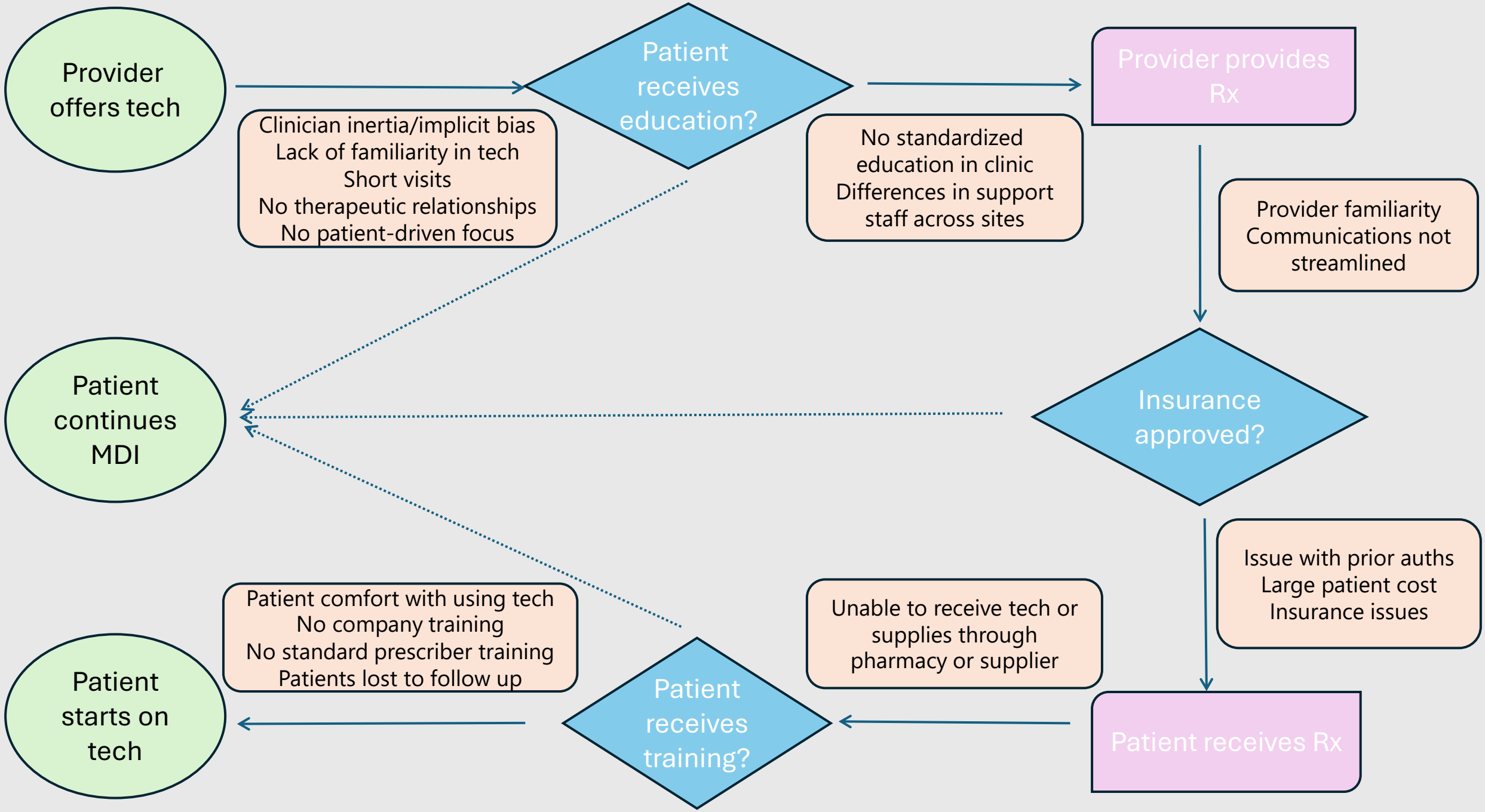
Baseline Data: Fellows Survey

- Survey July 2024 (2nd years)
  - Comfort in prescribing tech
  - Self-reported new tech prescriptions
- Barriers
  - Unsure about insurance
  - Short appointments and lack of continuity
- Support used
  - CDE referrals, pharmacy PAs






Material
Which device to use?
No standard company training
Difficulty getting supplies, CGMs, insulin
Patient access to phones/computers
Clinic access to shared data
Patient
Comfort with using tech
Scheduling training
Lost to follow up
Insurance issues or changes
Diabetes tech not used
Environment
Intermittent rep support
Difficulty completing prior auth forms
Lack of follow up with same provider
Variability in support staff
Prescribing to various pharmacies
Communications not streamlined
Prescriber
Clinician inertia and implicit bias
Provider comfort with tech
Confusion over how to prescribe
Time constraint of short visits
Lack of follow up with same provider
Differences in billing/coding


Provider offers tech
Patient receives education?
Clinician inertia/implicit bias
Lack of familiarity in tech
Short visits
No therapeutic relationships
No patient-driven focus
No standardized education in clinic
Differences in support staff across sites
Provider provides Rx
Provider familiarity
Communications not streamlined
Patient continues MDI
Insurance approved?
Issue with prior auths
Large patient cost
Insurance issues
Patient comfort with using tech
No company training
No standard prescriber training
Patients lost to follow up
Unable to receive tech or supplies through pharmacy or supplier
Patient starts on tech
Patient receives training?
Patient receives Rx

Cycle 1: Fellows (Jul-Aug)

- Prescribing dotphrases and shared document with tech resources
- Noon conference

Cycle 2: CDE (Aug-Sep)

Recommend to fellows to refer to CDE for tech discussions

Cycle 3: Patients (Oct-Nov)

- Patient friendly technology handout in clinic rooms
- EPIC message sent to patients with upcoming appointments

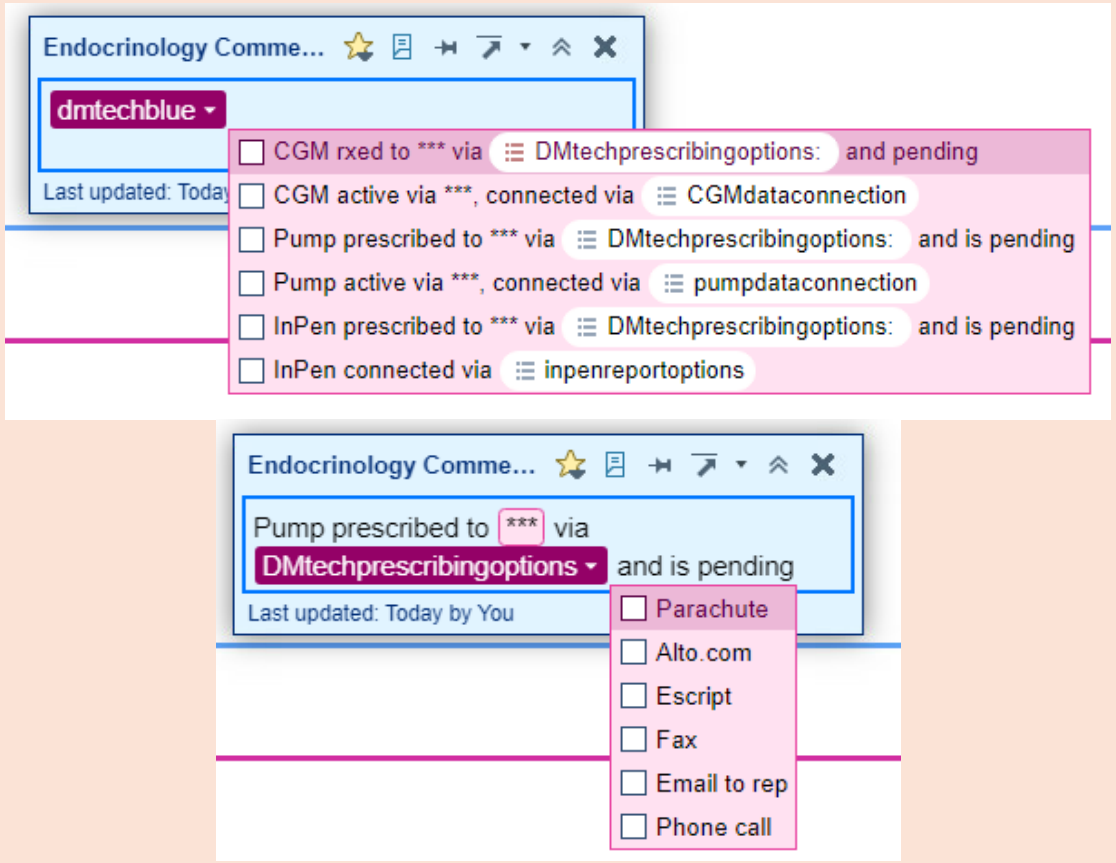
Cycle 4: Preceptors (Dec-)

- Utilizing same day huddle to identify tech use
- Tech handout in precepting room for fellows

Cycle 1: Fellows – Interventions

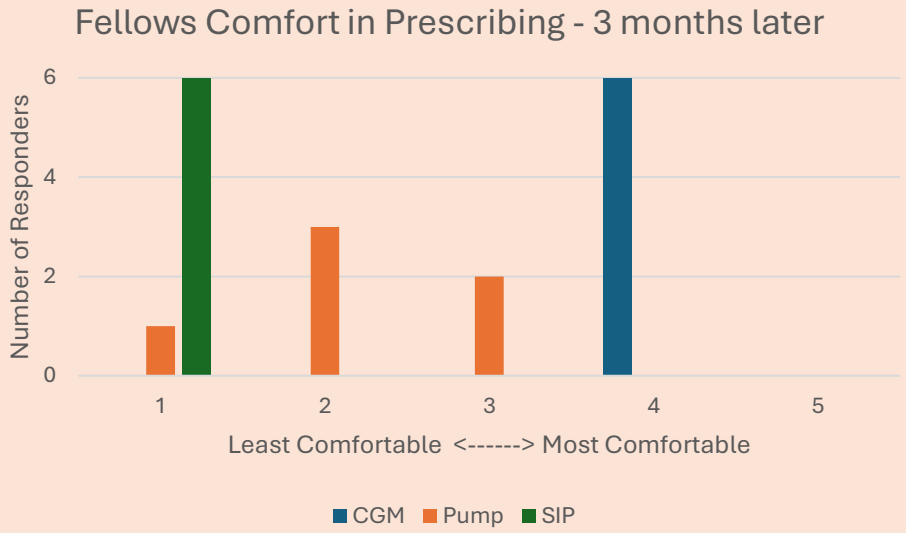
- Noon conference
- New Epic dotphrases
  - Blue sticky note
  - Pump settings
- Shared document

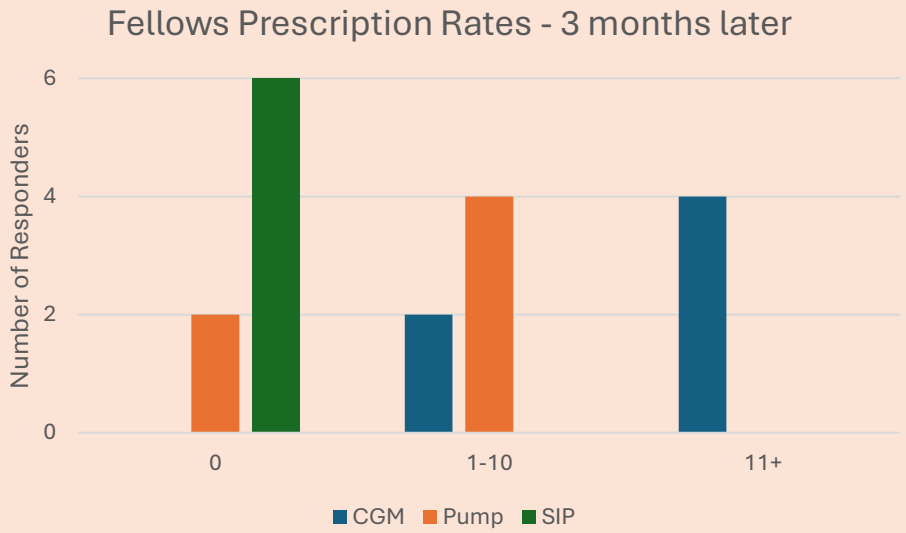
Pumps				
For all pumps	Supplies - for the most part can order 45 with 3 refills. Check Dr. O'Malley's saved orders for panels Insulin via pharmacy. Send vials (humalog or novolog) as "Up to X units per day via insulin pump" - include higher than TDD to allow for cartridge changes • iLet can also use prefilled pump cartridges for q2-3 day change Training via company - patient sets up when they receive supplies • Refer to Madeleine for follow up Helpful dotphrases: • DMTECHBLUE • MEDICAIDPREFERREDDRUGS • DMTECHDISCUSSEDORPRESCRIBED • PUMPOPTIONSWEBSITES • TANDEMCLASS			
	Prescribing	**Supplies**	**Settings**	**Apps**
Omnipod	Pharmacy or ASPN e-script	Starter kit with cartridge *Pt needs to open and start set up to contact rep* Pods q48 hours Vials to pharmacy	Settings form Email to Jane Moore <jamoore@insulet.com>	Dexcom G6/G7, Libre 2+ Apple app only compatible with G6 my.glooko.com
Tandem	Parachute to Tandem, email rep	Infusion set q 48 hours Cartridge q 48 hours Vials to pharmacy	Settings form Via Parachute or email Shabu Ahamed <SAhamed@tandemdiabetes.com>	Dexcom G6/G7, Libre 2+ Tandem app or download to source.tandemdiabetes.com
iLet	Parachute to Beta Bionics	Infusion set q 48hr Fiasp pump cart q 48hrs or vials to pharmacy	Only setting is patient weight	Dexcom G6/G7, Libre 2+ App/follow app report.betabionics.com
Medtronic	DME via parachute (PA by DME) or email rep		Settings form Rep: Abbas Versi <abbas.versi@medtronic.com>	Guardian 3 or 4



Cycle 1: Fellows – Evaluation

- Survey after 3 months (1st and 2nd years)
  - More comfort with prescribing CGM
  - Higher self-reported pump prescriptions
  - Still uncomfortable with SIP
- Barriers
  - Patient willingness, insurance logistics, lack of continuity/time
- Support used
  - Dotphrases, shared doc, CDE referrals
    - Pump settings dotphrase was not helpful
  - 66% reported that their prescribing habits had changed based on our interventions



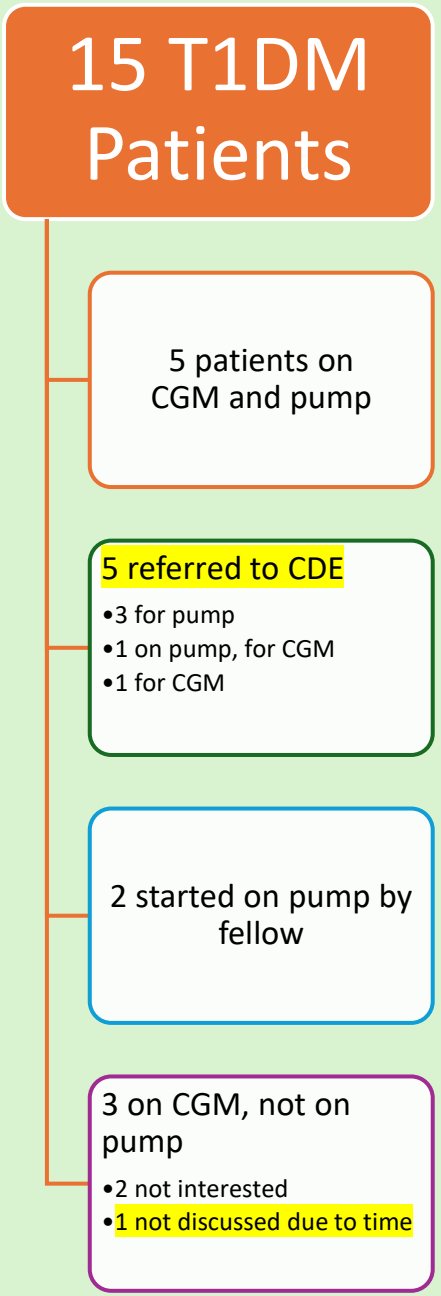


Cycle 1: Fellows – Next Steps

- Continuing to develop shared document
  - Improving wording
  - Creating prescribing panels i.e. SIP
  - Updating rep contacts and insurance information
  - Adding more tech resources
- Barriers to improve on
  - More information on insurance issues
  - Preceptor support for tech conversation
  - CDE involvement – learning from BI where equity is better

Cycle 2: CDE

- Intervention: updated fellows on who to refer patients to at each clinic site
  - Did not create a standard referral order in EPIC
- 15 patients with T1D at both sites from 9/16-10/14
  - 9/10 patients not on tech discussed during visit
  - 3/5 referrals seen and started on tech by January
  - 9 new pump referrals at MSH since September
- Next steps
  - Maintain Cycle 2
  - Continue working with CDE to streamline process



Cycle 3: Patients – Interventions

- Patient-friendly tech handout
- MyChart message
  - Patients with appointment in the next month
  - Included handout and link to resources (diabeteswise.org)

DIABETES TECHNOLOGY

	What is it?	Benefits	
SENSORS	• Also called continuous glucose monitoring • Wearable device to give you an estimate of your blood sugar at any time	• Checks and records sugar levels • Reduces fingersticks • Alerts you if sugar is too low or too high	 DEXCOM G7 SENSOR  LIBRE SENSOR
INPEN	• Reusable "smart insulin pen" for rapid acting insulin • Talks to an app to help decide insulin doses • Highest dose is 30 units per meal	• Reduces guessing and math needed to determine insulin doses • Keeps a log for you • Can remind you to give insulin • Communicates with sensor	 INPEN AND APP
CEQUR	• Wearable insulin patch that delivers rapid acting insulin • Delivers 2 units at a time • Highest dose is 20 units per meal	• Reduces injections (still need to take long acting insulin once a day) • Quickly and discretely give insulin before meals	 CEQUR INSULIN PATCH
INSULIN PUMPS	• Wearable insulin delivery system that continuously gives you small amounts of insulin 24 hours a day	• Fewer or no injections • Can automate insulin delivery to prevent some highs/lows (still need to tell pump when eating)	 TANDEM PUMP  ILET PUMP

Are you interested in using more technology for diabetes care? Let your provider know! Scan QR code for more information.

 MEDTRONIC PUMP

 OMNIPOD PUMP

Cycle 3: Patients – Evaluation

- Sent MyChart message to ~80 patients over 4 weeks
  - No patients referenced this message during clinic visits
- Fellows reported patients using handout to ask questions
- Next steps
  - Sending patient messages does not seem to be helpful
  - Continue using handouts in clinic
  - Will it help to identify T1D patients before clinic to guide prescribing conversations?

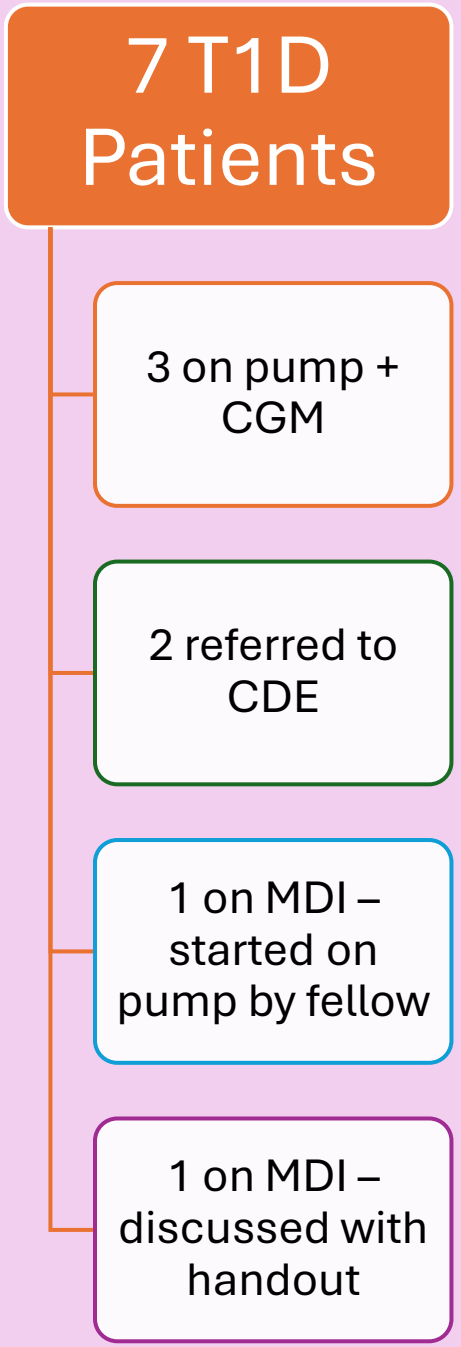
Cycle 4: Preceptors

- Utilizing same day huddle to identify T1D patients and current tech status in diabetes clinic
  - Emailed all preceptors on how to access
- Precepting room handout from Panther website
  - Information on different pump types

Same Day Huddle Filled?	Same Day Huddle Details
✔	T1D: on omnipod + G7
✔	T1D: on MDI
✔	T1D: on MDI + CGM
✔	LADA: MDI + CGM
✔	T1D: on MDI + CGM

Cycle 4: Preceptors – Evaluation

- Identified patients in diabetes clinic in December
- Evaluation:
  - Same day huddle not a part of workflow
    - Not always visible on the main screen
    - Most preceptors already do tech convos with the fellows
  - Sometimes using tech handout when precepting but more fellow-directed
- Limitations:
  - Not in the MSH clinic workflow to use same-day huddle compared to MSBI
  - Time-consuming and not easily accessible



Reassessment of Interventions

Adapt

- Updating shared document for fellows
- Modifying blue sticky note dotphrase

Adopt

- Utilizing tech handouts in clinic for patients and fellows
- CDE referrals for pump conversations

Abandon

- Dotphrase for pump settings
- Sending MyChart message to patients not on pump
- Utilizing same day huddle to identify tech status

Next Steps

- Rerun Epic reports and fellows survey and see if any changes in prescribing rates
  - Lag time of interventions
- Cycle 5: Using MyChart messages to follow up after CDE visits
- Future ideas
  - Group telemedicine CDE classes
  - Edit patient handout to include other tech
  - Using other Epic features such as BPAs, "My Next Steps"/homework feature for patients, or standard CDE referral orders
  - Updating tech curriculum for incoming fellows
  - Encouraging prescription of smart insulin pens for non-pump users
  - Expand to include T2DM patients

Center Presentation

The Importance of Transition Programs for Young Adults with Diabetes

Presented by:
Monica Mortensen, DO
Jenny Pfieffer APRN, PCNS-BC, ESMHL

NEMOURS
CHILDREN'S HEALTH

Introduction

In the United States, 26.9 million people including 210,000 children & adolescents have been diagnosed with diabetes.

Diabetes is a chronic condition requiring a lifetime of blood glucose monitoring, counting carbs and insulin management.

Transitioning from pediatric to adult diabetes care is a critical period for young adults with diabetes.

Transition programs are vital for our young adults.

Kamoun et al., 2022; Bindiganavale & Manion, 2022; DeLacey et al., 2025; Alghani et al., 2024

NEMOURS CHILDREN'S HEALTH Exchange

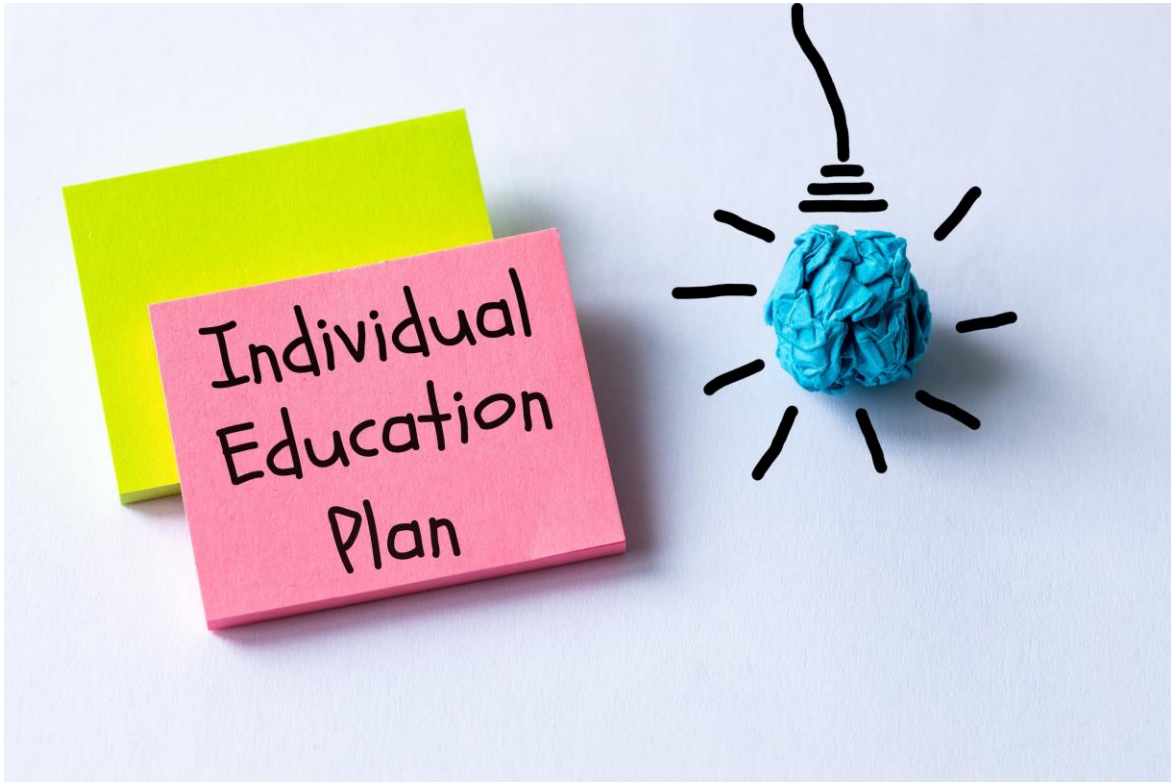
Background Information

Sustainability of a program

- Early intervention and family involvement.
- Early transition planning leads to better adherence to treatment plans.

Transition programs should include *individualized* care plans for long-term success.

Support for caregivers.



NEMOURS CHILDREN'S HEALTH Exchange

Common Transition Challenges for Young Adults & Benefits of a Program

Challenges our young adults may face ->

- Lack of education
- Follow-up care
- Self-management skills
- Poor provider communication
- Lack of preparedness
- Insurance challenges

Benefits of a transition program

Effective programs lead to better glycemic control and reduced complications.

Patients gain confidence and skills necessary for independent diabetes management.

Preventing complications and hospitalizations can lower overall healthcare expenses.

NEMOURS CHILDREN'S HEALTH Exchange

Challenges Identified in the Literature

Resource Limitations:	• Insufficient funding and staffing can hinder the implementation of effective transition programs.
Communication Gaps:	• Lack of coordination between pediatric and adult care providers can disrupt continuity.
Patient and Family Anxiety:	• Concerns about leaving familiar pediatric care settings can cause stress.
Inconsistent Follow-Up:	• Without proper tracking, patients may disengage from care during the transition period.

Kamoun et al., 2022; Bindiganavale & Manion, 2022; DeLacey et al., 2025; Alghani et al., 2024

NEMOURS CHILDREN'S HEALTH Exchange

Recommendations for Improving Transition Programs

Implement standardized transition protocols in healthcare systems.

Strengthen patient education and self-management skills before transition.

Address financial and insurance barriers.

A transition assessment tool helps improve readiness and outcomes through structured preparation and coaching.

Effective transition programs require a patient-centered approach tailored to individual needs.

Increased use of digital tools and telehealth services can improve transition success rates.

Kamoun et al., 2022; Bindiganavale & Manion, 2022; DeLacey et al., 2025; Alghani et al., 2024

NEMOURS CHILDREN'S HEALTH Exchange

Let’s create a diabetes transition program at Nemours!

Innovative idea came from **Dr. Monica Mortensen**, Director of the Diabetes Center.

Hired a Clinical Nurse Specialist (APRN) to carry out her vision– January 2024.

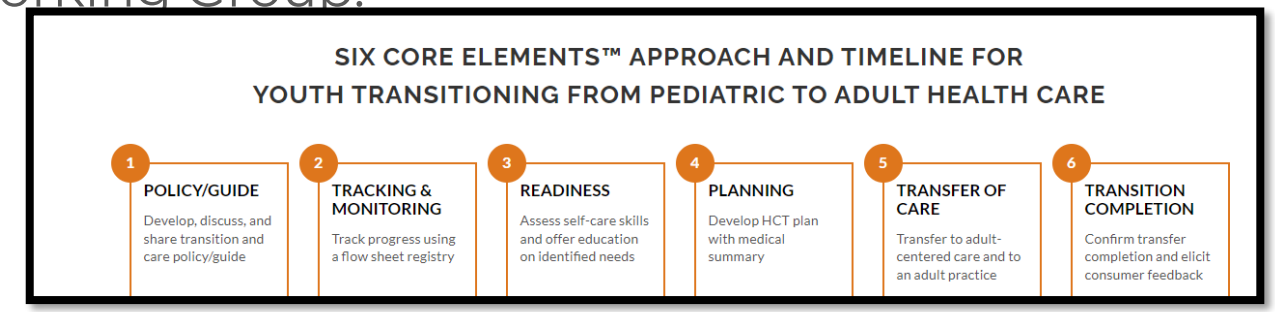
The transition clinic appointments were billable visits.

Transition Program was “built” from the grass roots levels.

NEMOURS CHILDREN’S HEALTH Exchange

Framework for the program - Building Up Independent Lives for Teens (B.U.I.L.T.)

"Got Transition's" Six Core Elements of Health Care Transition was adapted by incorporating diabetes-specific transition guidelines recommended by the ADA Transitions Working Group.



The BUILT program targets patients 15 years +

The Plan-Do-Study-Act (PDSA) framework was used to guide the project by using the 30-60-90 approach.

Children Medical Services (CMS) & the National Institute for Children's Health Quality (NICHQ) was also utilized for program development.

Family/Youth Advisory representatives were also consulted.

NEMOURS CHILDREN'S HEALTH Exchange

Step by Step Approach of Program Development

1. Contacted other Pediatric Diabetes Transition programs from around the country with the help of Dr. Patton.
2. Extensive literature review done. Found best practices. Reviewed other transition websites and sources.
3. Created a one-page flyer about the program. Educated all ENDO providers of referral criteria to the program.
4. Finalized all diabetes evidenced based curriculum. Created over 100 new teaching sheets to go with the curriculum.
5. Did small PDSAs with several teenagers who served as a "voice" for the transition program to get their input.
6. Developed an official name for the program BUILT- Building Up Independent Lives for Teens!
7. Focused on meeting the teens that had clinic appointments to help sell the program.
8. Offered in person and virtual appts as early as 7 am and as late as 6 pm!

NEMOURS CHILDREN'S HEALTH Exchange

Building Up Independent Lives for Teens – BUILT – Curriculum

Structured evidenced-based curriculum approach

In-Person or Virtual (7 am – 6 pm)

Step-by-step approach to managing their own diabetes health care

Driving – Life on the Road

Preparing for life after High School school/GED-> 3 paths

- Working
- College
- Trade school

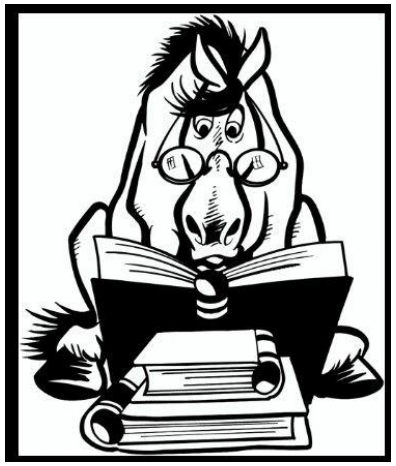
Diabetes distress/burnout

Roommates/Living alone

Sick day management

Filling RXs/Understanding insurance

Social risk-taking and diabetes



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Ways to Motivate Young Adults to come to Appointments!

Roles of Therapy Dogs in Medical Visits:

Emotional Support: Reduce anxiety and stress in patients.

Encourage Activity: Motivate patients to come to appts.

Distraction: Provide comfort during stressful conversations or adulting topics.

Positive Environment: Create a welcoming atmosphere.

NEMOURS CHILDREN'S HEALTH Exchange

The R.E.A.D.D.Y. Assessment

Each section is scored on a scale from 0-4.

1. Knowing the facts about diabetes (Knowledge)
2. Taking care of diabetes on your own (Navigation)
3. Insulin/Diabetes Management (Insulin Management)
4. Diabetes Management (Health Behaviors)
5. Insulin Pump Skills (if applicable)

Let's look at the results of the first 10 graduates of the BUILT Transition Program!

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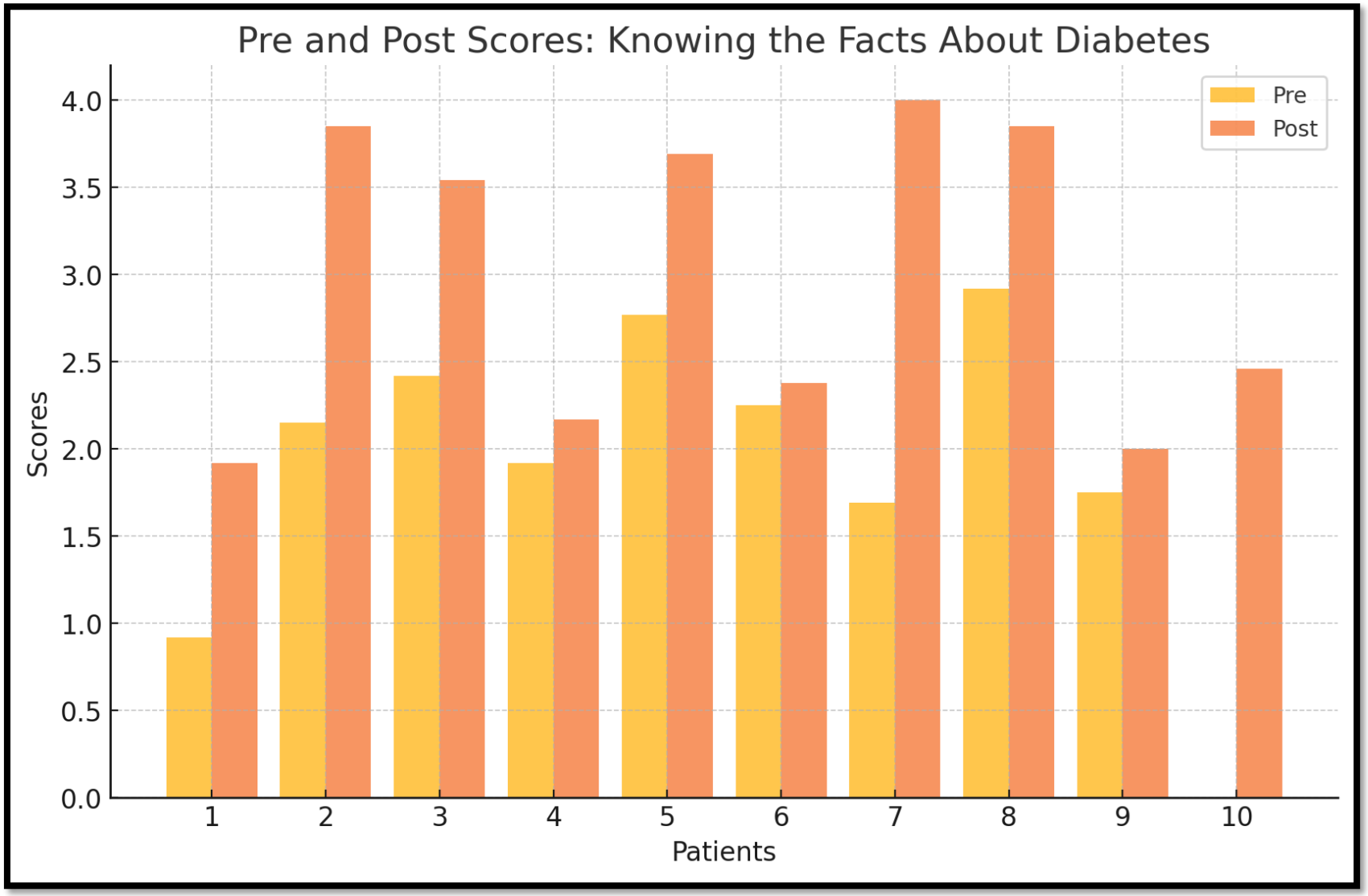
Section 1: Knowing the Facts About Diabetes



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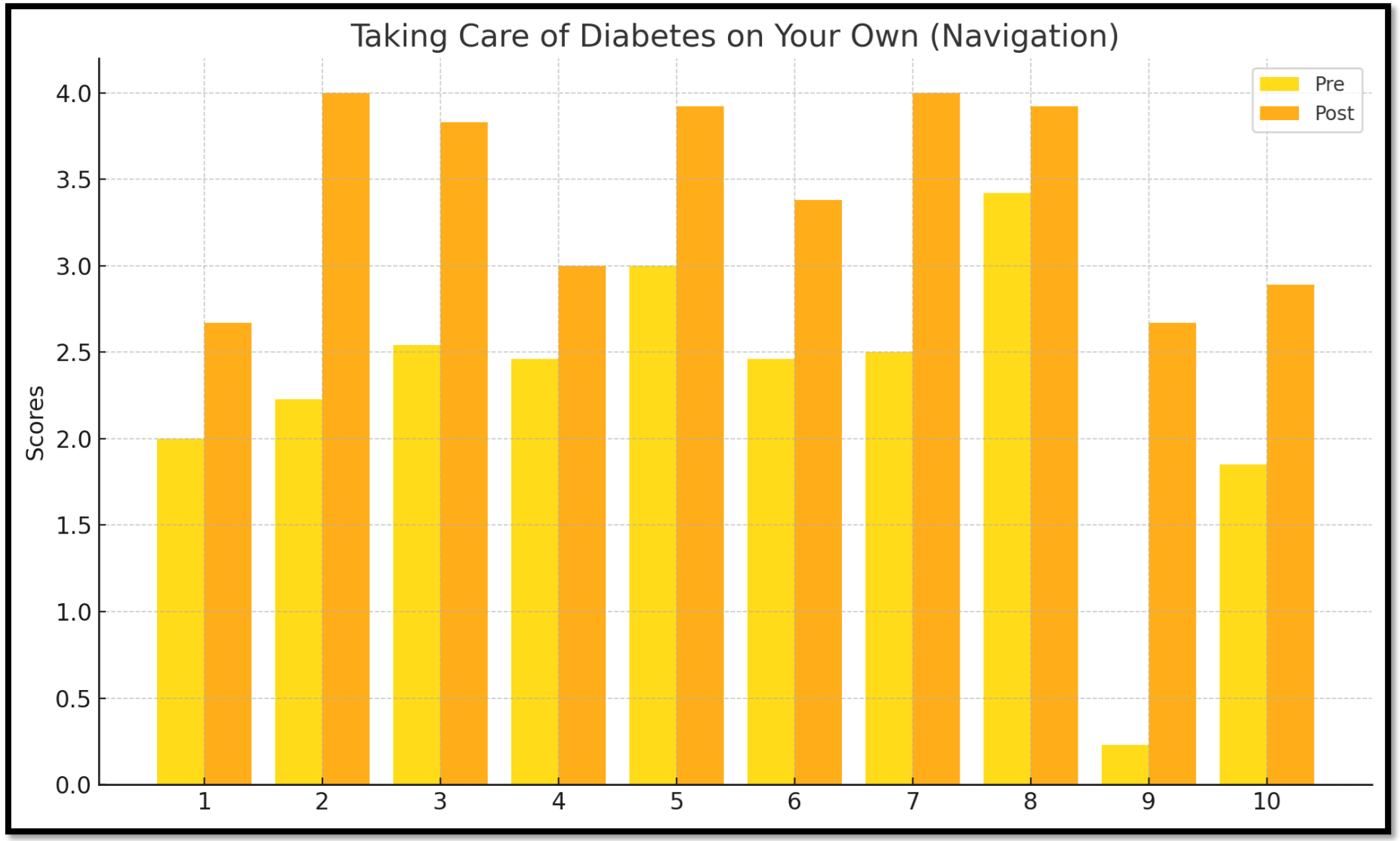
Section 2: Taking Care of Diabetes on My Own (Navigation)



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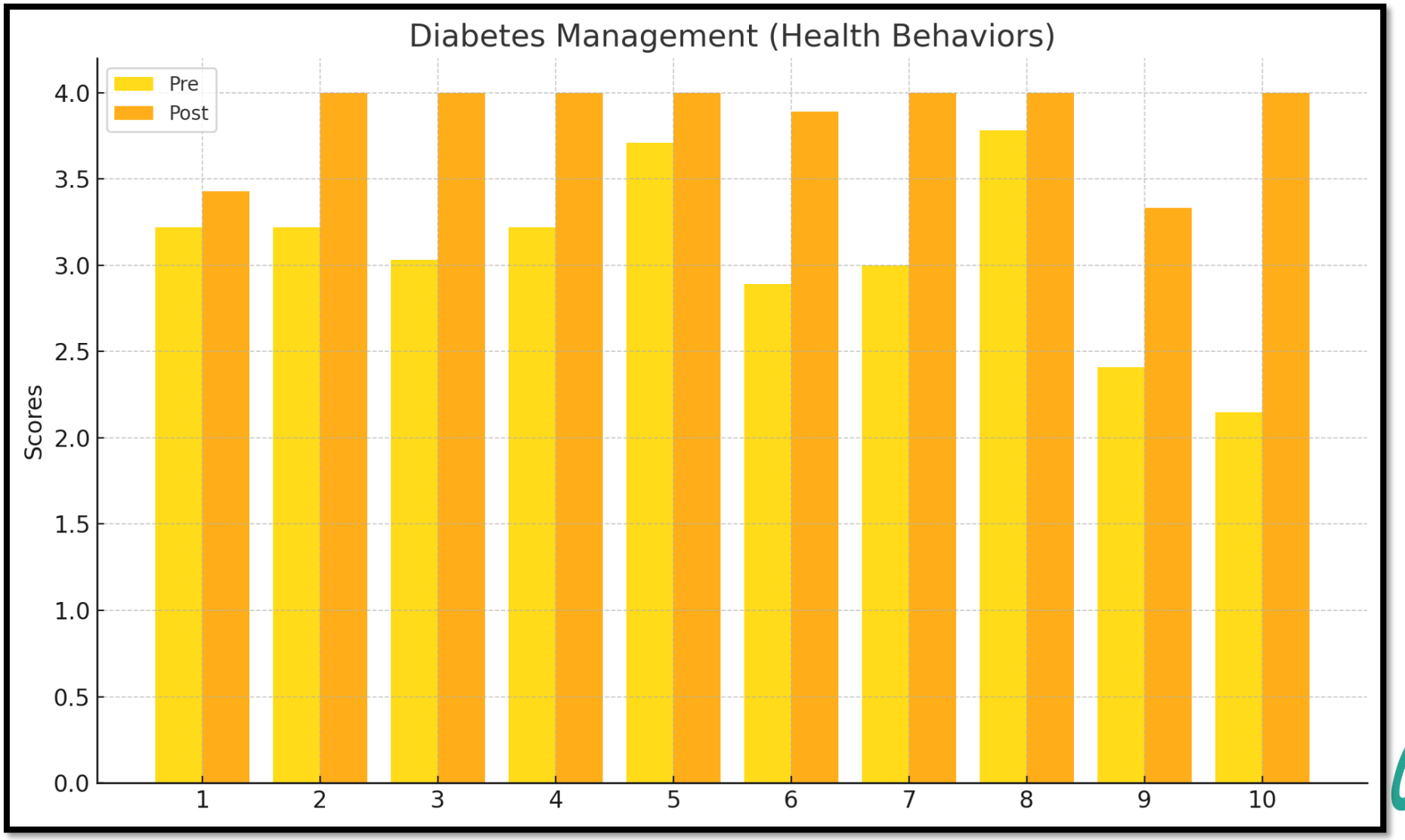
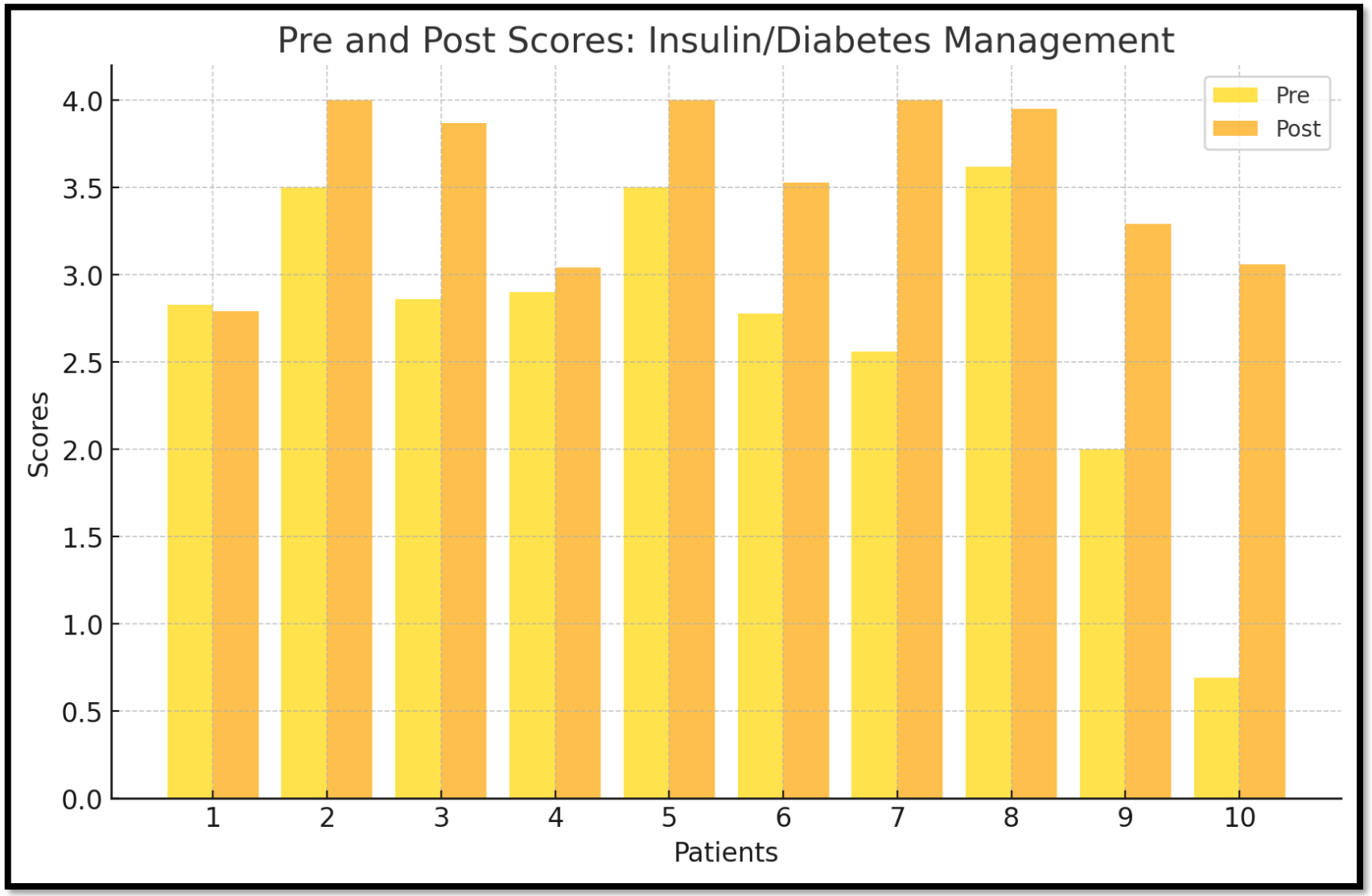
Section 3: Diabetes Management (Health Behaviors)



Section 4: Insulin/Diabetes Management



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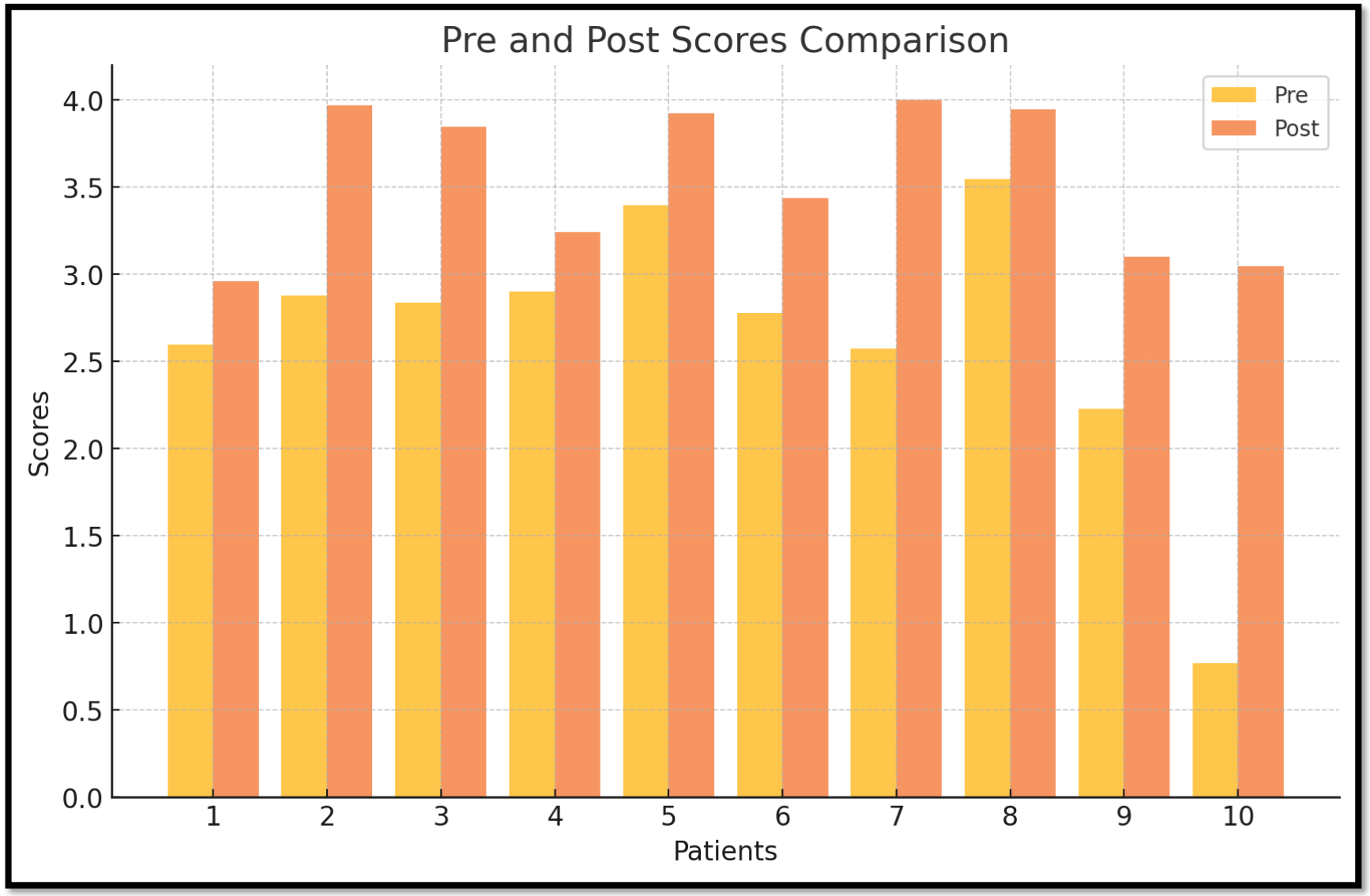
Total Score of all READDY sections Pre and Post



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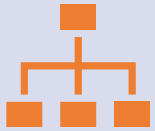
Conclusion

Transition programs play a vital role in improving health outcomes for young adults with diabetes.



By implementing structured, patient-centered approaches, healthcare systems can ensure better adherence, self-management, and long-term success in diabetes care.

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NEMOURS CHILDREN'S HEALTH Exchange

Annual Survey Presentation

T1D Exchange

T1D Exchange

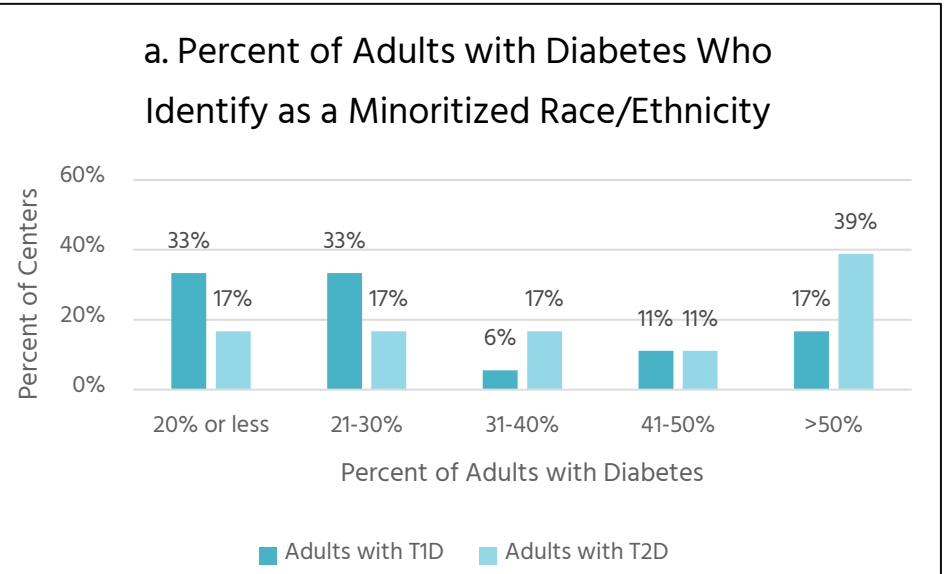
2024 Annual Survey Results

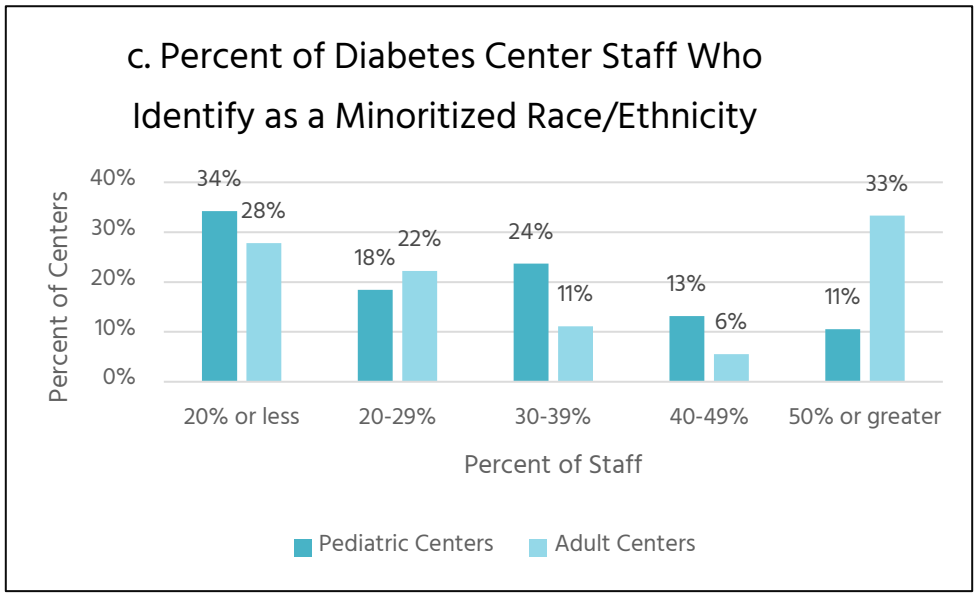
Overview

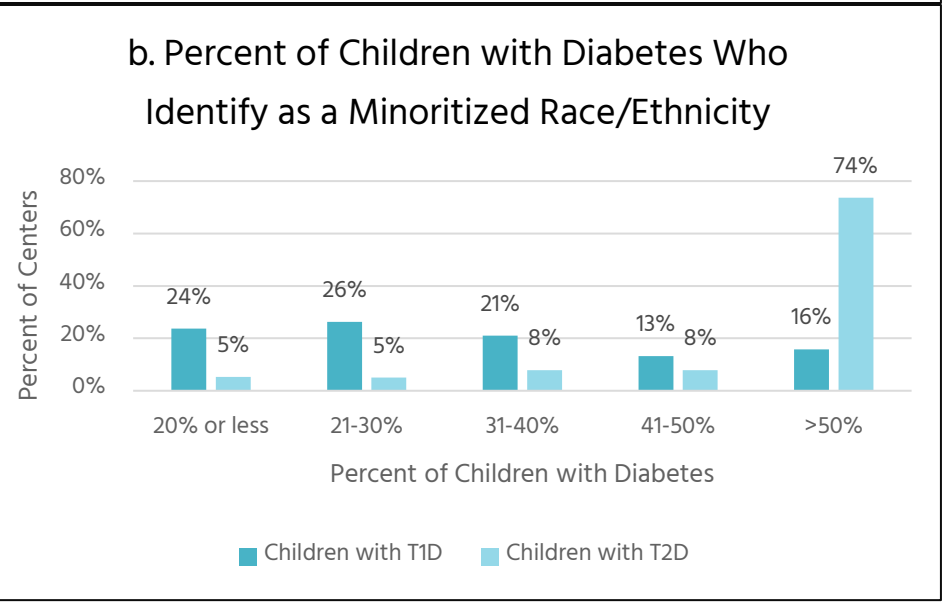
- Conducted September – November 2024 to collect 2023 data
- Sent to 62 centers
- 18 Adult and 38 Pediatric centers responded
- 48 questions, 6 sections
  - Staffing and Demographics
  - Diabetes Discharge
  - Diabetes Distress
  - Screening and Monitoring
  - Best Practice Advisory
  - School

Demographics

	PwT1D	PwT2D
Adult Centers	27,016	74,746
Pediatric Centers	64,678	13,852
Total	91,694	88,598





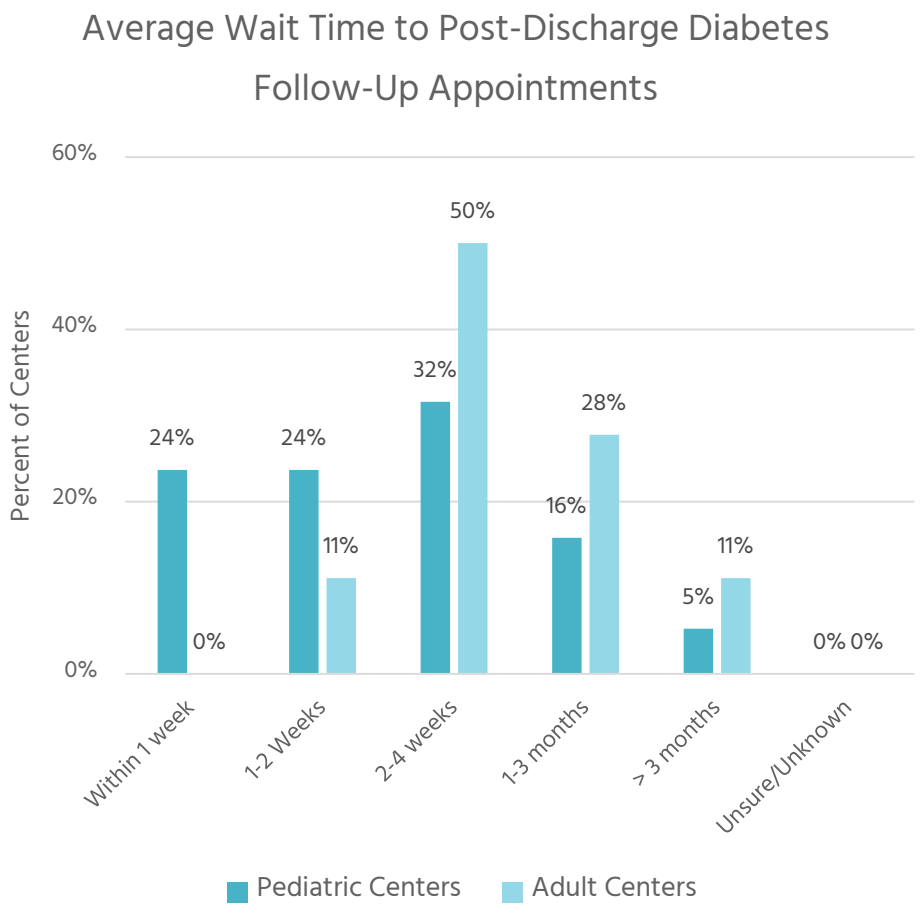


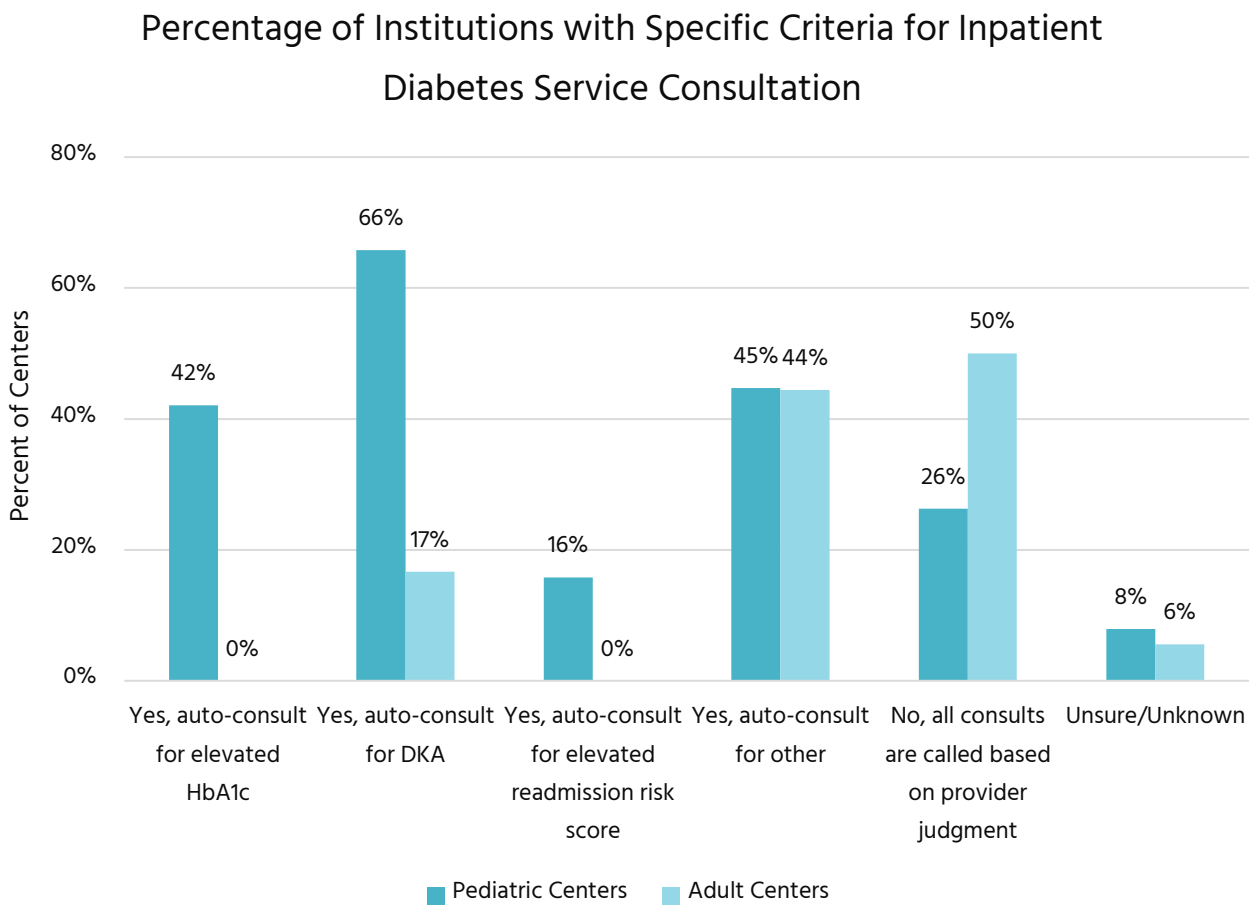
FTE Summary

Adults	Physician without CDCES	Physician with CDCES	Nurse practitioner/physician assistant without CDCES	Nurse practitioner/physician assistant with CDCES	Social worker without CDCES	Social worker with CDCES	Registered nurse without CDCES	Registered nurse with CDCES
Mean Ratio of providers to patients	1:342	1:164	1:516	1:723	1:2074	1:2137	1:728	1:1998
Median	1:247	1:164	1:464	1:442	1:1779	1:1489	1:650	1:1500
Range (min, max)	(90, 989)	(0, 164)	(67, 4750)	(410, 1333)	(879, 8200)	(1489, 2785)	(231, 1867)	(200, 5400)

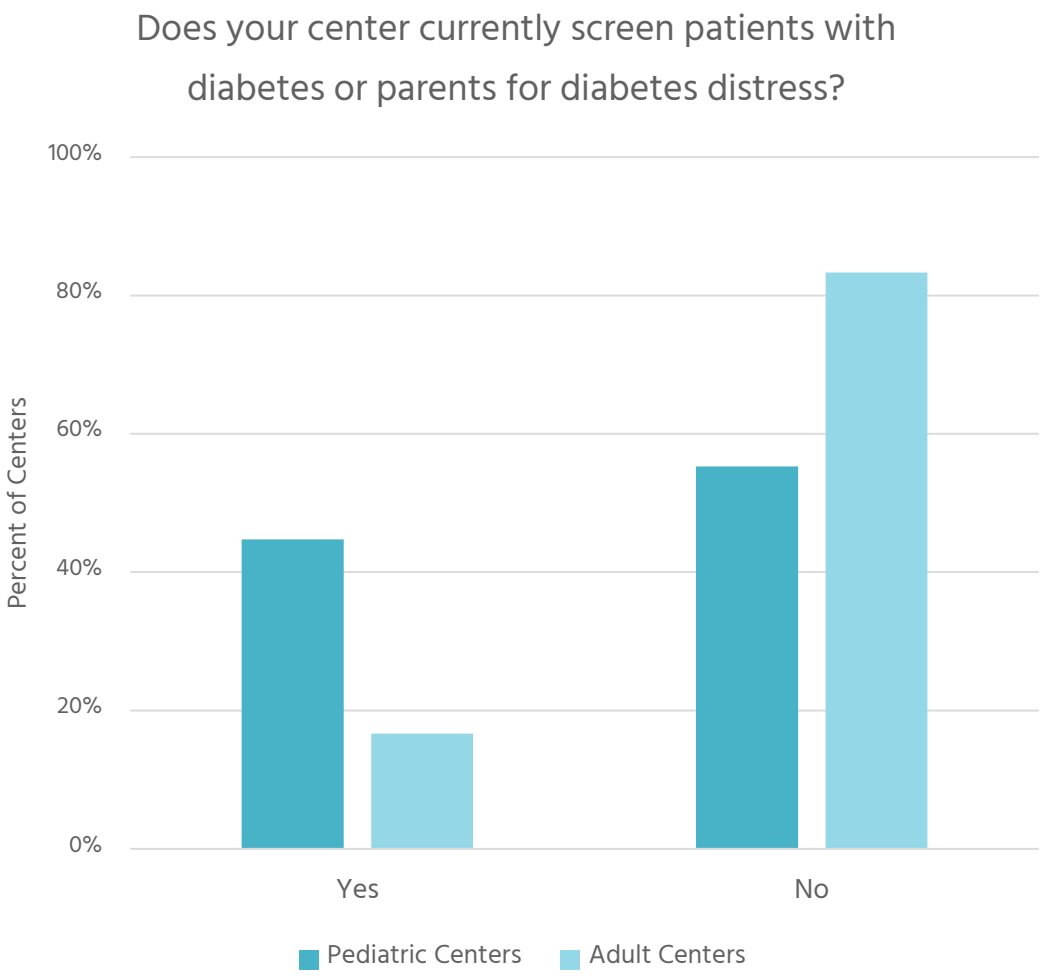
Pediatrics	Physician without CDCES	Physician with CDCES	Nurse practitioner/physician assistant without CDCES	Nurse practitioner/physician assistant with CDCES	Social worker without CDCES	Social worker with CDCES	Registered nurse without CDCES	Registered nurse with CDCES
Mean Ratio of providers to patients	1:229	1:2070	1:820	1:1200	1:1148	1:3016	1:581	1:489
Median	1:176	1:1153	1:546	1:1102	1:933	1:3478	1:313	1:498
Range (min, max)	(60, 1082)	(83,4975)	(143, 4000)	(121, 4777)	(111, 5250)	(1108, 4000)	(60, 6369)	(114, 1050)

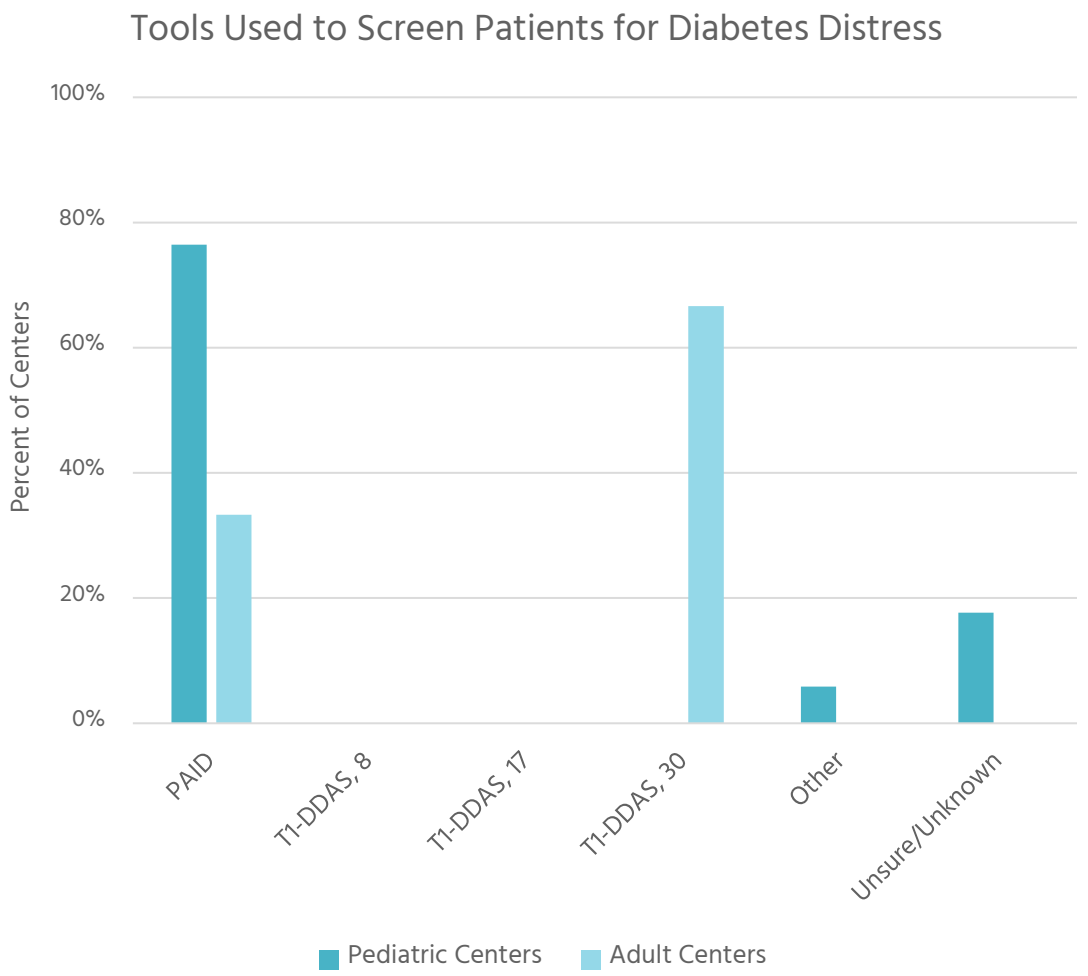
Diabetes Discharge



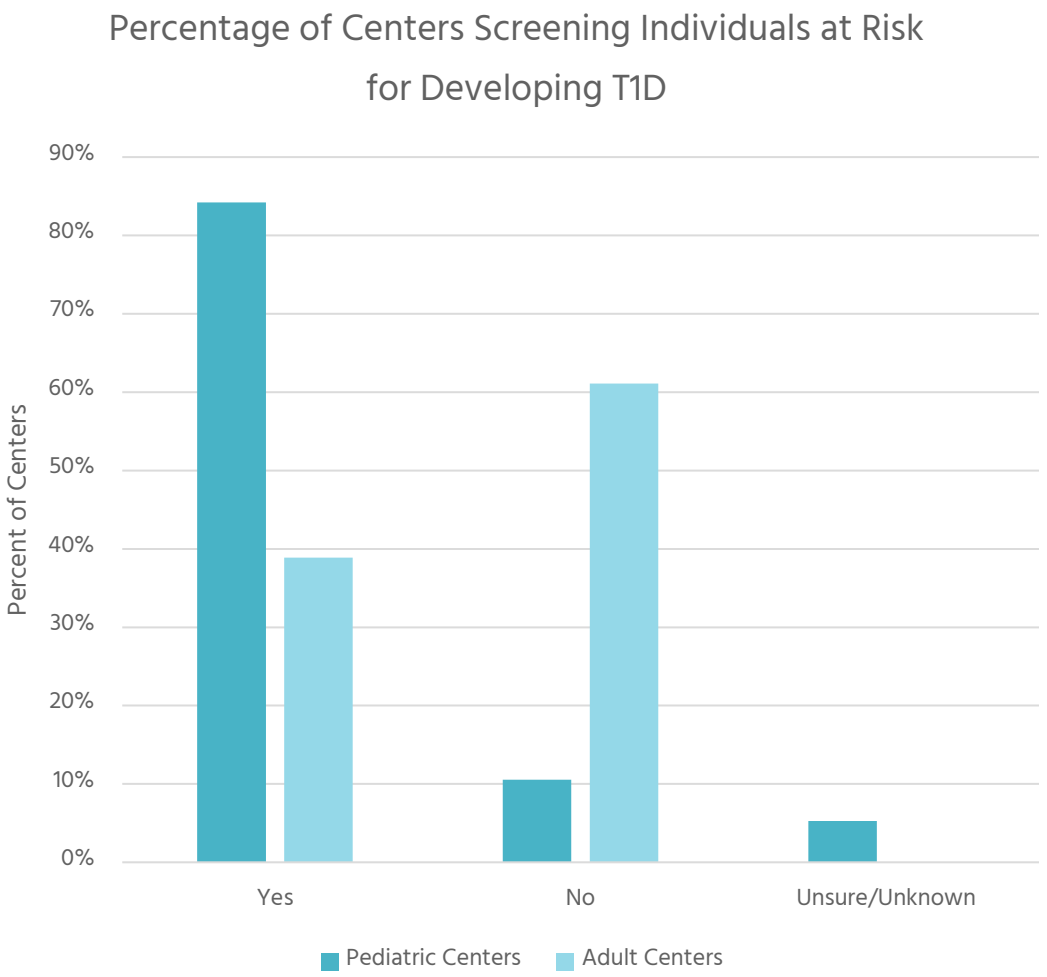


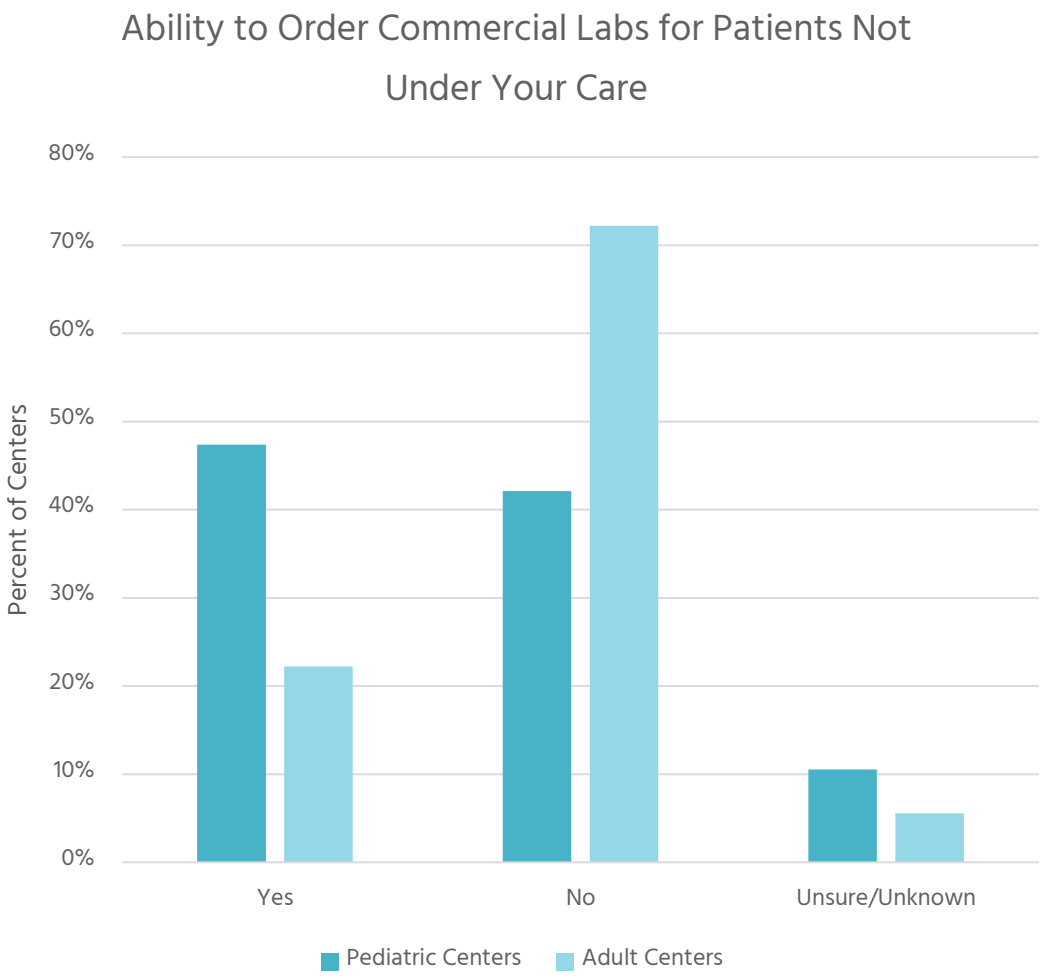
Diabetes Distress





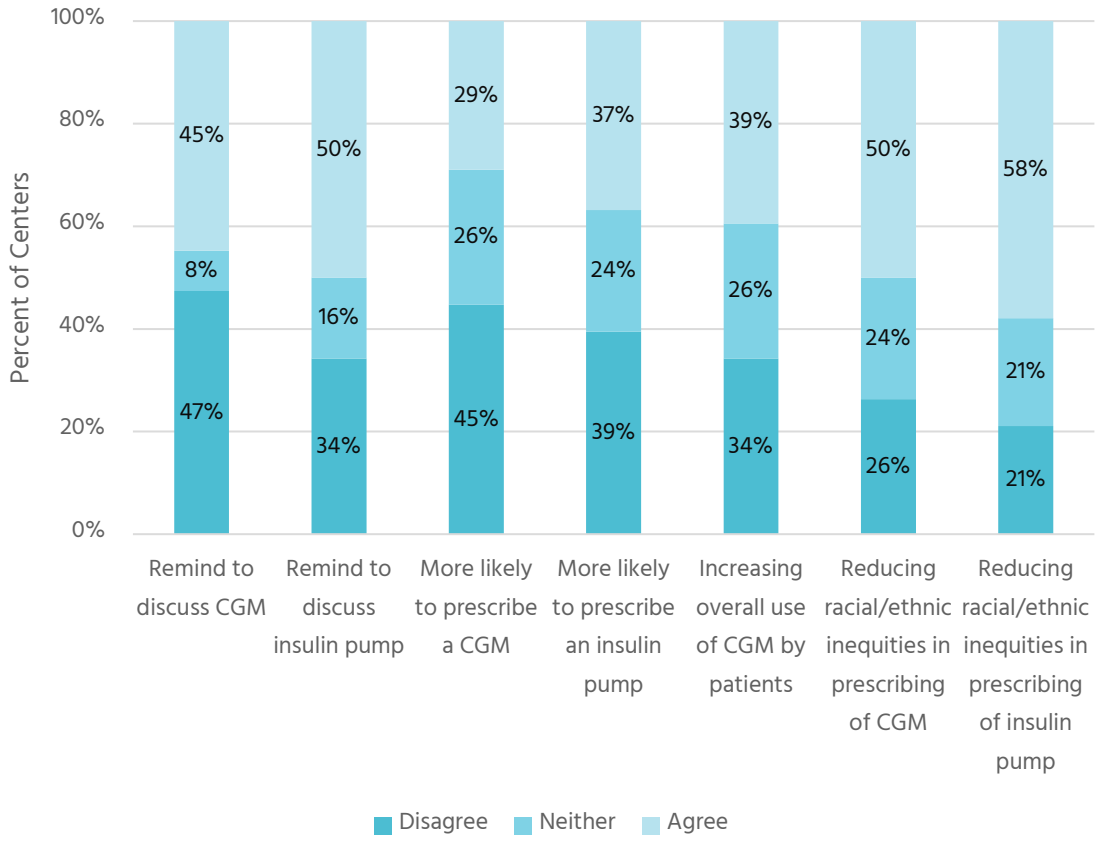
Screening and Monitoring



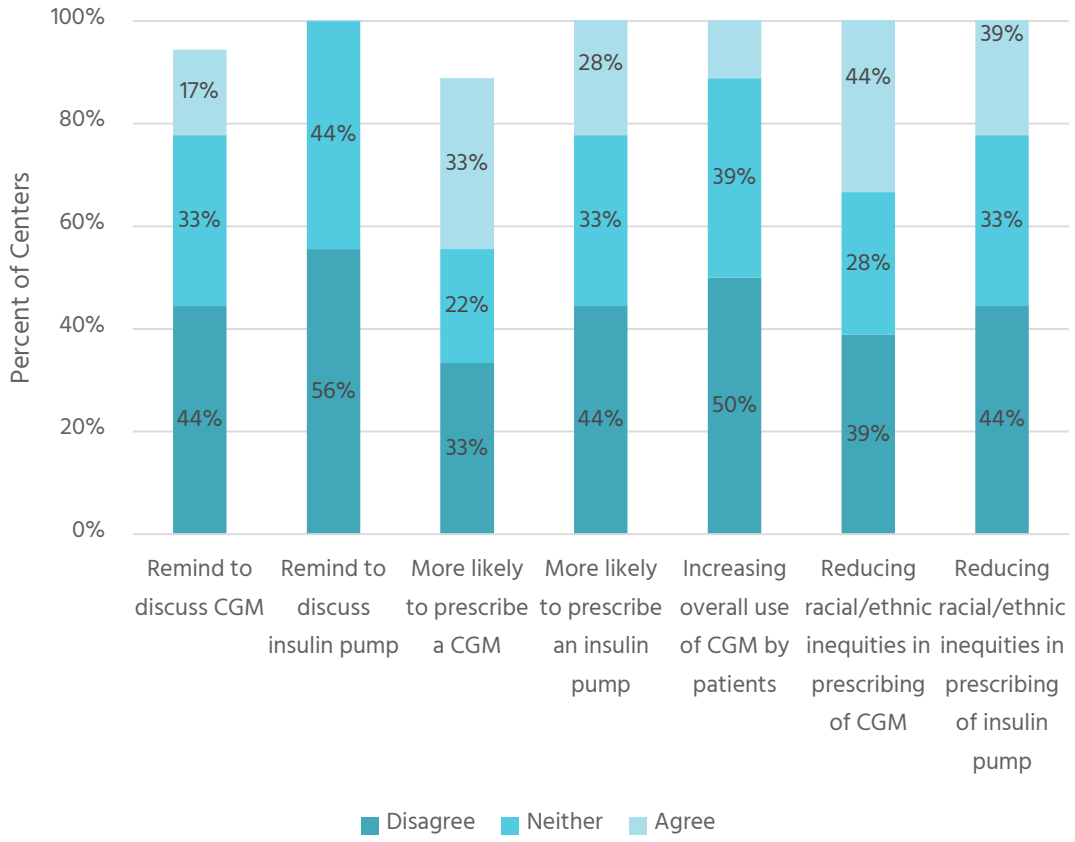


Best Practice Advisory

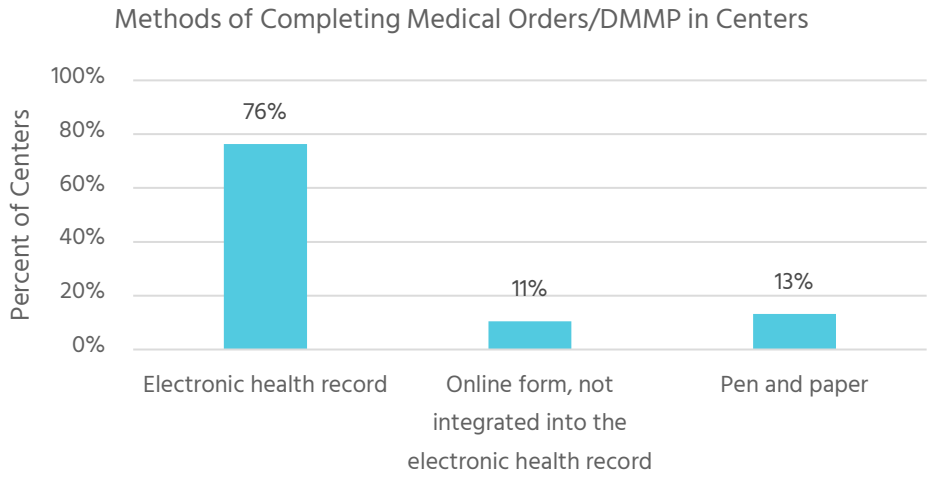
Pediatric Centers on the Usefulness of a BPA for Patients with Diabetes

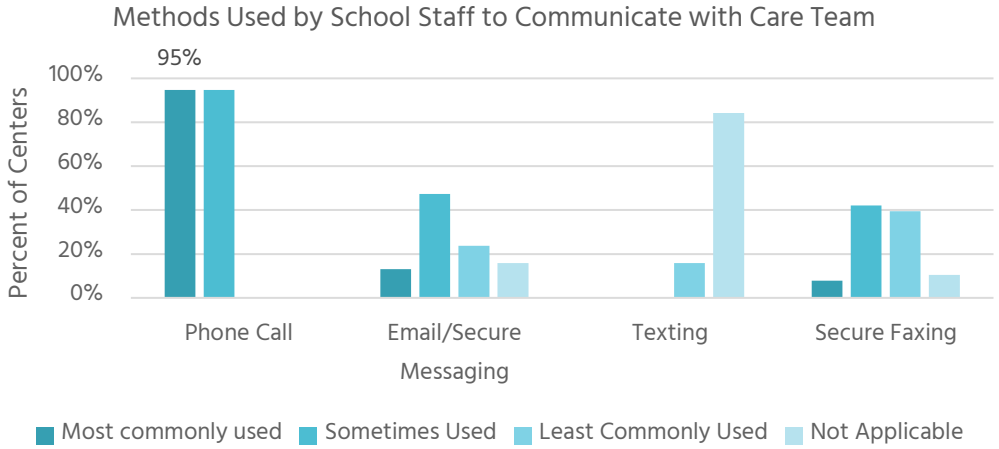


Adult Centers on the Usefulness of a BPA for Patients with Diabetes



School





Methods of Sharing Medical Orders/DMMP with School Nurses

	1 = most common	2	3	4	5	6 = least common
Email/secure-messaging	8%	29%	45%	16%	3%	0%
Secure Faxing	26%	37%	34%	3%	0%	0%
School staff can view students' EHR	0%	0%	5%	18%	39%	37%
Forms are provided to parents to share with the schools	66%	26%	8%	0%	0%	0%
Forms are mailed to the school	0%	5%	5%	61%	26%	3%
Other	0%	3%	3%	3%	3%	61%

When asked about barriers centers face with supporting diabetes care in school:

- **82% excessive parent requests**
- **79% volume of communication from school staff**
- **96% insufficient trained school staff to assist with diabetes management**

2025 Annual Survey

- We're collecting annual survey topic proposals now through Friday May 2nd, 2025
- No more than 8 questions
- Multiple Choice, free text discouraged
- To submit topics email qi@t1dexchange.org and cc nrioles@t1dexchange.org and tbol@t1dexchange.org

HCL Presentation

Hybrid Closed Loop Working Group

- Leads:
  - Carol Levy MD, Mt Sinai (Adult)
  - Emily Coppedge, CPNP, CDCES, Weill Cornell (Pediatrics)

“Rebranding” for 2025

Aim 1: Facilitating discussions on use of hybrid closed loop systems

Aim 2: Provide education and innovative ideas for QI projects at members' various centers

Goals for HCL Working Group 2025

1. Encourage knowledge sharing among participants via monthly meetings with members sharing their expertise regarding specific uses of HCLs
2. Facilitate discussions on utilizing HCLs in diverse populations, including off-label and high-risk groups
3. Members to start QI projects based on discussions
4. Encourage knowledge sharing among participants via email chain communication regarding questions r/t technology use
5. Explore opportunities for publishing expert opinions
6. Increase participation. Calls open to the group and all practice members and trainees.

Review of current education sessions

- 1/24: Pregnancy and Hybrid Closed Loop Systems
  - Presenter: Carol Levy, MD (Mt. Sinai Adult)
- 2/28: HCLs in the Inpatient Setting
  - Presenter: Erin Cobry, MD (BDDC)
- 3/28: Interesting ways to utilize HCLs
  - Presenter: Emily Coppedge, CPNP, CDCES (Weill Cornell Pediatrics)

Upcoming Presentations

- **March 28, 2025**
  - **Presenter**: Emily Coppedge, CPNP, CDCES
  - *Weill Cornell Medicine (Pediatrics)*
  - **Topic**: *Interesting ways to utilize HCLs*
- **April 25, 2025**
  - **Presenter**: Ruth Weinstock, MD, PhD
  - *SUNY Upstate Medical University / Joslin Diabetes Center (Adult)*
  - **Topic**: *Automated Insulin Delivery (AID) for the Elderly*
- **May 23, 2025**
  - **Presenter**: Rayhan Lal, MD
  - *Stanford University (Adult)*
  - **Topic**: *DIY Systems and Community Innovation*

Future Topics

1. Education and training with HCLs (April 25)
2. DIY Systems and Community Innovation (May 23)
3. Carb Counting and Hybrid Closed Loop Systems
4. Severe Insulin Resistance
5. AID for Very Young Children
6. AID for the Elderly
7. AID for People who learn differently
8. Off-Label Use of Adjunctive Therapies with CHL
9. Sick Day Management
10. Ketone Mangement

Join Us!

- Hybrid Closed Loop Working Group
- 4th Friday of the month from 2-3pm
- Next Meeting: April 25th
- Trevon will provide zoom link

Next meeting

Adult: Tuesday July 22nd 3:30-5pm EST

Peds: Thursday July 24th 11-12:30pm EST