Primary Drivers Change Ideas Develop EHR dashboard to track patients throughout process Prioritize newly dx pt from call center for earlier appointments Improve Clinic Improve interoperability between AIDs and EHR systems (i.e. automatic **Process** data capture) to understand who has started using device. Standardize clinical process to increase efficiency Prioritize DMEs that allow eRx Develop BPA for patients with T1D not on AID system Improve Create SOP for AID documentation in EHR across each clinic. Communication Future follow up messages (triggered) to check on where patient is in the process once referred Global AIM: EHR-based ordering of AIDs -- with direct connection to vendors Increase Early Create automated messages to providers when certain time has elapsed from the point at which AID is ordered to pump start. Initiation of Address Insurance Share cheat sheets for process of how to prescribe based on insurance AID in new Barriers Ask pump companies to create standardized process for prescribing onset Type 1 and have their staff handle insurance auth and DME supply process Diabetes. Ask pump companies for lists of patients Ensure patients with new diagnosis of diabetes are scheduled for CDE appt at the time of their first visit **Provide Education** Have models/handouts for every device available at clinic EMR-based educational materials for each product, with links to videos Early tech education for fellows % ongoing education of all the provider Increased use of diabeteswise for pt education Follow up classes once on pump to improve retention Address Inequities create centrally available education handout and videos about different AID systems in non-English languages Implicit bias training Expand who can train patients for pumps and use off site locations that have more flexible timing