Problem Areas in Diabetes-Teen (PAID-T) Implementation

PI: Tamara Hannon, MD, MS

Site Coordinator: Katie Haberlin-Pittz, MPH, CHES®, CHWC

Riley Children's Health
Indiana University Health

Diabetes Team

- Physician: 18 FTE
- NP/PA: 6.9 FTE
- Social workers: 2.8 FTE
- RN CDCES: 6.3 FTE
- RD CDCES: 5.4 FTE
- Psychologist: 1 FTE
- MA: 4 FTE

Riley T1 Diabetes Patients

- Total diabetes patients: 1,782
  - Type1: 1,600
  - Approx # of new diagnoses of T1 per year: ~175
- Insurance
  - 56% private
  - 44% Medicaid
- Clinic sites across the state (Indianapolis, Carmel, Ft. Wayne, Evansville, Bloomington, South Bend)

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Background

- Adapted from PAID questionnaire for adult population
- 14-item tool for validated for teens
- Examines diabetes-related distress
- Asks how bothersome items are on 1 to 6 scale in the last month
- Can provide more insight than only depression and anxiety screeners
- High diabetes-related distress can be associated with:
  - Suboptimal self-management
  - Elevated A1c
  - More frequent severe hypoglycemia
  - Impaired quality of life
  - Increased chance of "diabetes burnout"

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	Not A Problem		Moderate Problem		Serious Problem	
1. Feeling sad when I think about having and living with diabetes.	1	2	3	4	5	6
2. Feeling overwhelmed by my diabetes regimen.	1	2	3	4	5	6
3. Feeling angry when I think about having and living with diabetes.	1	2	3	4	5	6
4. Feeling “burned-out” by the constant effort to manage diabetes.	1	2	3	4	5	6
5. Feeling that I am not checking my blood sugars often enough.	1	2	3	4	5	6
6. Not feeling motivated to keep up with my daily diabetes tasks.	1	2	3	4	5	6
7. Feeling that my friends or family act like “diabetes police” (e.g. nag about eating properly, checking blood sugars, not trying hard enough).	1	2	3	4	5	6
8. Feeling like my parents don’t trust me to care for my diabetes.	1	2	3	4	5	6
9. Missing or skipping blood sugar checks.	1	2	3	4	5	6
10. Feeling that I am often failing with my diabetes regimen.	1	2	3	4	5	6
11. Feeling like my parents blame me for blood sugar numbers they don’t like.	1	2	3	4	5	6
12. Feeling that my friends or family don’t understand how difficult living with diabetes can be.	1	2	3	4	5	6
13. Worrying that diabetes gets in the way of having fun and being with my friends.	1	2	3	4	5	6
14. Feeling like my parents worry about complications too much.	1	2	3	4	5	6

Aims

- Primary aim: Each T1D patient screened with PAID-T annually
- Secondary aim: Patients with score 44 or higher addressed in real-time at clinic visit
- Tertiary aims: Document process in EMR

Fishbone Diagram

Process:

- Clinic flow inconsistent between clinic types (T2 vs. T1. vs pre vs. endo) which can be confusing
- Long wait times to get patients into exam rooms
- Hard to implement new forms into workflow
  - Who? Front desk vs MA vs CDCES vs MSW
- Patients who express distress may be concerned with lack of immediate follow-up
- Will providers remember to check before meeting with patient? How to address positive screenings?
- How quickly can social work team respond to positive screening form?

- **Primary outcome: Each T1D patient screened with PAID-T annually**
- **Secondary outcome: Patients with score of 44 or higher addressed while still at clinic visit**
- **Tertiary: Document process in EMR**

Product:

- Using paper forms creates extra steps for staff (data entry into Cerner/other database)
- Unable to be integrated into Cerner
- Once widespread, will be burdensome to enter responses into Redcap database for tracking
- Easy to skip second page of form

People:

Staff

- Sw-high case load; may not be at clinic for real-time response
- Front desk-unaware of form
- Providers- time with each patient limited; will they remember to look at responses; unsure of how to respond to positive screening
- Staff unaware of form use in clinic

Patients/families

- Anxious to leave clinic if wait times long
- Caregivers fill out form instead of patient
- Have social needs that take priority
- Patients leave responses blank or forget to complete second page
- Discouraged if distress is disclosed and not addressed

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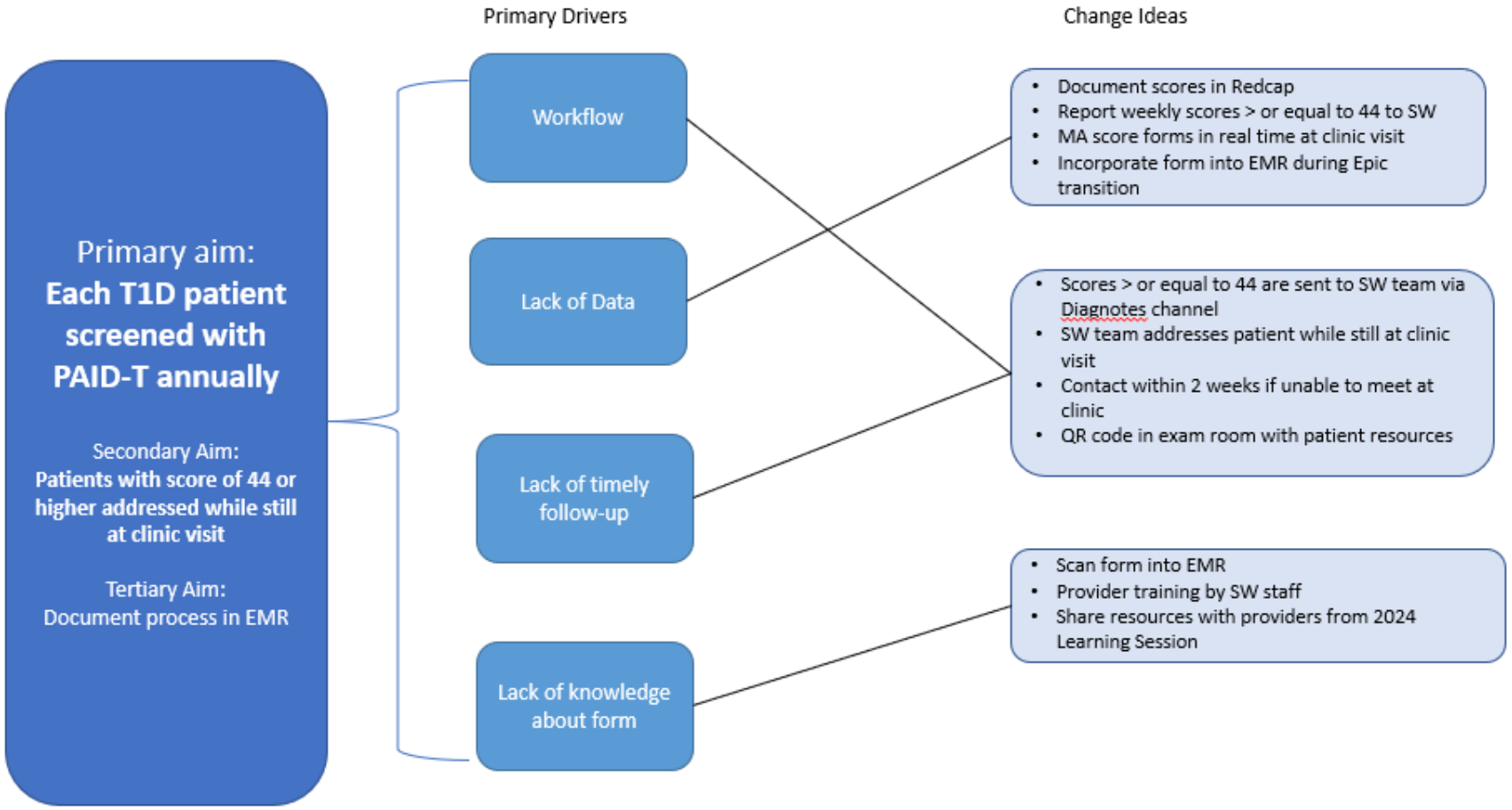
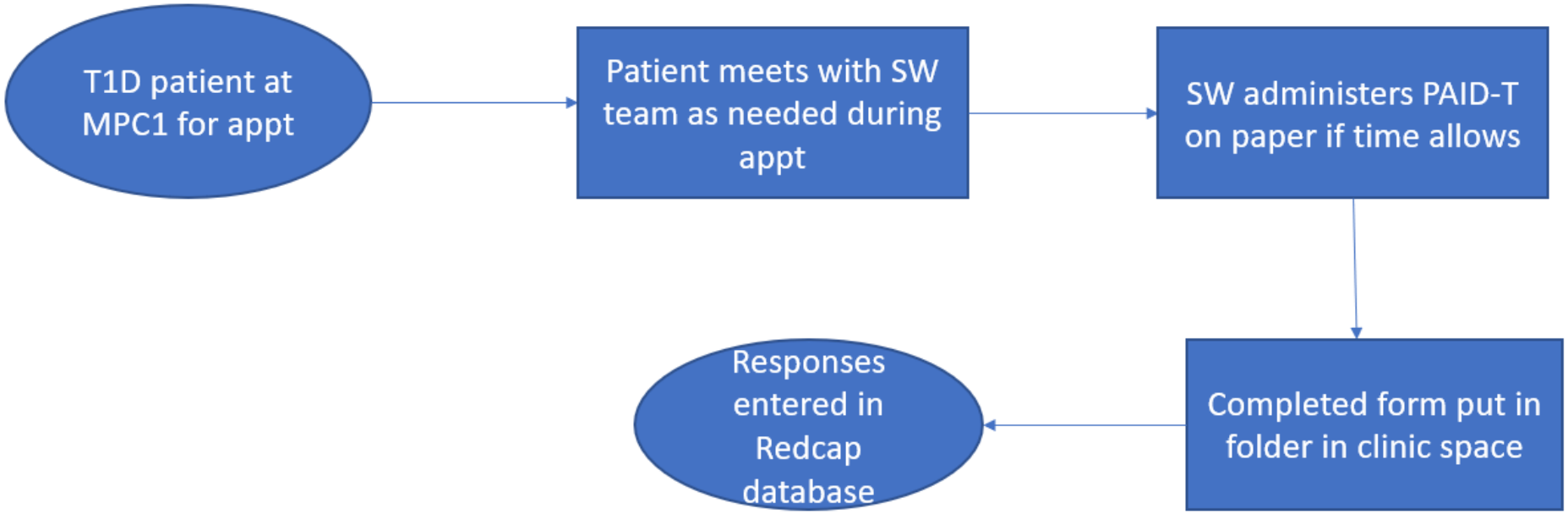
Key Driver Diagram



PDSA 1



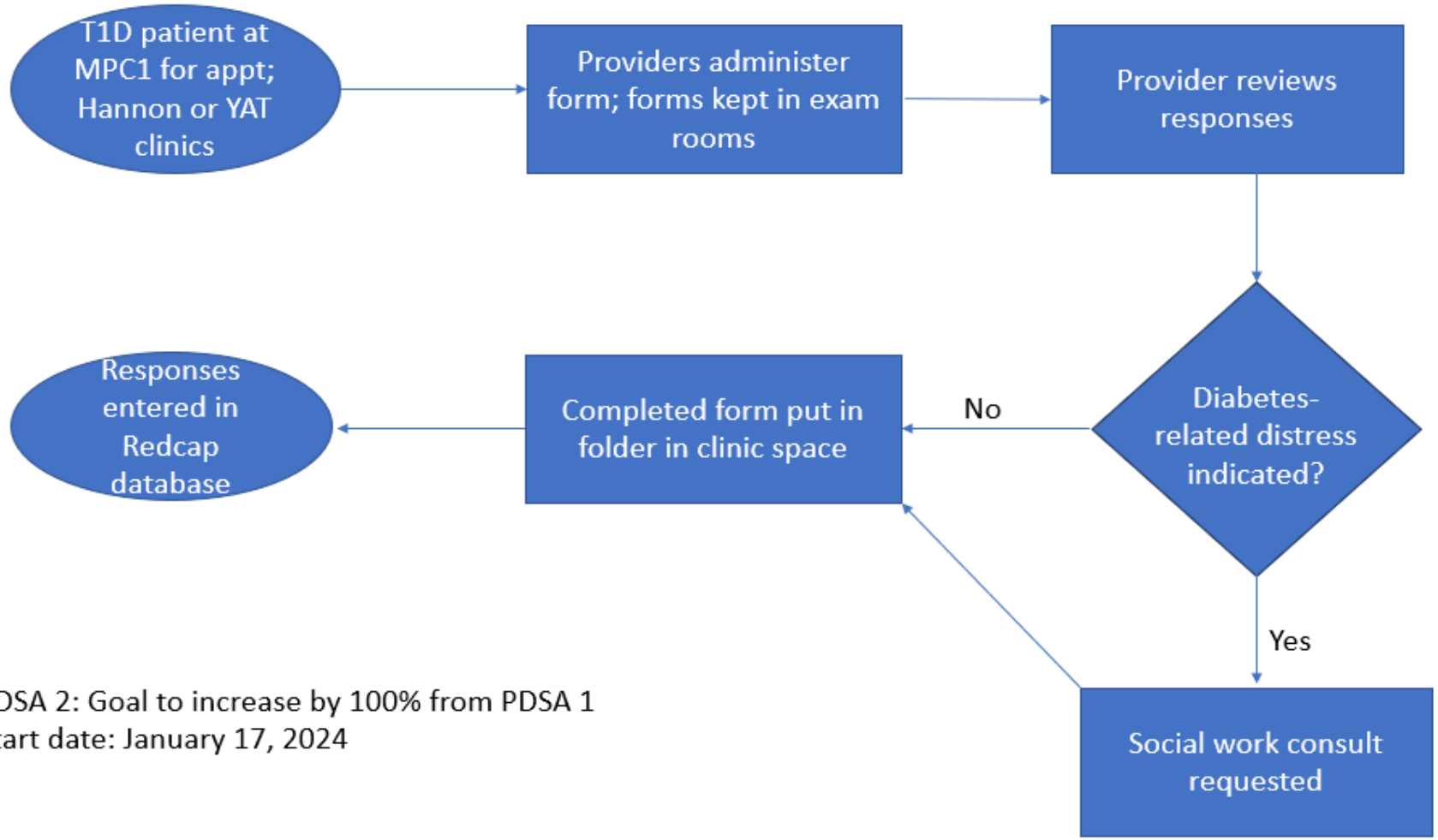
PDSA 1: Social workers administer when able
Started: 10/4/2023
Ended: approx. 1/15/2024
Total responses: 5

Observations/Barriers PDSA 1

- 2 MSWs with large patient load; often cover satellite clinics across state
- Social work time/workload
- Process made it easy for SW to forget
- Patients had other social needs that required immediate attention
- Unsure what to do with patients who respond 5/6 to a question or otherwise indicate high distress
- Other staff support issues

- ADAPT process for PDSA 2

PDSA 2



PDSA 2: Goal to increase by 100% from PDSA 1
Start date: January 17, 2024

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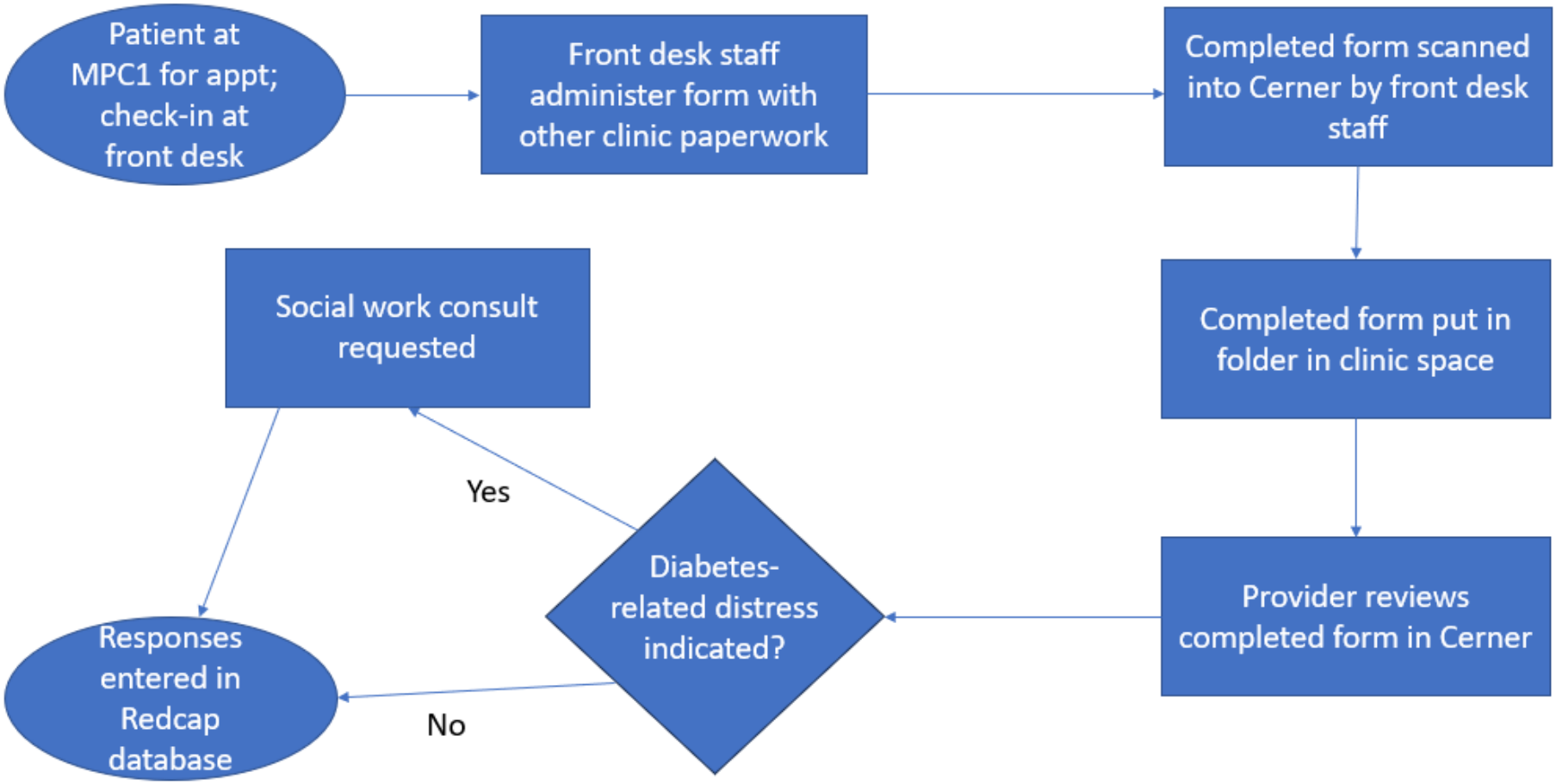
Observations/Barriers PDSA 2

- New LCSW liked using the form with patients
- We collected 15 new responses which exceeded our prediction of an increase of 100% (10 total)
- Relying on social workers alone is not an efficient way to collect responses from a large population.
- Want to incorporate the PAID-T into the normal patient paperwork packet for diabetes patients at MPC1.
- Involving the front desk staff and incorporating into clinic workflow in the next PDSA will be helpful.

- Adapt process for PDSA 3

PDSA 3



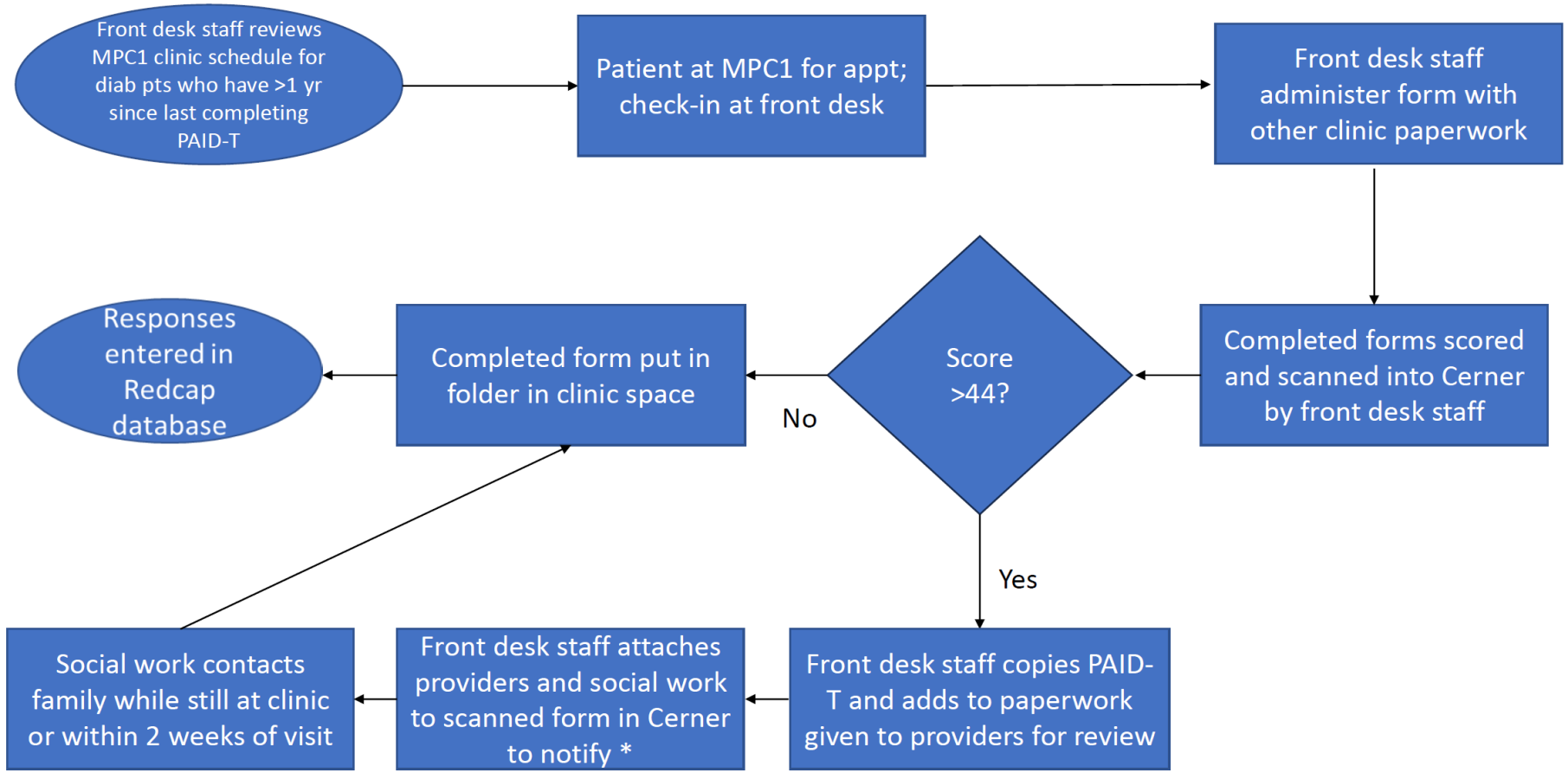
PDSA 3: Goal to increase by 100% from PDSA 2
Start date: April 22, 2024

Observations/Barriers PDSA 3

- Easy to collect responses by including the PAID-T in the patient paperwork packet.
- As of 7/22/2024, collected/entered at total of 501 records total (around 475 since last PDSA cycle).
- The process integrated into normal clinic paperwork.
- Need plan to notify the providers and social workers of scores >44 in real-time while the patient is still at the clinic visit.
- Forms were not being scanned into Cerner so providers were not aware of positive results

- Adapt for PDSA 4

PDSA 4

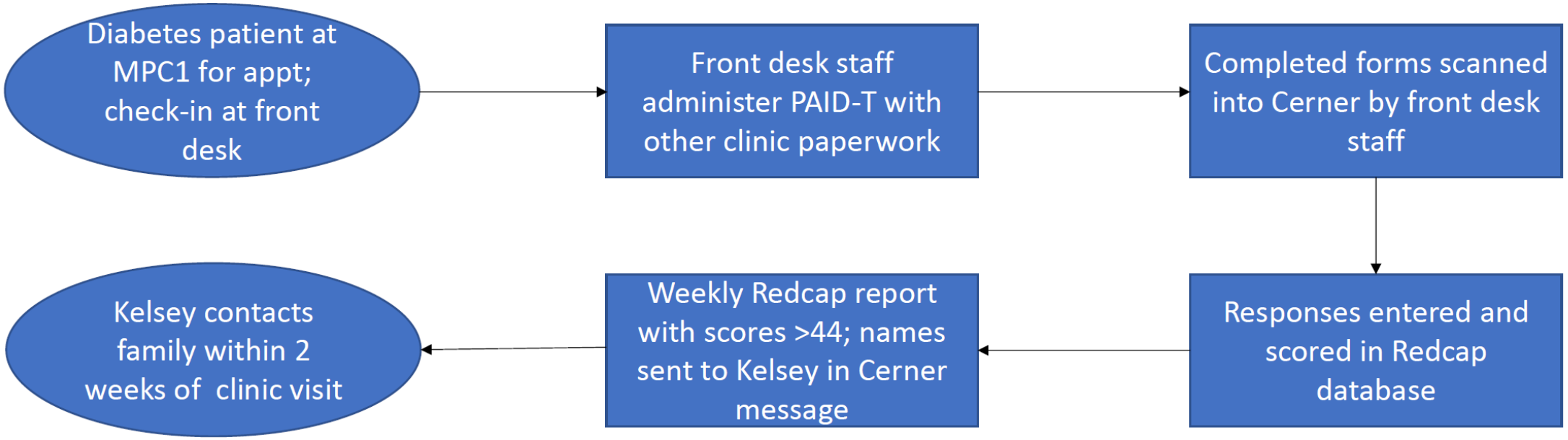

Front desk staff reviews MPC1 clinic schedule for diab pts who have >1 yr since last completing PAID-T
Patient at MPC1 for appt; check-in at front desk
Front desk staff administer form with other clinic paperwork
Completed forms scored and scanned into Cerner by front desk staff
Score >44?
No
Yes
Completed form put in folder in clinic space
Responses entered in Redcap database
Front desk staff copies PAID-T and adds to paperwork given to providers for review
Front desk staff attaches providers and social work to scanned form in Cerner to notify *
Social work contacts family while still at clinic or within 2 weeks of visit

Observations/Barriers PDSA 4

- We learned that this cycle may work in the future for our site, but right now we need to scale it back
- No clinic manager/short-staffed
- In the short term run weekly reports of scores >44 and send those names to social work or Kelsey. They will address responses with patients through resources, counseling, etc.

- Abandoned cycle and went back to process from PDSA 3

PDSA 5

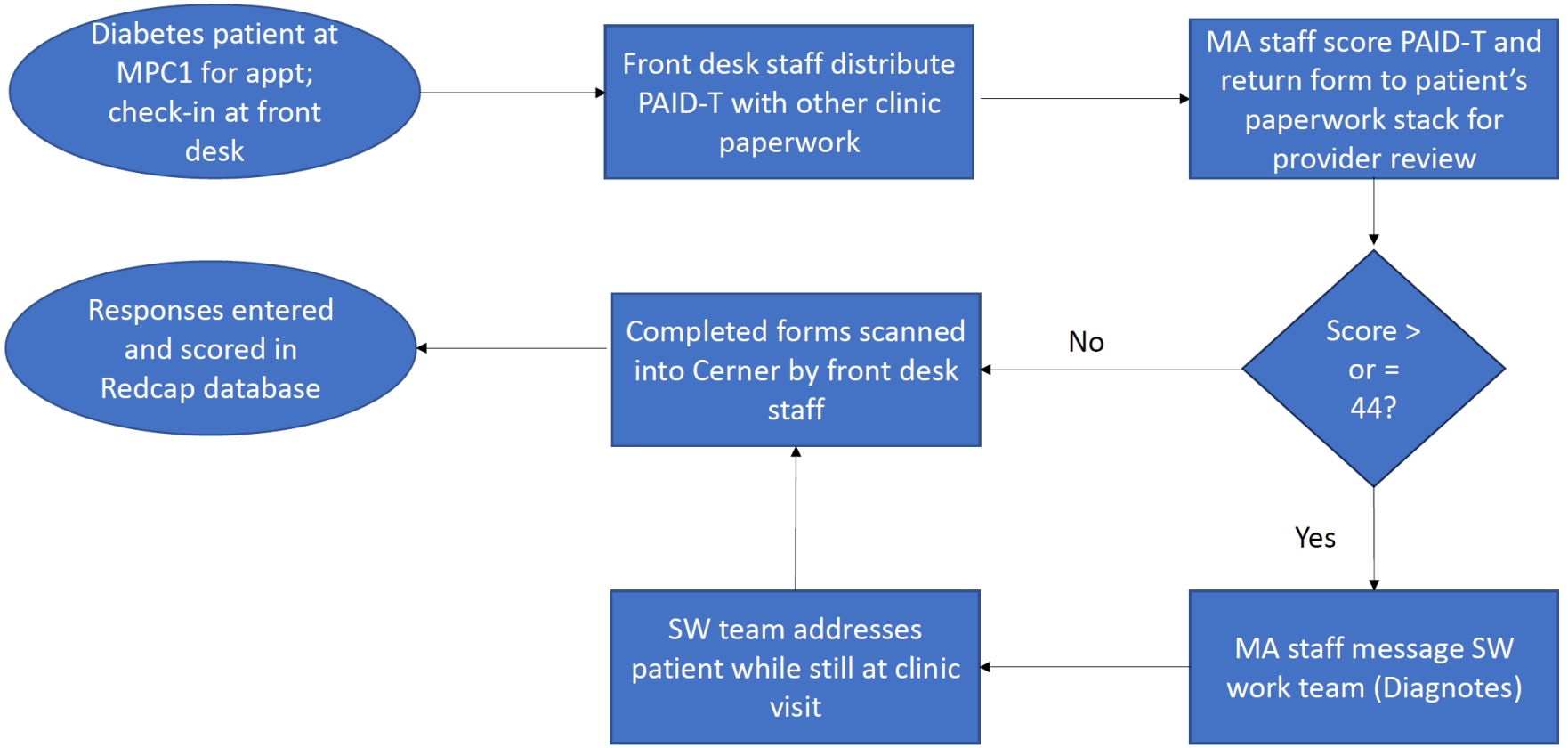

Diabetes patient at MPC1 for appt; check-in at front desk
Front desk staff administer PAID-T with other clinic paperwork
Completed forms scanned into Cerner by front desk staff
Responses entered and scored in Redcap database
Weekly Redcap report with scores >44; names sent to Kelsey in Cerner message
Kelsey contacts family within 2 weeks of clinic visit

Observations/Barriers PDSA 5

- 5-10 diabetes patients per week at MPC1 had a score of > or = 44.
- A message was sent to LCSW in each patient's chart with their high PAID-T score.
- LCSW did reach out within 2 weeks from clinic visit and offer services.
- Need to integrate newly hired psychologist into process.
- While the team was able to access patients within 2 weeks of their diabetes appointment a MPC1, it was agreed that we need a better way to reach out to patients with a score of 44 or higher while they are still at clinic.

- Adapt process for PDSA 6

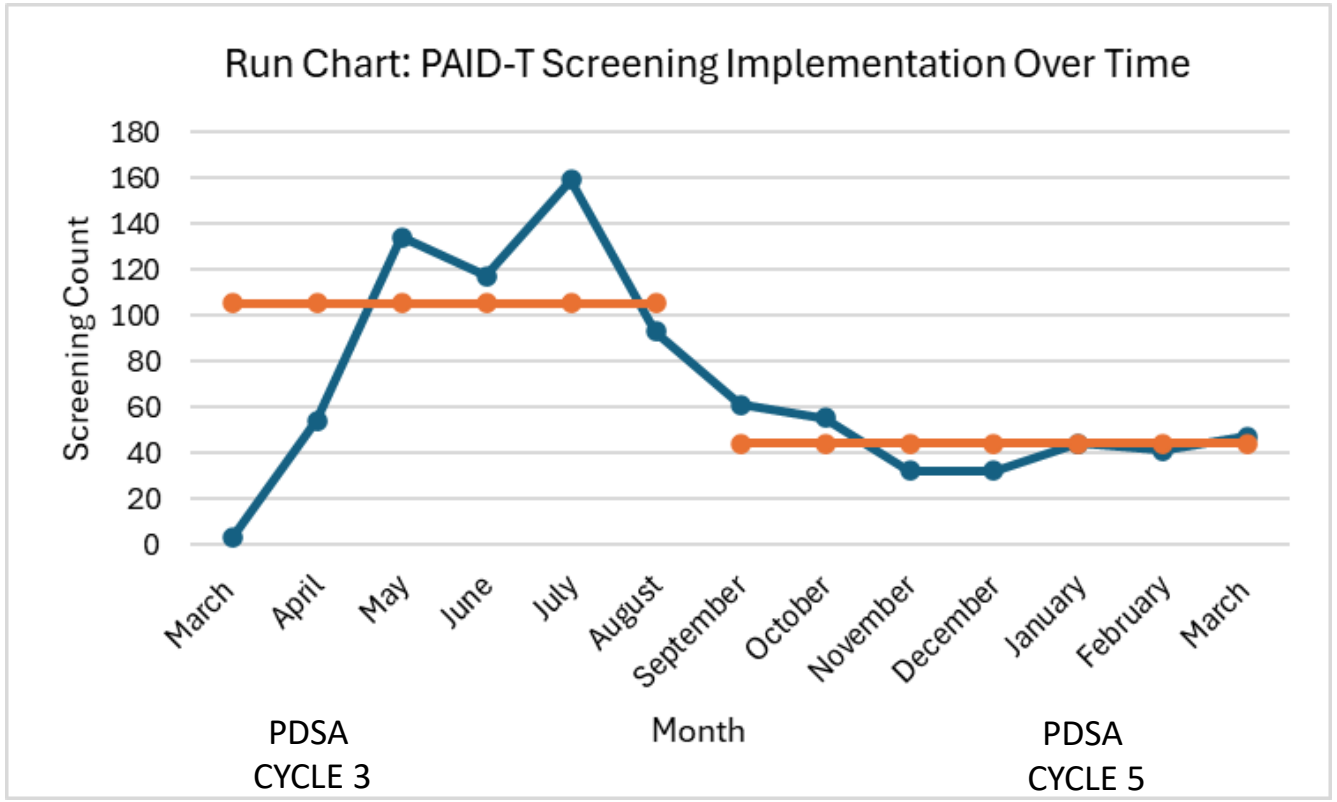
PDSA 6


Diabetes patient at MPC1 for appt; check-in at front desk
Front desk staff distribute PAID-T with other clinic paperwork
MA staff score PAID-T and return form to patient's paperwork stack for provider review
Score > or = 44?
No
Yes
Completed forms scanned into Cerner by front desk staff
Responses entered and scored in Redcap database
MA staff message SW work team (Diagnotes)
SW team addresses patient while still at clinic visit

Current Observations/Barriers PDSA 6

- So far process seems to be effective in notifying SW team of positive scores
- A few patients may be missed if social workers and psychologists are working with other families

Current results – Number of Patients Screened with PAID-T



This run chart shows the number of **unique patients** who completed a PAID-T screening each month.
To avoid overcounting, we only included each patient's first screening during the 12-month period, in line with the goal of one annual screen per patient.

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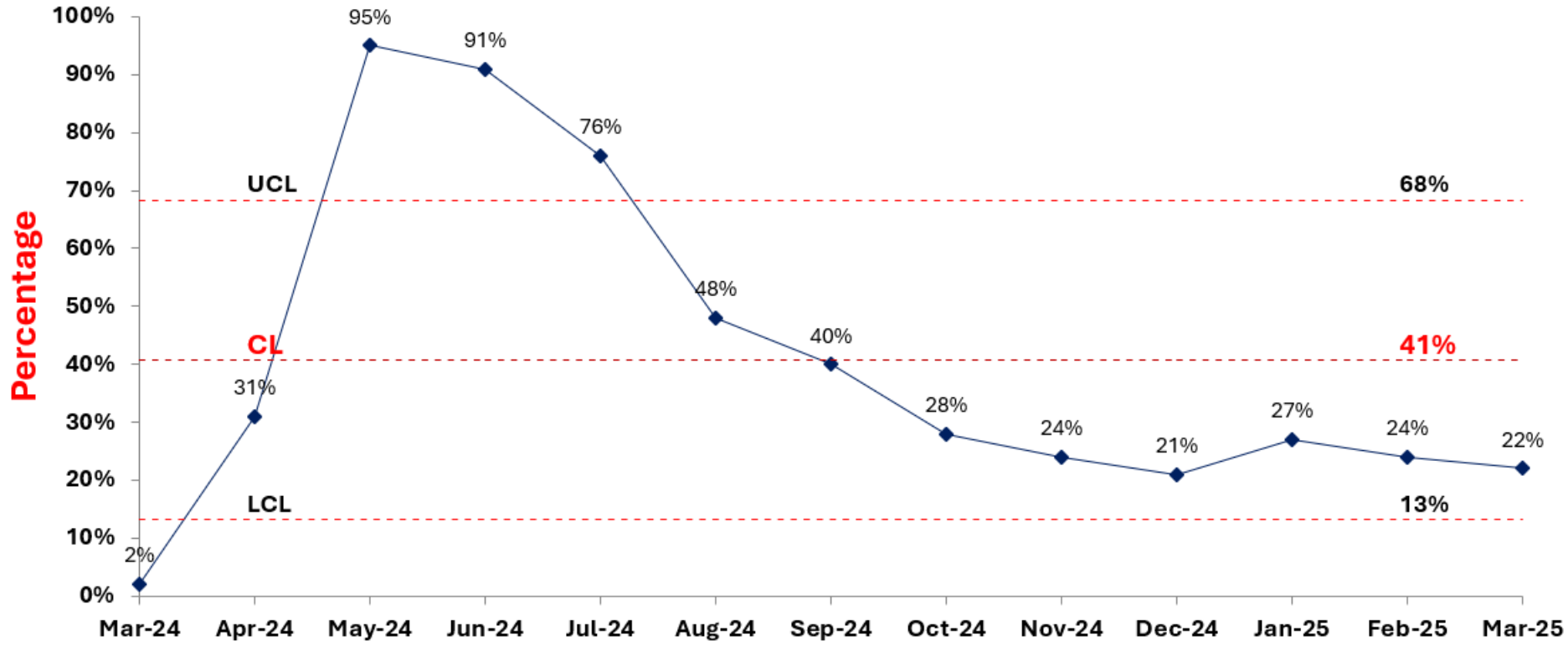
Current results - Monthly Screening Rate



The monthly screening rate reflects the number of **unique first-time PAID-T screens** divided by the **total number of clinic appointments** that month.
In some months, the screening rate appears artificially low because patients who had already been screened earlier in the year continued to return for follow-up visits, contributing to the denominator but not to the numerator.
This approach ensures we uphold the annual screening goal, but it may underestimate actual screening performance across visits.

Future Plans

- Train providers on PAID-T form during staff retreat (scoring, interpretation, and follow-up for high scores)
- Assess provider barriers to utilizing from in clinic (pre training and post training) starting in August
- Offer Learn2Breathe to patients indicating diabetes distress (mindfulness-based stress reduction program for teens)
- Incorporate into Epic build with real-time scoring, alerts to providers
- Reduce survey burnout and only administer once per year
- Expand to other clinic sites

Diabetes Clinic Staff Survey

I do not have time to address problems noted on the questionnaire during clinic
The workflow doesn't allow me to use the questionnaire efficiently in clinic: Providers and/or MAs
I do not feel that I have the training/knowledge/skills to address problems noted on the questionnaire during clinic
It is difficult to refer/consult clinic staff to address problems noted on the questionnaire during clinic
I am not aware that patients are completing the questionnaire in clinic
There is too much paper used in clinic
I feel that someone else is better suited to address problems noted on the questionnaire during clinic
I do not feel that this questionnaire helps me care for my patients
I do not know how to score to questionnaire
I do not know how to interpret the questionnaire

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Thank you!

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