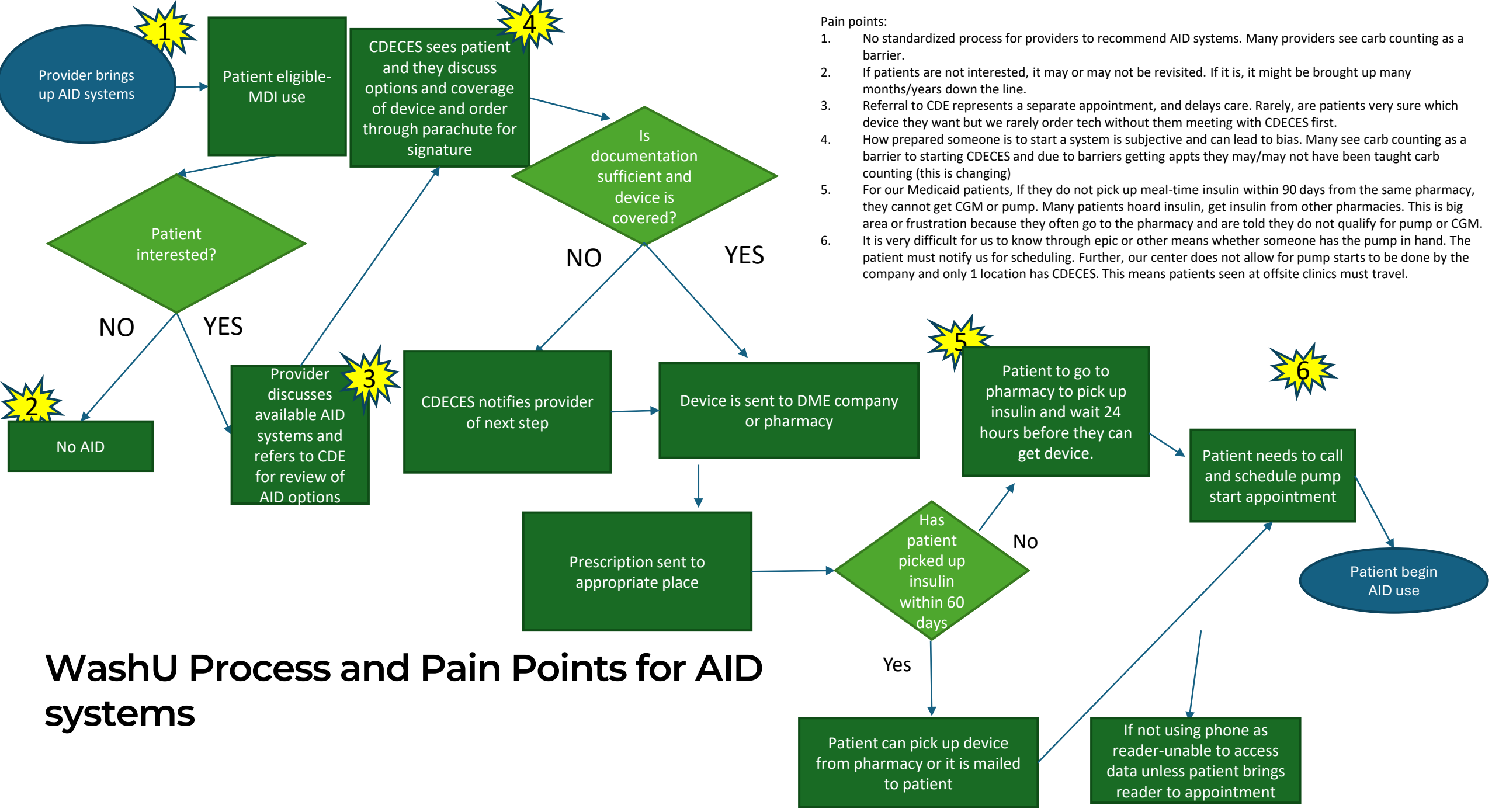
WashU Process and Pain Points for AID systems



Pain points:

1. No standardized process for providers to recommend AID systems. Many providers see carb counting as a barrier.
2. If patients are not interested, it may or may not be revisited. If it is, it might be brought up many months/years down the line.
3. Referral to CDE represents a separate appointment, and delays care. Rarely, are patients very sure which device they want but we rarely order tech without them meeting with CDECES first.
4. How prepared someone is to start a system is subjective and can lead to bias. Many see carb counting as a barrier to starting CDECES and due to barriers getting appts they may/may not have been taught carb counting (this is changing)
5. For our Medicaid patients, If they do not pick up meal-time insulin within 90 days from the same pharmacy, they cannot get CGM or pump. Many patients hoard insulin, get insulin from other pharmacies. This is big area or frustration because they often go to the pharmacy and are told they do not qualify for pump or CGM.
6. It is very difficult for us to know through epic or other means whether someone has the pump in hand. The patient must notify us for scheduling. Further, our center does not allow for pump starts to be done by the company and only 1 location has CDECES. This means patients seen at offsite clinics must travel.