



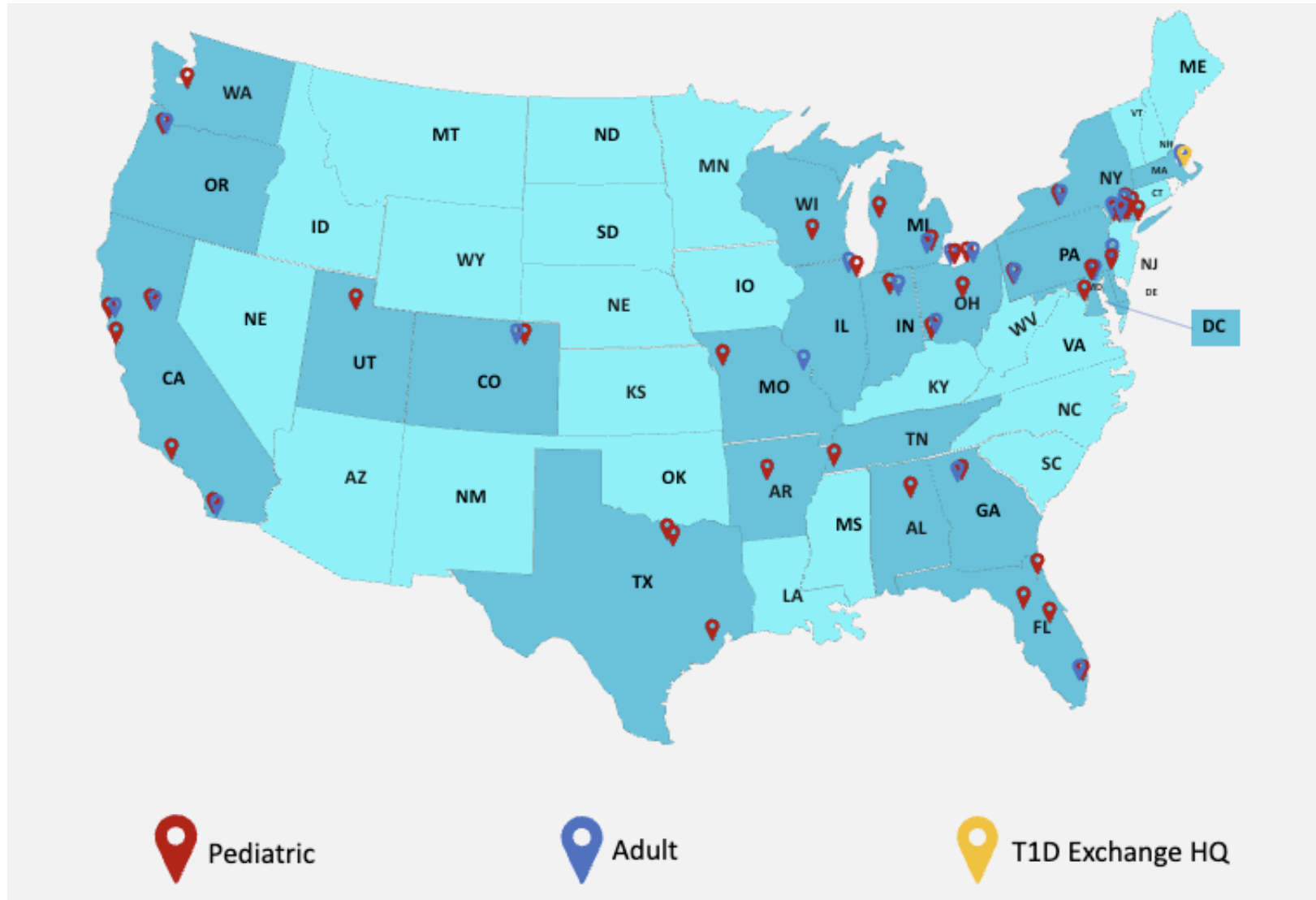
# T1DX-QI Collaborative Meeting, Pediatrics

September 23, 2025

# Agenda

- Welcome and Introductions
- Updates from the Coordinating Center
  - Annual Survey
  - November Learning Session
  - 2026-2028 Measures
  - Dashboard review
- Clinical center presentations
  - Rady Children's
  - Cook Children's
- Next meeting: Thursday January 29th 11-12:30pm EST

# T1DX-QI Collaborative Centers: 41 Pediatric & 21 Adult



You can find more information about the Collaborative on the [member website](#) including the details of the list of centers, contacts, publications, committees, and special projects.



You can find more information about the Collaborative data and benchmarking on the [QI Portal](#).



# The 2025 Annual Survey

We encourage every center to complete the survey. Why is this important?

- Your responses help us understand the infrastructure and the needs across the centers
- We can better advocate and learn together, understanding opportunities for future projects and priorities
- Publication opportunities in forthcoming abstracts and manuscripts
- If you haven't completed the survey yet, we ask that you submit one survey per center. Please use this [link](#) to complete this year's survey on or before **Friday October 3, 2025**.





# T1DX-QI Learning Session, November 11-12

## Event Highlights

Welcome Reception: Nov. 10, 5-6:30pm

Sessions: Nov. 11-12 at The Whitley Hotel

Collaborate, share strategies, and showcase your work.

## Action Items

Register for the event before 10/1/2025.

Reserve your hotel.

Confirm your travel plans —

Arrive by Monday afternoon to join the welcome reception.

We look forward to seeing you in Atlanta!



# Learning Session Posters and Oral Presentations

- We received 63 abstracts. Thank you for your contributions!
- Accepted will be included in the *Journal of Diabetes*

## **Abstracts that have been accepted as posters**

- Please share your poster by Friday October 17<sup>th</sup>
- T1D Exchange will print your poster and bring it to Atlanta for the conference. You can take the poster home with you when the conference concludes.
- Time is blocked after Tuesday's lunch for poster presentations

## **Abstracts that have been accepted as oral presentations**

- Please share your slides by Friday October 17<sup>th</sup>
  - Plan to share 8 slides
  - 10 min presentation plus time for questions

# T1DX-QI 2026-2028 Measures

Collaborative measures for 2022-2025 period end on 12/31/2025

## **Review period for new measures**

- The T1DX-QI coordinating center will share proposed measurement definitions before 10/1/2025
- We ask for your feedback by 10/24/2025
- We will share back the final definitions by 11/3/2025

## **New 2026-2028 Measures go live on 1/1/2026**

- New Smartsheets for the new measurement period will be shared with teams by 1/1/2026
- Data reporting for the new period is requested by 3/1/2026 to begin reporting data for the 1/1/2026+ period





**T1D**  
*Exchange*

# QI Collaborative Pediatric Centers Dashboard Review

September 2025



41 pediatric clinics – caring for 36,000 patients with T1D



Seattle Children's  
HOSPITAL • RESEARCH • FOUNDATION



Cincinnati  
Children's



Barbara Davis  
Center for Diabetes  
UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS



Penn  
Medicine



Children's  
Healthcare of Atlanta



Weill Cornell  
Medicine



Stanford  
MEDICINE

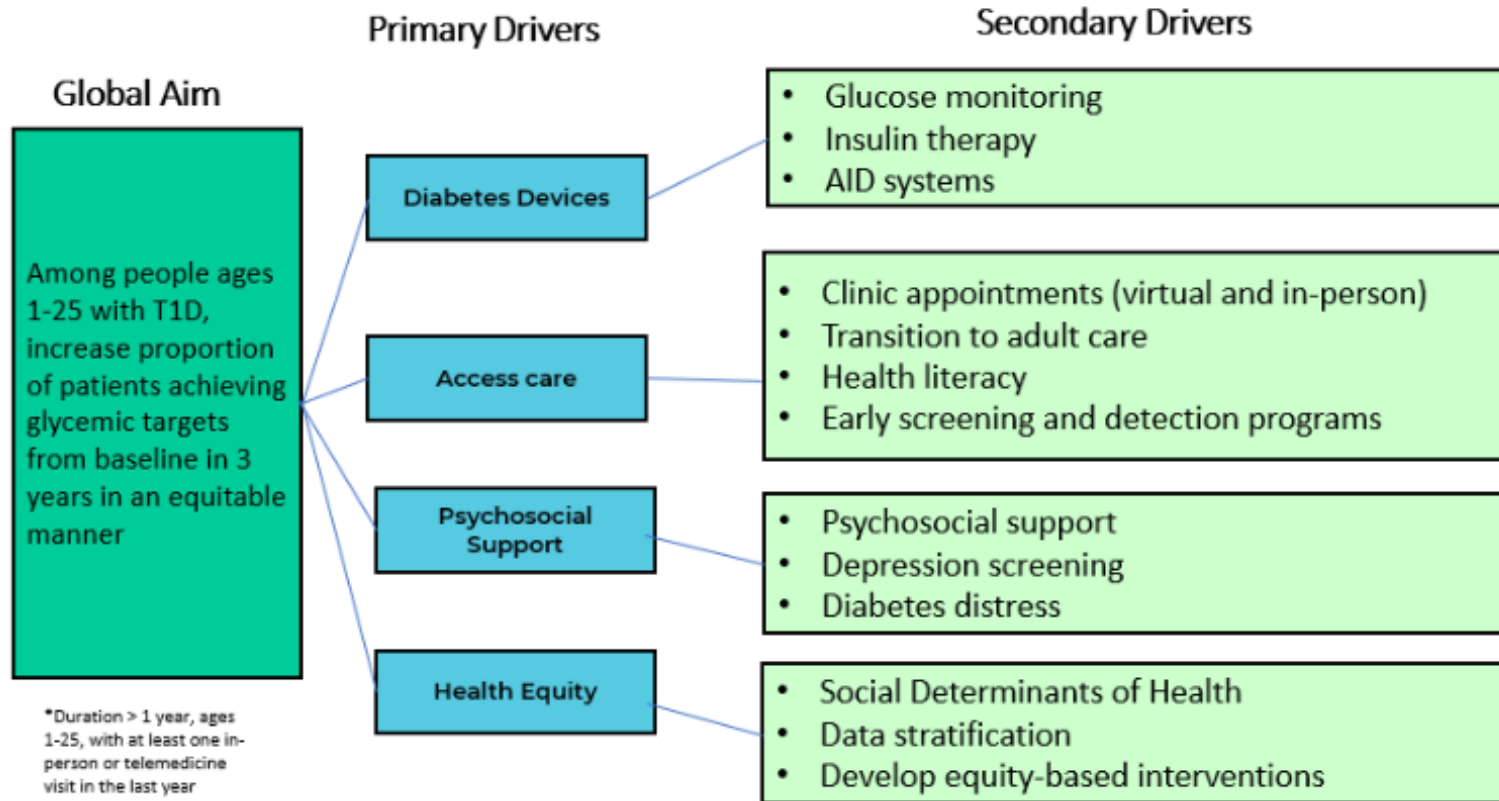


Children's Mercy  
HOSPITALS & CLINICS  
— Kansas City —



# Pediatric T1D Glycemic Targets KDD

## Key Driver Diagram



# How we receive data at T1D Exchange?

## Data Mapping

- Typically led by IT team, process to map against T1Dx data specifications resulting in access to the QI portal and contribution to population health research.

## Smartsheets

- Temporary data sharing solution (prior to site completing data mapping) where site shares aggregate data to produce dashboards; allows sites the benefit of benchmarking and identifying shifts and trends over time.

An abstract network diagram composed of numerous blue dots (nodes) connected by thin, light blue lines. The nodes are distributed across the left and bottom portions of the slide, creating a complex web of connections that suggests a data network or a social graph.

# 2023-2025 Data Overview

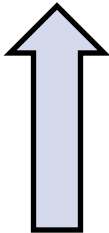
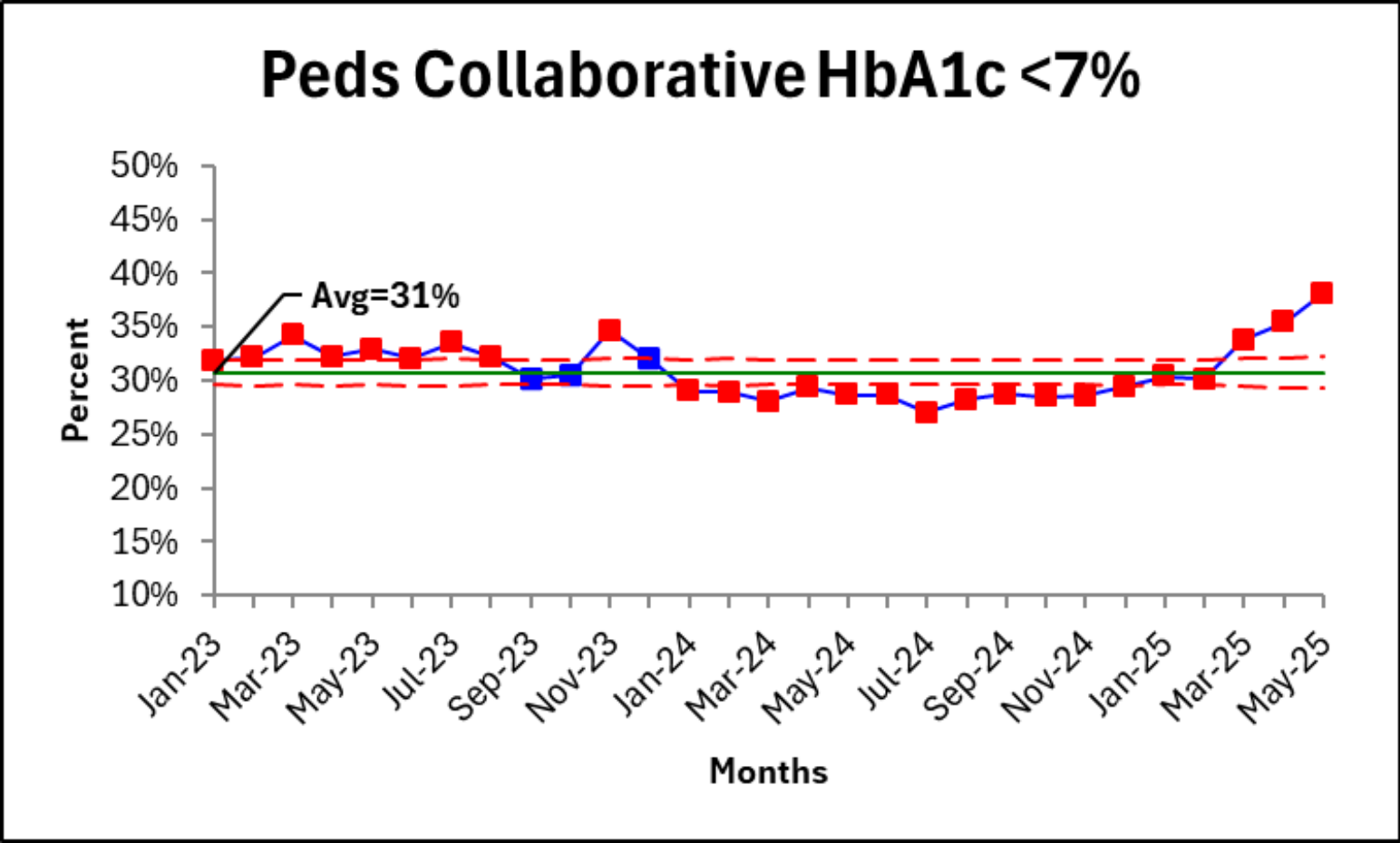


# Core QI Measures – Peds clinics



Measures reported as of Aug 2023	Measure	# of Pediatrics clinics reporting
<b>Outcome Measures</b>	HbA1c >7%	31 clinics
	Median A1c	31 clinics
<b>Process Measures</b>	CGM use	26 clinics
	Pump use	29 clinics
	DKA events	31 clinics
<b>Other Measures</b>	Time in Range	12 clinics
	Documented Transition	2 clinics
	Social Determinants of Health screening	9 clinics

# HbA1c < 7%



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direction

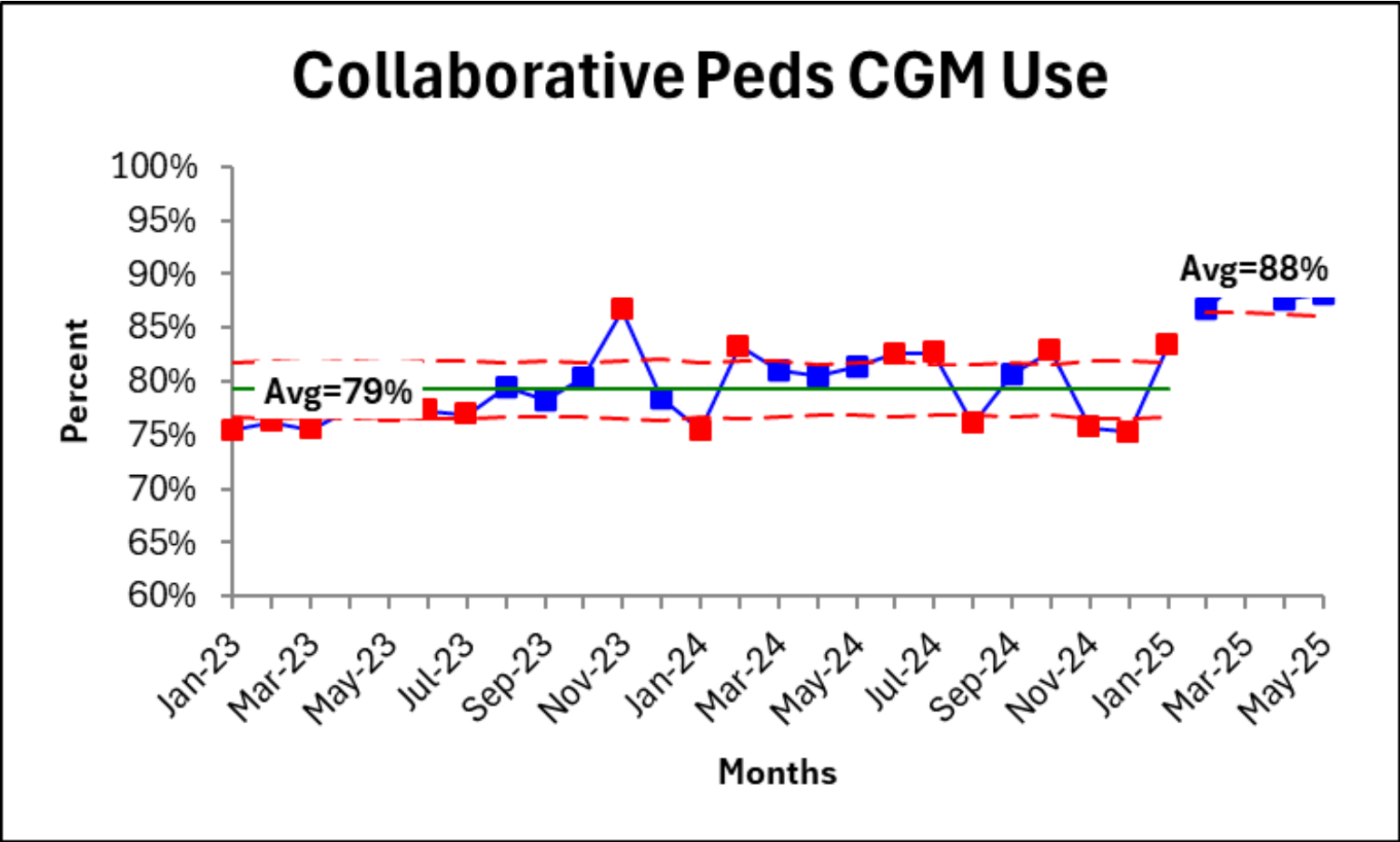
QI Collaborative Goal: 25%  
QI Collaborative Average: 31%

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
7059	6454	7487	6593	7045	6582	6343	7307	6774	7242	6329	5412	6964	6310	6906	8077	7876	6903	8139	8537	7435	8015	6638	6562	6965	6643	5767	4999	4390
2247	2075	2563	2124	2318	2112	2126	2354	2045	2207	2194	1732	2017	1827	1938	2371	2259	1978	2197	2408	2140	2281	1896	1932	2120	2000	1950	1772	1675

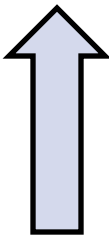
# Peds Clinics - HbA1c < 7% Summary

- **QI Collaborative Goal: 25%**
- **QI Collaborative Average: 31%**
- **Improvement Range: 15%-47%**
  
- **Sites that meet goal: 16/32**
- **Top performers:**
  1. Hassenfeld 47%
  2. Nemours Delaware 35%
  3. Stanford 33%
  4. Rady Children's 31%
  5. Corewell Health / Helen Devos 29%

# CGM Use



Increase by 9%



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favorable  
direction

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
7059	6454	7487	6593	7045	6582	6343	7307	6774	7242	6329	5412	6964	6310	6906	8077	7876	6903	8139	8537	7435	8015	6638	6562	6965	6643	5767	4999	4390
5328	4920	5652	5103	5436	5084	4880	5809	5302	5813	5483	4247	5252	5254	5601	6506	6415	5702	6725	6496	5997	6638	5027	4939	5814	5769	5182	4382	3868



# Peds Clinics – CGM Use

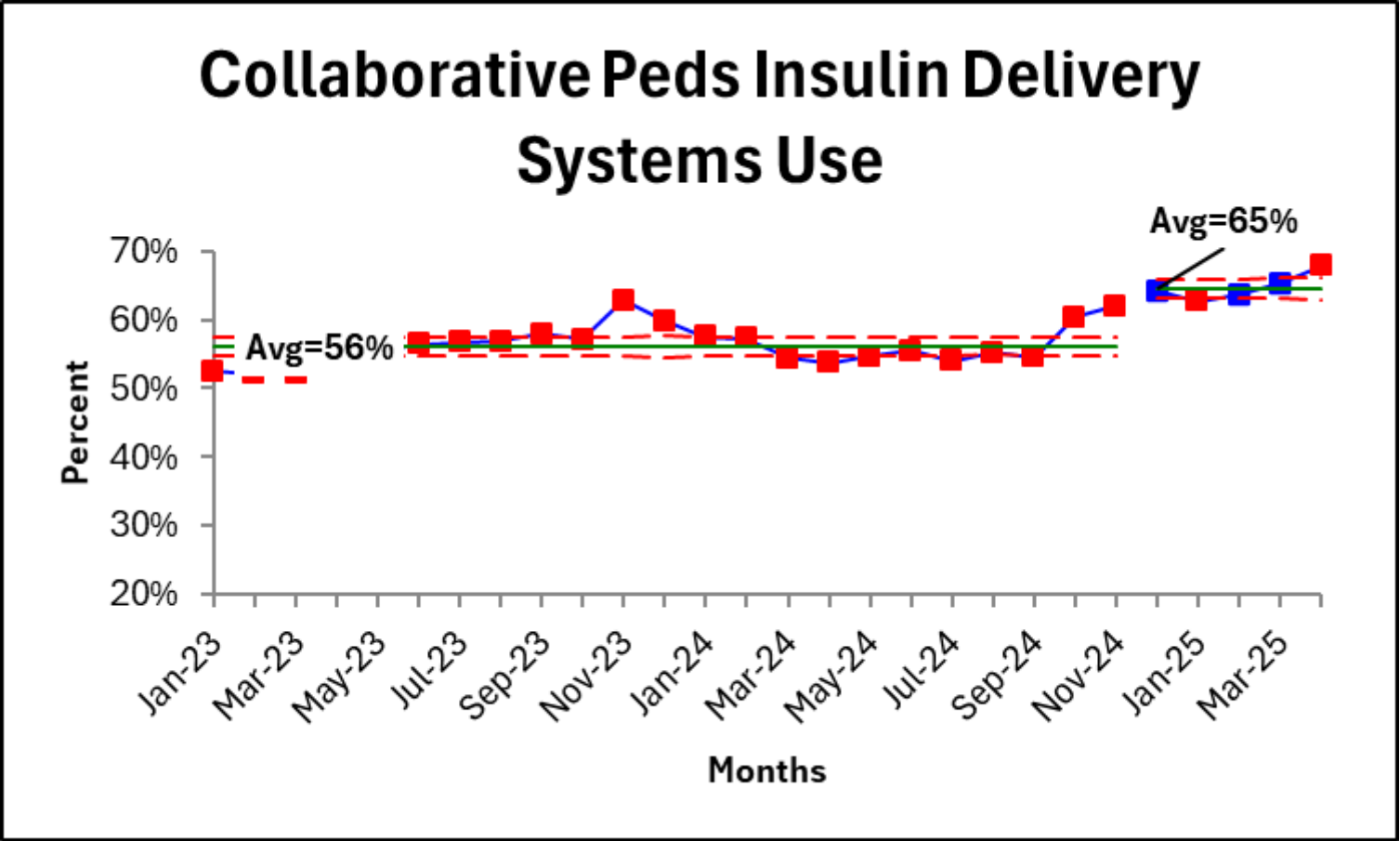
- **QI Collaborative Goal: 70%**
- **QI Collaborative Average: 88%**
- **Improvement Range: 64%-98%**

- **Sites that meet goal: 24/26**

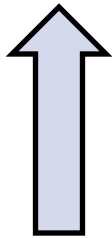
- **Top performers:**

1. Nationwide 98%
2. Rady 98%
3. CCHMC 97%
4. Hassenfeld 96%

# Insulin Delivery System Use



Increase by 9%



Run chart favorable direction

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
7059	6454	7487	6593	7045	6582	6343	7307	6774	7242	6329	5412	6964	6310	6906	8077	7876	6903	8139	8537	7435	8015	6638	6562	6965	6643	5767	4999
3706	3366	3913	3582	3917	3712	3596	4151	3926	4136	3973	3236	4001	3614	3753	4341	4301	3829	4394	4714	4053	4837	4113	4220	4368	4227	3761	3389

# Peds Clinics – Insulin Delivery System

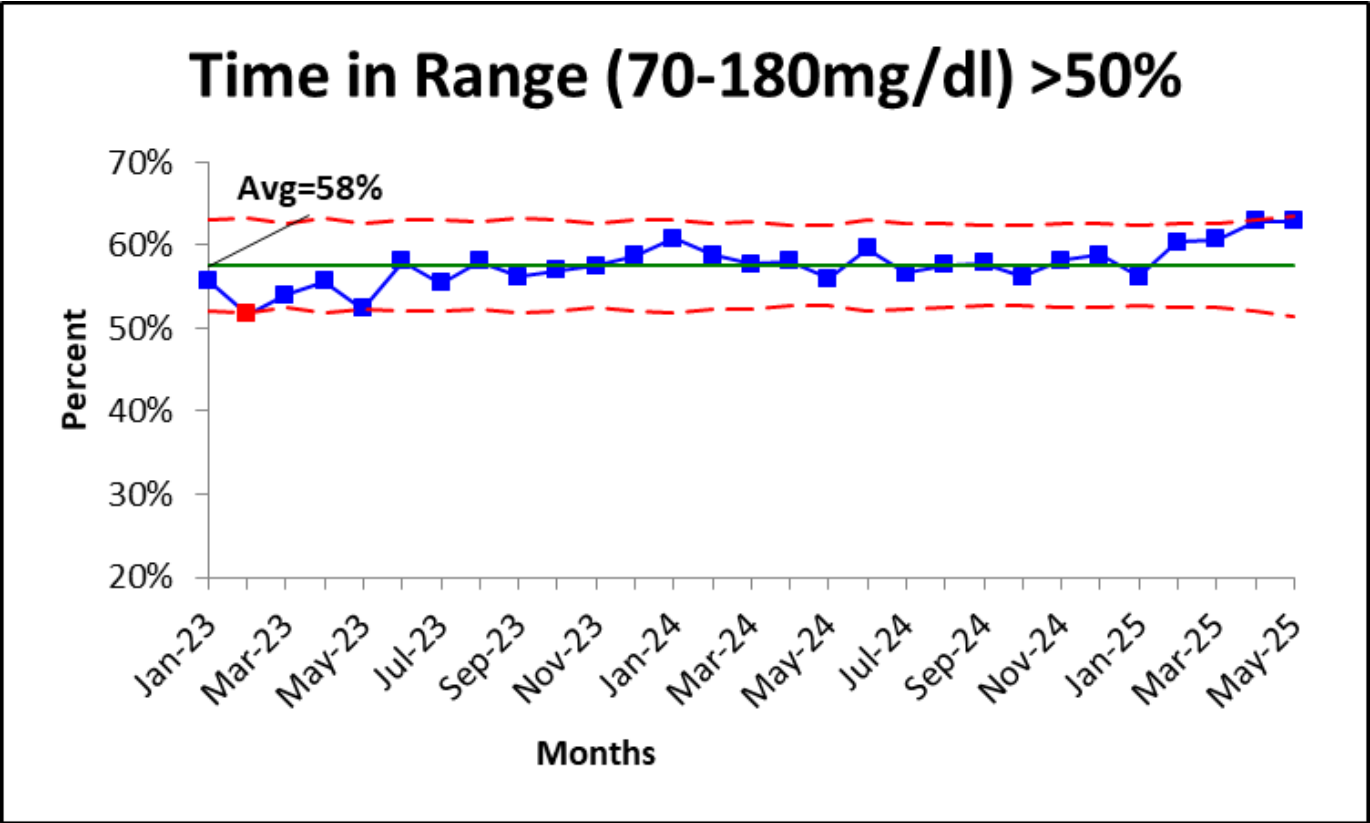
- **QI Collaborative Goal: 65%**
- **QI Collaborative Average: 50%**
- **Improvement Range: 40%-87%**

## **Sites that meet goal: 17/29**

- **Top performers:**

1. Hassenfeld 87%
2. Utah 85%
3. JHU 84%
4. SUNY 81%
5. Arkansas Children's 79%

# Time in Range 70-180 >50%



Run chart favorable direction

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
1394	1295	1648	1331	1630	1457	1417	1599	1307	1404	1679	1436	1391	1605	1532	1858	1858	1461	1629	1682	1885	1895	1690	1694	1859	1649	1681	1429	1185
777	670	889	740	854	846	785	928	734	799	965	844	846	945	884	1078	1041	870	922	969	1090	1065	984	997	1044	995	1020	899	745



# Peds Clinics – Time in Range (70-180 mg/dl) >50%

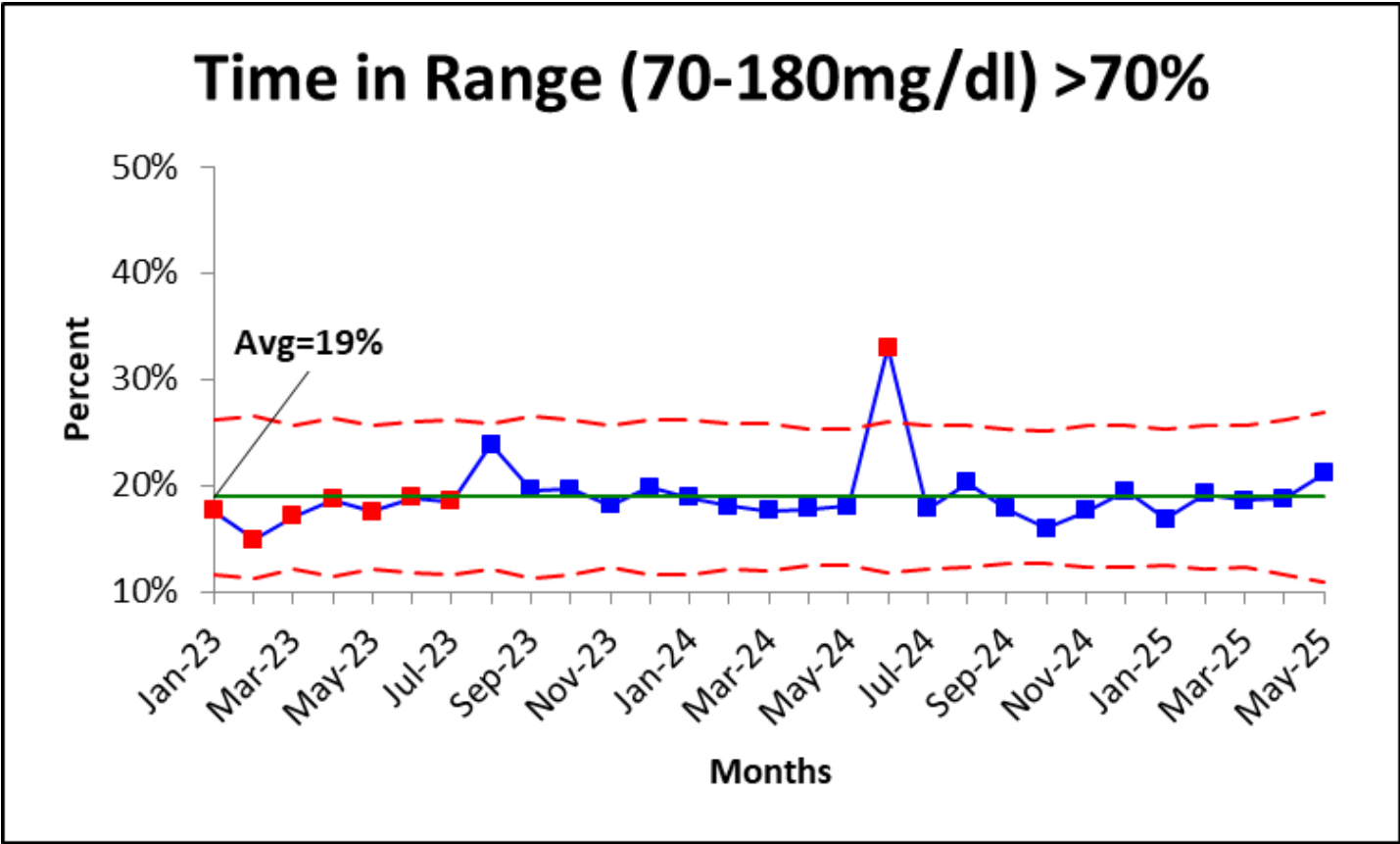
- **QI Collaborative Goal: 50%**
- **QI Collaborative Average: 58%**
- **Improvement Range: 50%-70%**

- **Sites meeting goal: 12/12**

- **Top performers:**

- (1) Rady 70%
- (2) CMH 66%
- (3) BDC 65%

# Time in Range 70-180 >70%



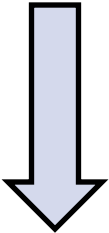
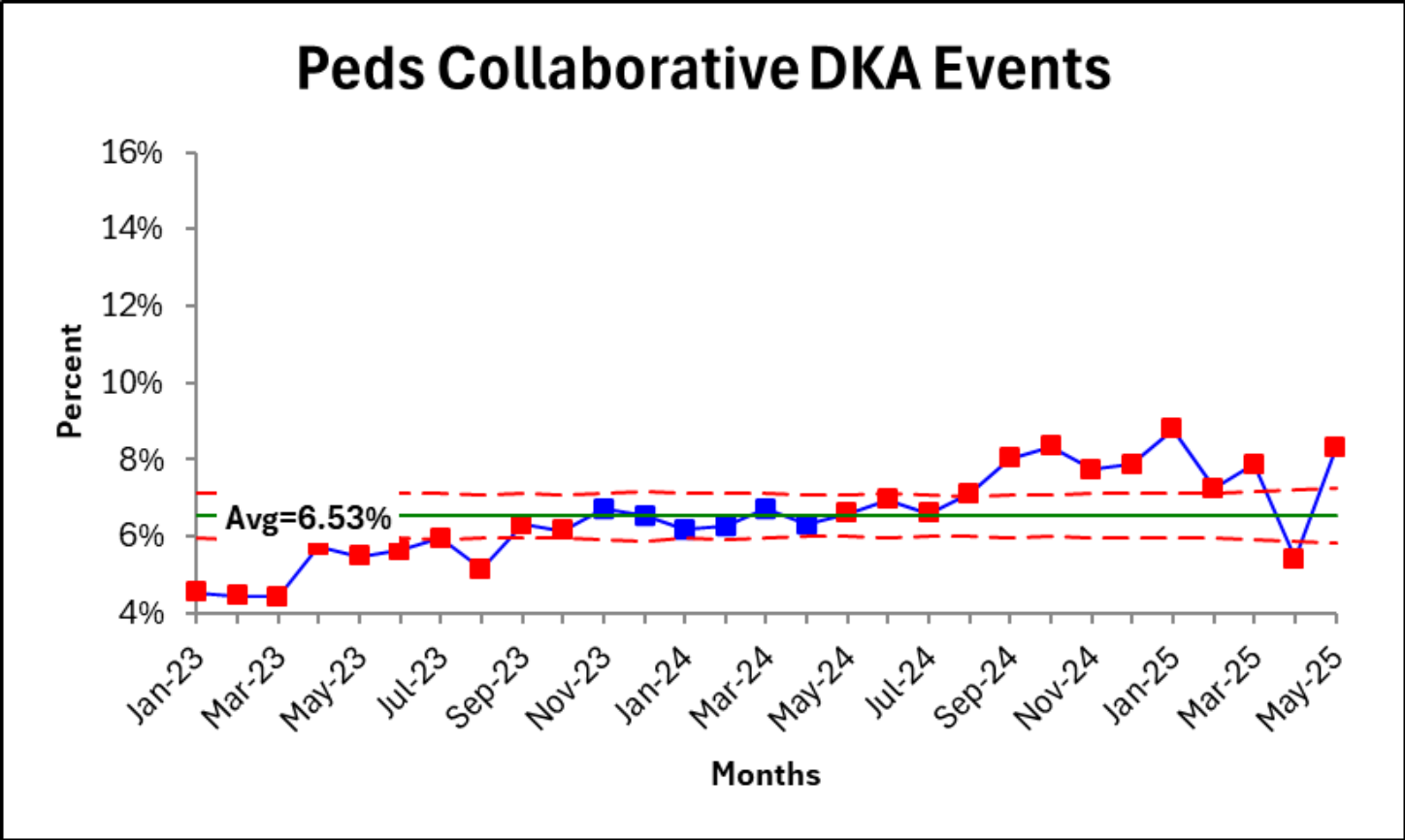
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direction

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	
1394	1295	1648		1331	1630	1457	1417	1599	1307	1404	1679	1436	1391	1605	1532	1858	1858	1461	1629	1682	1885	1895	1690	1694	1859	1649	1681	1429	1185
246	193	282	248	285	275	262	381	255	276	305	285	262	290	270	331	336	482	290	340	335	302	298	329	312	316	312	268	250	

# Peds Clinics – Time in Range (70-180 mg/dl) >70%

- **QI Collaborative Goal: 25%**
- **QI Collaborative Average: 19%**
- **Improvement Range: 11%-26%**
  
- **Sites meeting goal: 2/12**
  
- **Top performers:**
  - (1) Hassenfeld 26%
  - (2) Helen Devos 25%

# Peds Clinics – DKA Events



Run chart  
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direction

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
6666	6108	7042	6275	6679	6232	6001	6955	6382	6873	5996	5099	6690	6049	6611	7769	7476	6566	7744	8190	7071	7620	6362	6214	6670	6499	5713	4959	4354
302	272	312	360	366	351	357	357	402	422	403	333	413	378	445	492	493	456	510	582	568	635	492	489	586	471	450	268	362

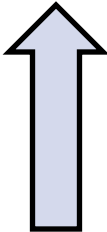
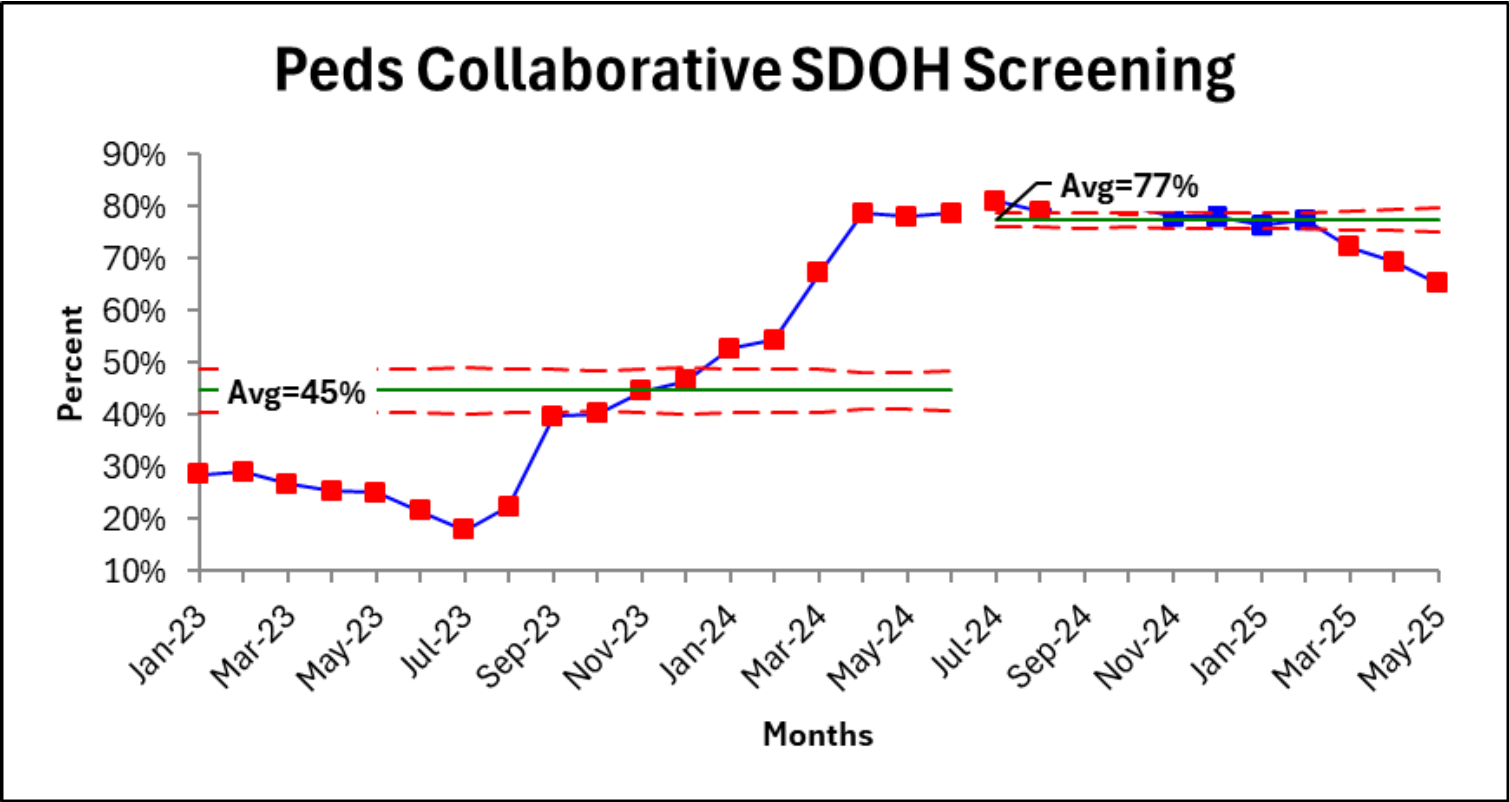


# Peds Clinics – DKA Events

- **QI Collaborative Goal: 6.3%**
- **QI Collaborative Average: 6%**
- **Improvement Range: 0%-10%**
  
- **Sites that meet goal: 29/31**
- **Top performers:**

- (1) OHSU: 0%
- (2) Nemours Orlando: 0%
- (3) Lurie: 0%
- (4) Helen Devos 0%

# Peds Clinics – SDOH Screening



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direction

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
3054	2872	3241	2987	3167	2826	2737	2893	3062	3269	3016	2718	2971	2992	3004	3957	3862	3329	4021	4245	3596	3821	2994	3011	3052	3093	2227	1862	1403
870	836	866	757	795	609	492	646	1217	1314	1346	1267	1568	1626	2022	3117	3016	2619	3257	3355	2897	3057	2336	2353	2332	2394	1610	1291	916

# Peds Clinics – SDOH Screening

- **QI Collaborative Goal: 10%**
- **QI Collaborative Average: 77%**
- **Improvement Range: 25%-96%**

- **Sites that meet goal: 6/9**

- **Top performers:**

- (1) UPMC: 96%;
- (2) UT Southwestern: 94%
- (3) Wisconsin 91%
- (4) U Florida 91%

# 72% of Centers Meeting T1DX-QI Goals

PEDS IMPROVEMENT SCORECARD								
	A1c less than 7%	CGM Use	Insulin delivery system	DKA	Time In Range >50%	Time In Range >70%	Transition Plan	SDOH Screening
Goals	>25%	>70%	>65%	<6.3%	>50%	>25%	>10%	>50%
QIC Status	29%	88%	65%	7%	58%	19%		77%
1	#3 [28%]	#21 [98%]	#19 [91%]	#11 [0%]	#21 [70%]	#18 [26%]	#11 [54%]	#29 [96%]
2	#6 [27%]	#15 [98%]	#18 [87%]	#19 [0%]	#4 [66%]	#11 [25%]	#18 [17%]	#30 [94%]
3	#7 [26%]	#5 [98%]	#31 [85%]	#31 [0%]	#3 [65%]	#3 [23%]		#33 [92%]
4	#11 [29%]	#7 [97%]	#12 [84%]	#17 [0%]	#23 [61%]	#23 [21%]		#26 [91%]
5	#13 [26%]	#18 [96%]	#28 [82%]	#20 [0%]	#13 [60%]	#21 [18%]		#18 [81%]
6	#15 [28%]	#2 [95%]	#24 [81%]	#7 [1%]	#18 [60%]	#13 [16%]		#21 [66%]
7	#16 [35%]	#23 [93%]	#1 [79%]	#24 [1%]	#33 [60%]	#4 [16%]		#12 [46%]
8	#18 [47%]	#26 [93%]	#7 [78%]	#16 [1%]	#11 [55%]	#5 [16%]		#11 [26%]
9	#19 [33%]	#13 [92%]	#4 [78%]	#18 [1%]	#32 [53%]	#17 [12%]		#32 [25%]
10	#21 [31%]	#29 [92%]	#11 [77%]	#21 [1%]	#17 [50%]	#33 [11%]		
11	#23 [33%]	#1 [92%]	#3 [75%]	#15 [1%]	#12 [50%]	#12 [11%]		
12	#26 [27%]	#30 [90%]	#23 [74%]	#12 [1%]	#5 [50%]			
13	#28 [26%]	#12 [90%]	#22 [73%]	#8 [1%]				
14	#29 [28%]	#24 [89%]	#32 [72%]	#23 [2%]				
15	#30 [27%]	#22 [88%]	#14 [71%]	#9 [2%]				
16	#31 [26%]	#10 [88%]	#30 [67%]	#22 [2%]				
17	#12 [25%]	#32 [87%]	#29 [65%]	#33 [2%]				

PEDS IMPROVEMENT SCORECARD								
	A1c less than 7%	CGM Use	Insulin delivery system	DKA	Time In Range >50%	Time In Range >70%	Transition Plan	SDOH Screening
Goals	>25%	>70%	>65%	<6.3%	>50%	>25%	>10%	>50%
QIC Status	29%	88%	65%	7%	58%	19%		77%
18	#25 [23%]	#3 [87%]	#25 [62%]	#27 [2%]				
19	#33 [23%]	#4 [87%]	#26 [61%]	#3 [2%]				
20	#4 [22%]	#25 [83%]	#33 [59%]	#26 [3%]				
21	#27 [22%]	#33 [83%]	#21 [59%]	#28 [3%]				
22	#14 [22%]	#20 [81%]	#13 [57%]	#10 [3%]				
23	#5 [21%]	#11 [80%]	#15 [55%]	#2 [3%]				
24	#10 [20%]	#17 [77%]	#5 [53%]	#25 [3%]				
25	#22 [20%]	#19 [64%]	#2 [51%]	#14 [4%]				
26	#8 [19%]	#6 [62%]	#6 [49%]	#4 [5%]				
27	#2 [18%]		#10 [46%]	#6 [5%]				
28	#17 [18%]		#17 [44%]	#13 [5%]				
29	#1 [17%]		#20 [40%]	#29 [6%]				
30	#9 [16%]			#32 [8%]				
31	#20 [15%]			#30 [10%]				
32	#24 [15%]							

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# Center Presentations



# Increasing Lipid Profile Screening in Youth with Type 2 Diabetes

Puja Singh<sup>1,2</sup>, MD  
Assistant Professor

Christy Byer-Mendoza<sup>2</sup>, MSN, RN, CNS, CPN, CDCES; Kim McNamara<sup>2</sup>, RN, BSN, CDCES;  
Andrea Huber<sup>2</sup>, RN, BSN, CDCES; Jennifer Ruiz<sup>2</sup>, BSN, RN, CPN; Mario Bialostozky<sup>1,2</sup>, MD;  
Carla Demeterco-Berggren<sup>1,2</sup>, MD, PhD

<sup>1</sup>University of California San Diego, San Diego, CA

<sup>2</sup>Rady Children's Hospital San Diego, San Diego, CA

# Disclosures:

- None

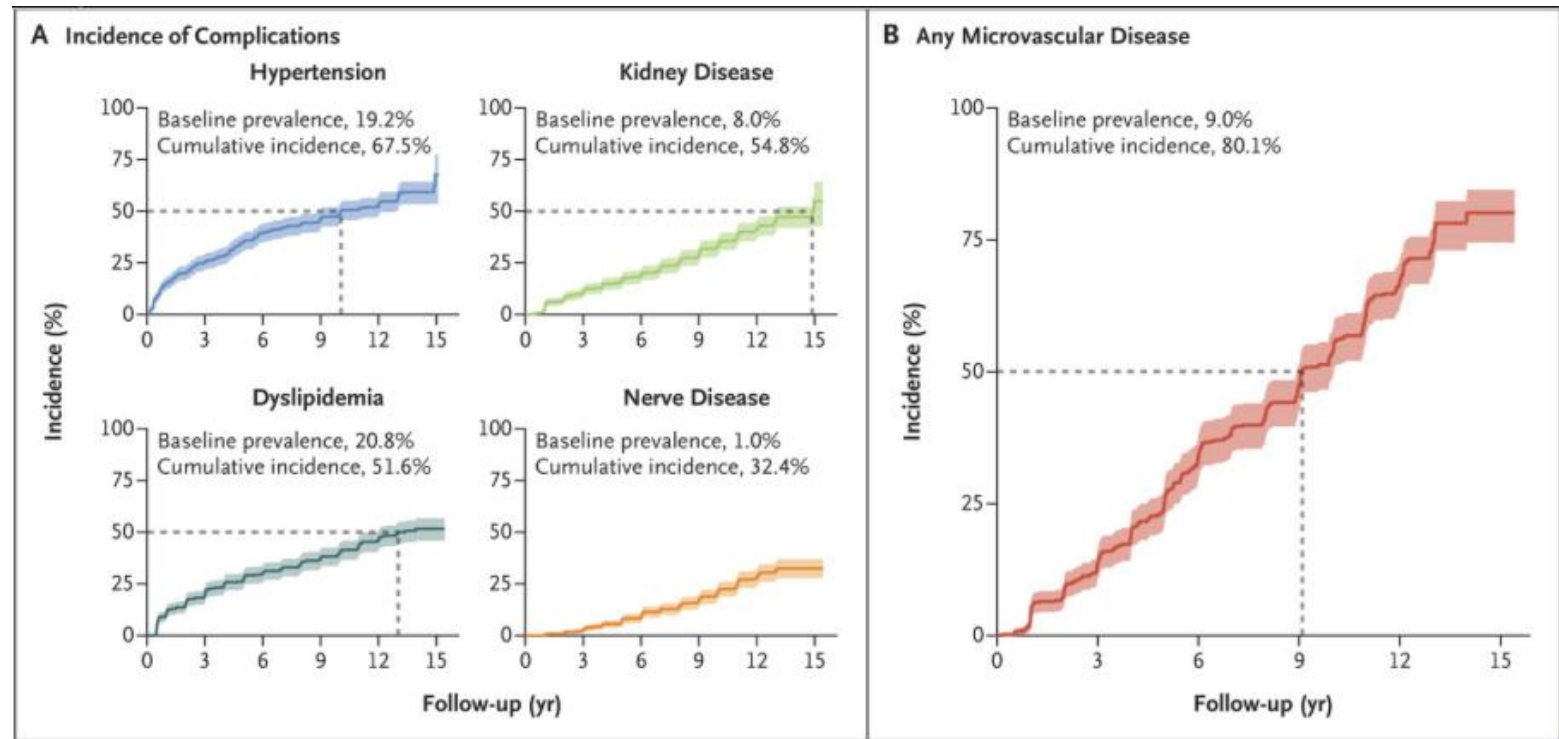
# Rady Children's Hospital San Diego

- 1500 unique patients with T1D
  - 200 T1D new onsets/year
  - 4500 outpatient T1D visits/year
  - 47% public insured
- 300 unique patients with T2D
  - 88% Public insured
  - 77.4% Hispanic, 8.5% non-Hispanic Black, 3.9% Asian, and 6.8% non-Hispanic White



# Background:

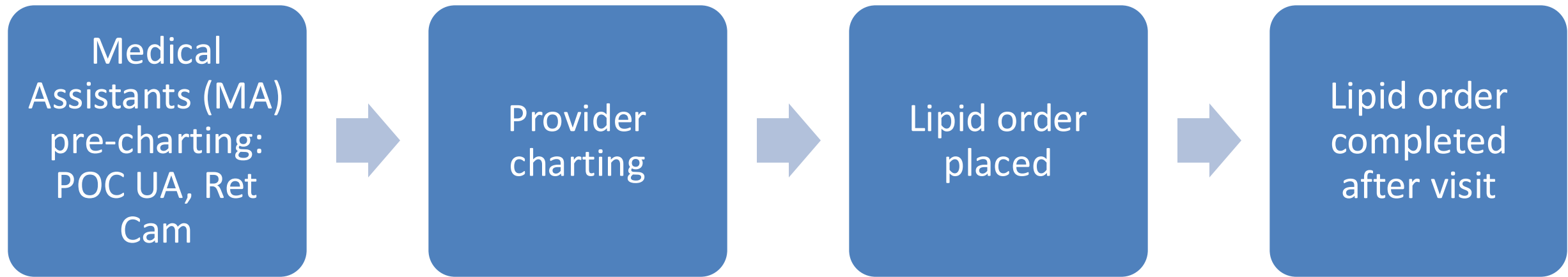
- Type 2 Diabetes (T2D) in youth associated with significant microvascular and macrovascular risk burden
- Comorbidities may be present at time of diagnosis of T2D
- Increase in risk of cardiovascular morbidity and mortality at earlier age
- Progression of vascular abnormalities is more pronounced in youth onset T2D



# SMART Aim Statement:

To increase the percentage of patients with Type 2 diabetes who had lipid profile performed in the last year from baseline of 70% in May 2023 to 90% by May 31, 2024

# Process Map – Standard Workflow





# Key Driver Diagram (KDD)

## Key Drivers (THE WHAT)

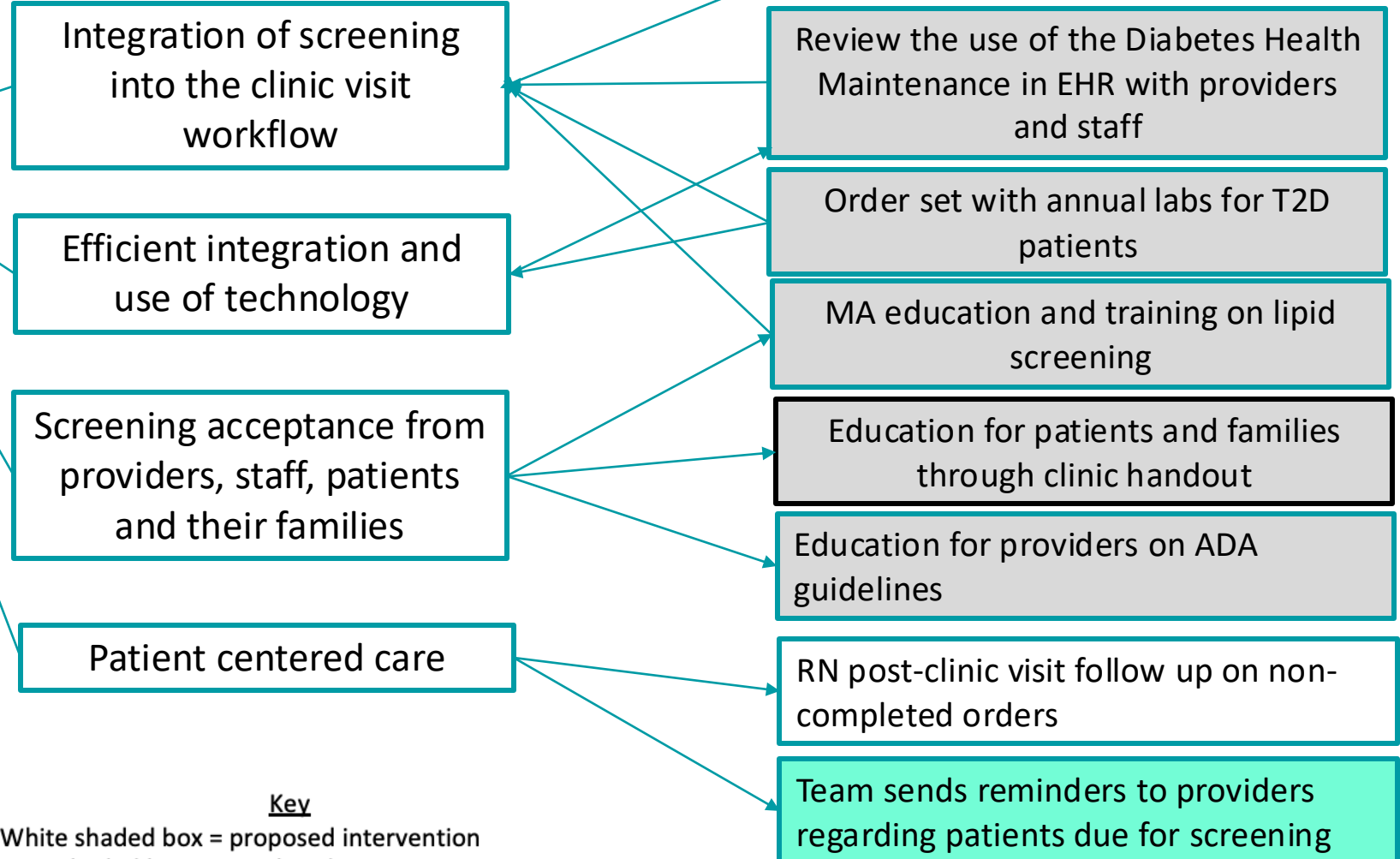
## Interventions (THE HOW)

### SMART Aim

Increase % of lipid profile completion in T2D from 70% to 90% in 12 months

### Global Aim

Timely screening for comorbidities associated with T2D and compliance with ADA guidelines




### Key

- White shaded box = proposed intervention
- Gray shaded box = completed intervention
- Green shaded box = what we're working on now

# Health Maintenance in Electronic Health Record (EHR)

←




Endocrinology

Diabetes Summary

More ▾

Diabetes Summary 🔍 ⚙️ ▾ 📄 🔍 +

 Upcoming Health Maintenance ↗

[Full History](#)

Diabetes Yearly Visit with MD (Yearly)

Diabetes Yearly Visit with Dietitian (Yearly)

DM Microalbuminuria (Yearly)

Diabetes Quarterly Visit (Every 3 Months)

DM Eye Exam (Yearly)

DM Lipid Panel (Yearly)

⬇ Never done

⬇ Never done

⬇ Overdue since 9/17/2022

⬇ Overdue since 9/30/2023

⬇ Overdue since 6/30/2024

⬇ Overdue since 6/30/2024

# Patient Education Handout

## Why is it important to have your cholesterol checked every year?

**People with Type 2 Diabetes have increased risk for elevated cholesterol levels.**

Cholesterol levels help determine how well the body is controlling fat in the blood stream.

The American Diabetes Association (ADA) recommends annual screening of cholesterol levels so your diabetes care team can tell you how your overall health is doing.

**How does my diabetes care team check cholesterol levels?**

Lab to check	How often	Goal Numbers
Lipid panel	Once per year	LDL (or bad cholesterol) < 100 mg/dl HDL (or good cholesterol) > 35 mg/dl Triglycerides < 150 mg/dl

**What can I do to make cholesterol better?**

- Changes in food choices such as:
  - Eating whole-grain foods over processed foods and grains. Avoiding fried or processed foods
  - Compare labels of your favorites foods and focus on choices that are lowest in both saturated and trans fats
  - High fiber foods like fruits, vegetables, nuts, beans
  - When consuming meat aim for skinless poultry and lean meats. When you choose to eat red meat and pork, select options labeled "loin" and "round." These cuts usually have the least amount of fat.
  - Choose omega -3 rich options such as: Flax seeds, chia and hemp hearts, or fatty fish like salmon, trout, albacore tuna and sardines.
- Physical activity of 150 minutes spread out over the week.

**Ask your diabetes care team about Lipid screening questions!**



# CHOLESTECH LDX™ ANALYZER

## CONFIDENCE IN RESULTS

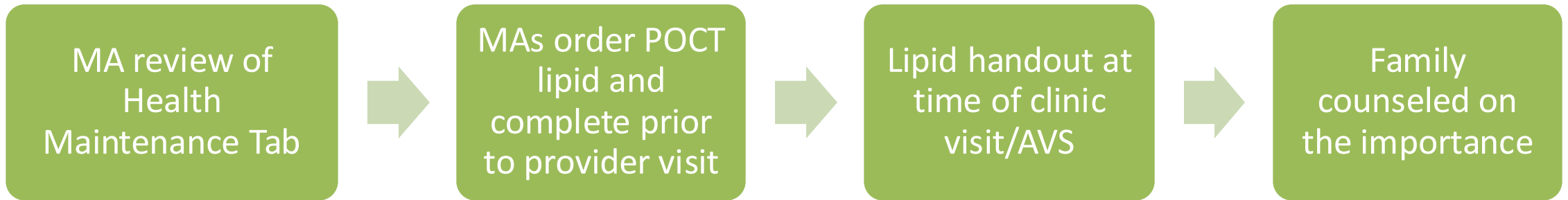
Accurate, actionable results from the leader in point-of-care lipid testing.

The CLIA-waived Cholestech LDX™ Analyzer is engineered for confidence, providing accurate, actionable, and readily accessible results that have set the standard in point-of-care lipid profile, cholesterol, and glucose testing.

- Meets National Cholesterol Education Program (NCEP) performance goals for lipids with lab-accurate results
- Certified by the CDC's Lipid Standardization Program (LSP) and Cholesterol Reference Method Laboratory Method Network (CRMLN) programs (the lipid testing accuracy standards)



# POCT Lipid implemented



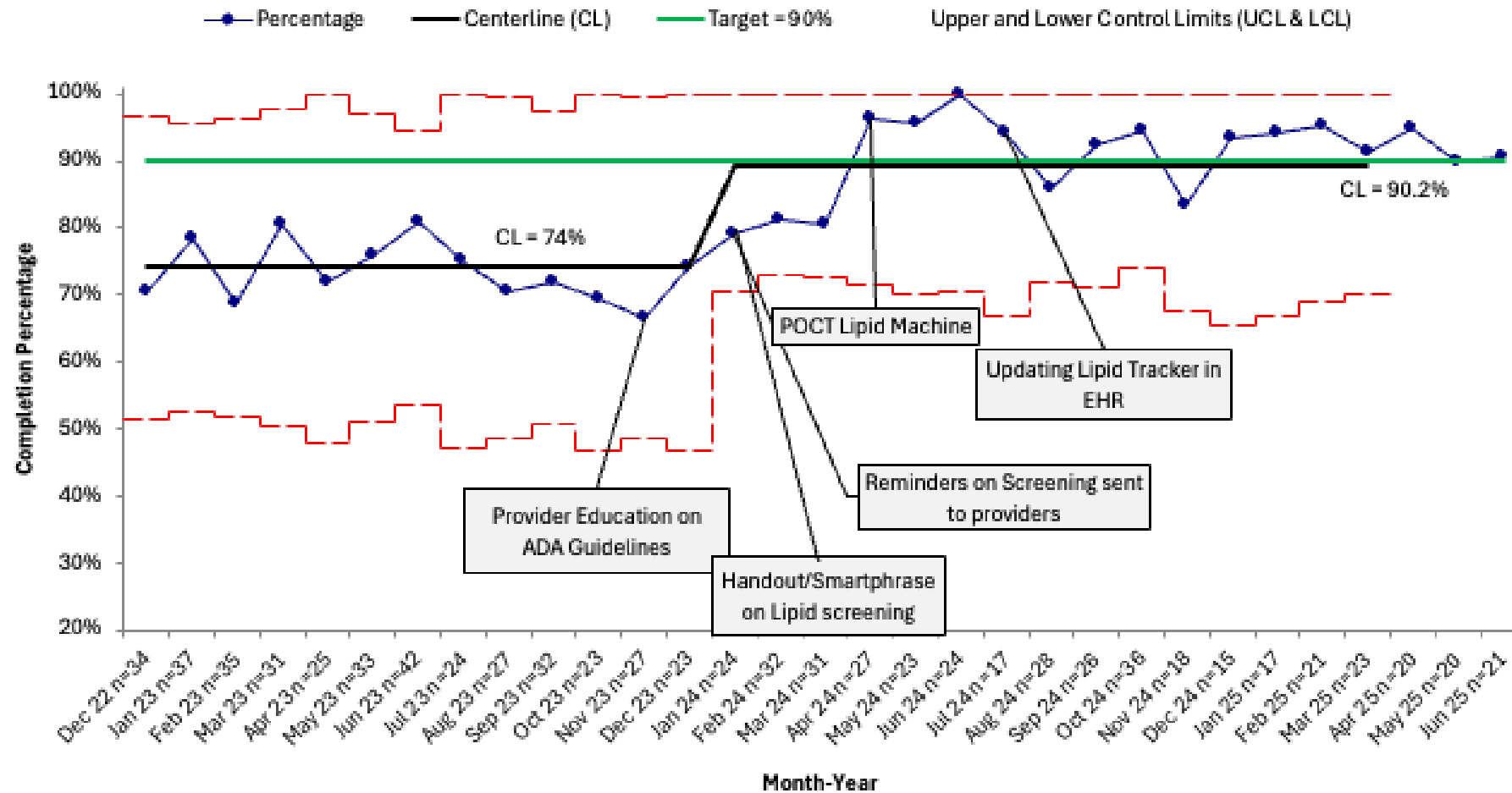
Updated Patient Tracker (built into EHR) for required screening at time of visit

HgbA1c	Needed	In Room	Completed
Flu shot	Needed	In Room	Completed
Ret Cam	Needed	In Room	Completed
Urine Microalbumin	Needed	In Room	Completed
POCT lipid panel	Needed	In Room	Completed

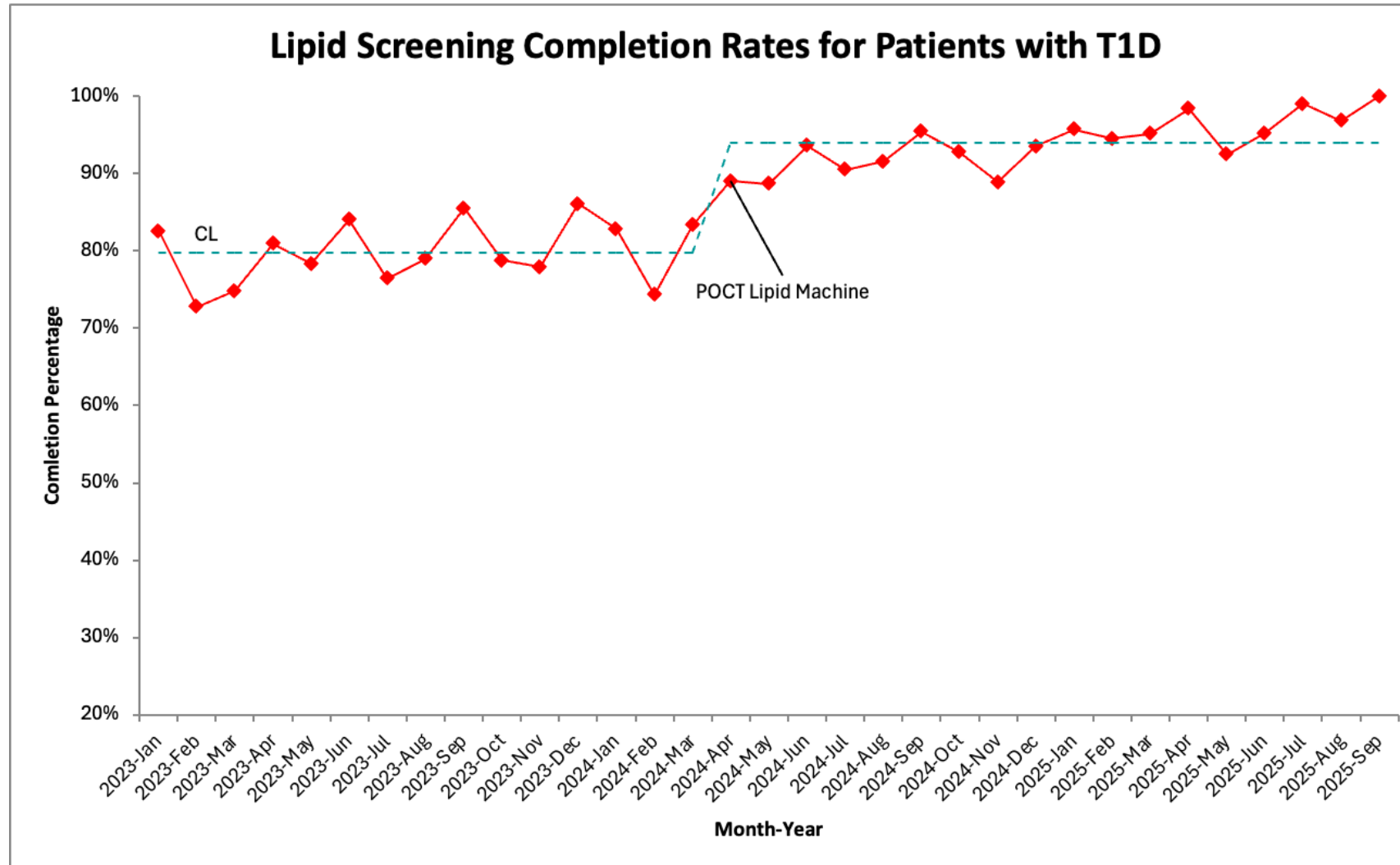
# Interventions and Results

## Lipid Screening Completion Rates for Patients with T2D

*P-Chart*



# Improvements seen in Type 1 DM population





# QI Milestones

Successes	Lessons Learned	Navigating Challenges
<ul style="list-style-type: none"><li>• Creation of a handout to educate patient/families</li><li>• Provider education on lipid screening guidelines</li><li>• 100% compliance with lipid order placement</li><li>• Implementation of POCT Lipid machine in clinic</li></ul>	<ul style="list-style-type: none"><li>• Lipid order being placed alone is not enough</li><li>• Time taken to obtain all screening tests and patient rooming</li></ul>	<ul style="list-style-type: none"><li>• Patient barriers to getting labs completed<ul style="list-style-type: none"><li>• Not fasting at time of visit</li><li>• Do not want to wait/not enough time to do labs at RCH</li></ul></li><li>• POCT machine maintenance: enough supplies etc.</li><li>• Optimizing MA workflow to improve rooming time for patients</li></ul>

# Conclusions:

- QI methodology can improve diabetes health screening for comorbidities such as dyslipidemia
- Provider education, staff training, and optimized workflow, and POCT increased lipid screening
- Continued new strategies to improve sustainability of project

# Thank you



# Diabetes Device Equity & Optimization

*Our Journey Through Quality Improvement (QI)*

## Cook Children's T1D Exchange Group

Principal Investigator: Susan Hsieh, MD

Candice Williams, CPNP

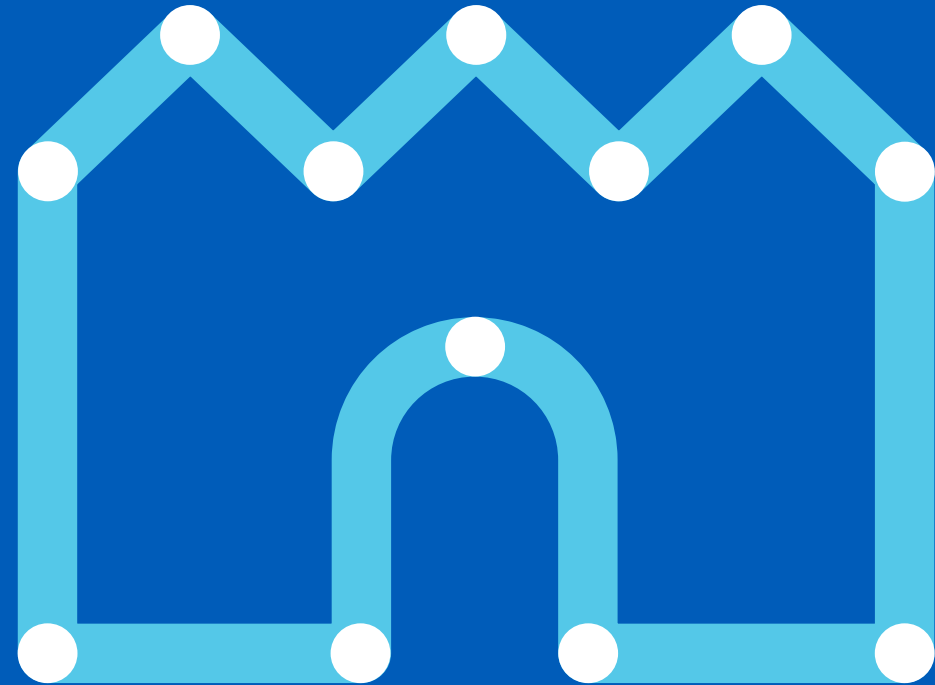
Stephanie Ogburn, BSN, CDCES, LSSGB

Mouhammad Alwazeer, MD

Luke Cielonko, MD

Kelli McWilliams, RN

Jasmine Jones, LVN



# Objectives



1. To review the purpose and aim of the T1D Exchange Device Equity Program
2. To evaluate trends of device use before and after QI interventions
3. Identify areas of success and clinic champions within our workflow
4. Identify areas of growth to expand device use in patients with T1D

# Clinic Profile

## Multidisciplinary Team Members

- Pediatric Endo MDs:** 13
- APP:** 7 (outpatient) 2 (inpatient)
- Diabetes Educators:** 13 (2 w/CDCES)
- Registered Dieticians:** 5 (2 part time)
- Medical Assistants:** 4
- Social Worker:** 1
- Clinical Therapists:** 4 (2 part time)
- Data Coordinator:** 1 (part time)

## Volume and Demographics

**Approx. 1600 patients with T1D seen in the last 1 year**

**Newly diagnosed patients with T1D per year:** 290

**Insurance:**

Private	64%
Public	35%
Other	1%

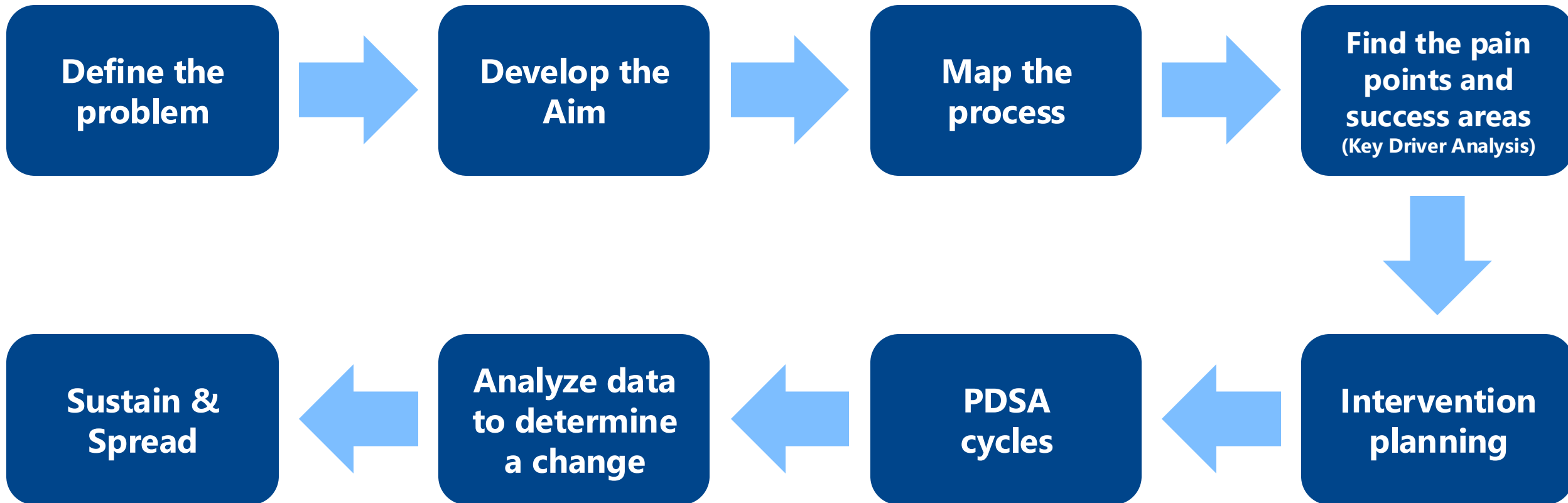
**Race:**

Non-Hispanic White (NHW))	63%
Non-Hispanic Black (NHB)	14%
Asian	3%
American Indian / Alaska Native	<1%
Native Hawaiian/Pacific Islander	<1%
Other	<1%

**Ethnicity:**

Hispanic	19%
Non-Hispanic	79%
Other / Not Reported	2%

# Quality Improvement Road Map

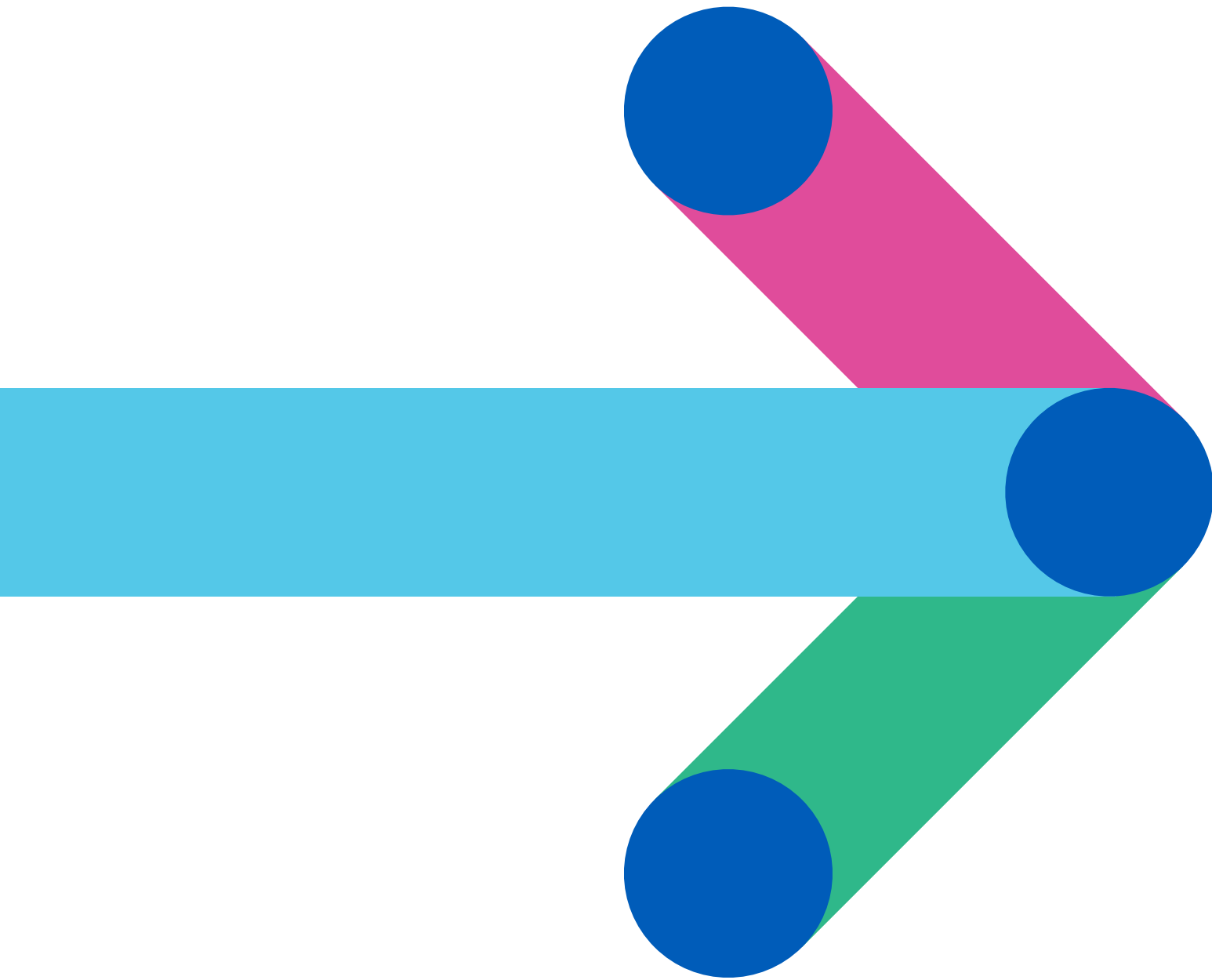




# The Health Equity Expansion Group

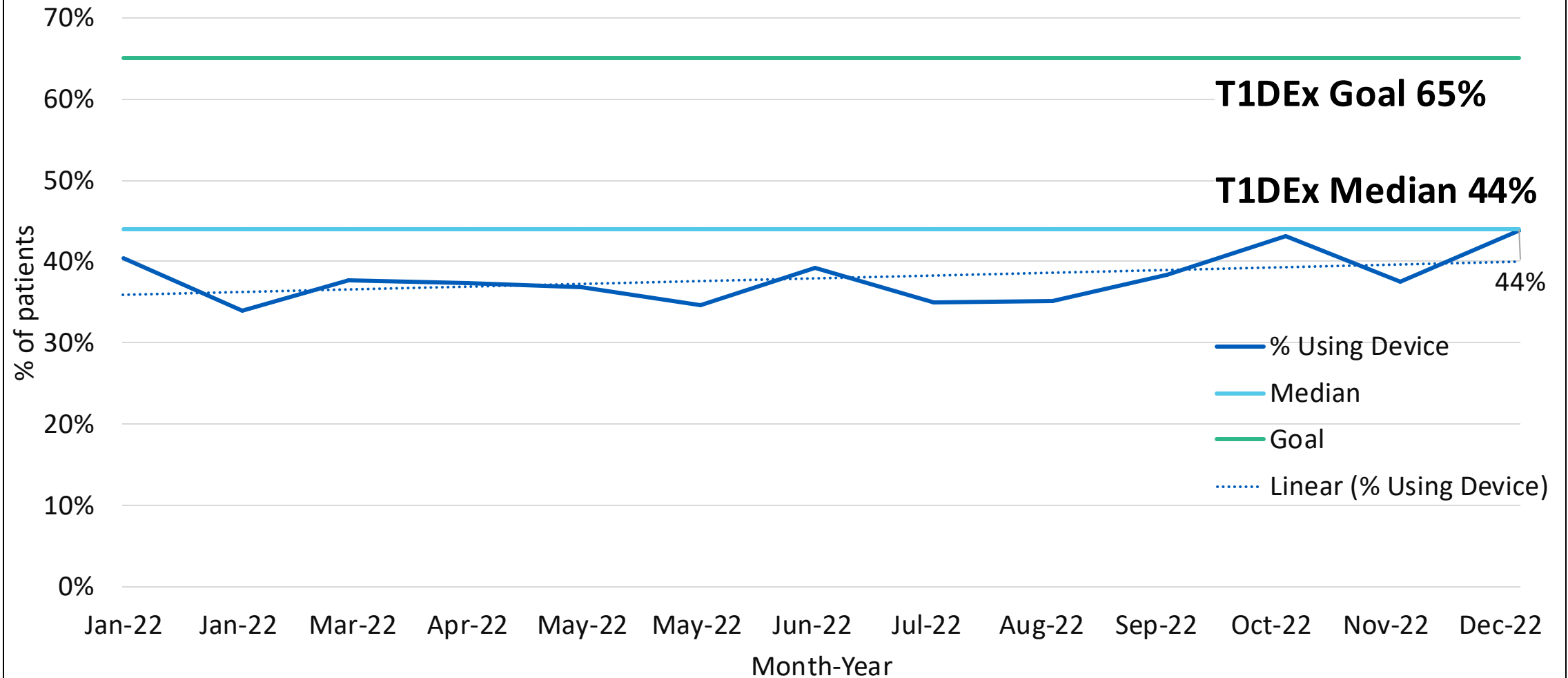
- Cook Children's was selected to participate in January 2023
- Participating organizations received quality improvement guidance from the T1DX-QI Improvement Coaches



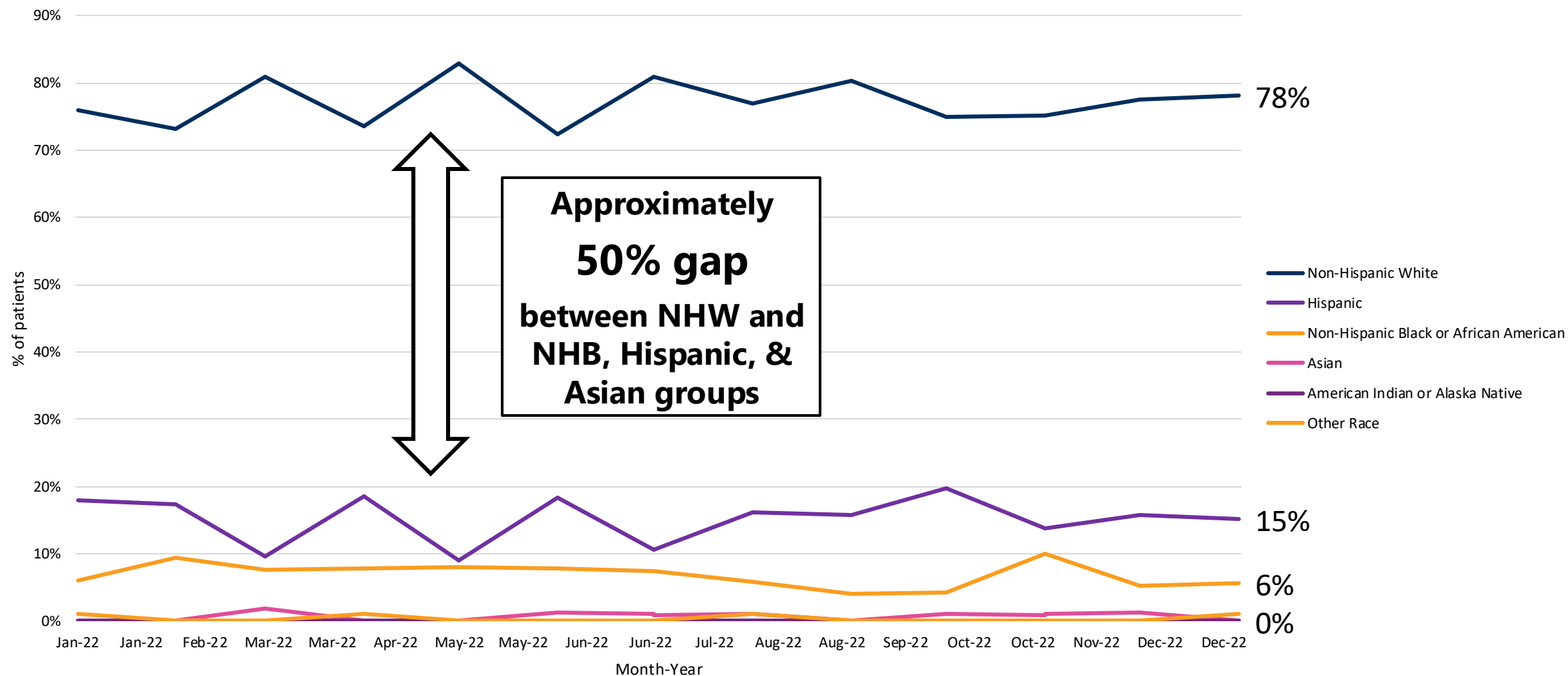


# Insulin Pump Therapy

## Percent of Patients with T1D Actively Using Insulin Pump Pre-Intervention



## Percent of Patients with T1D Actively Using Insulin Pump Pre-Intervention - By Race/Ethnicity



# Patient Survey

- ✓ Patient Barrier Assessment Survey – August 2023
  - ✓ **34 patients total**
  - ✓ **14 not on pump therapy**
    - ✓ HALF of that group were

**“never told” about pump therapy** and  
happened to be **NHB or Hispanic** and on  
**government insurance**

# Provider Assessment

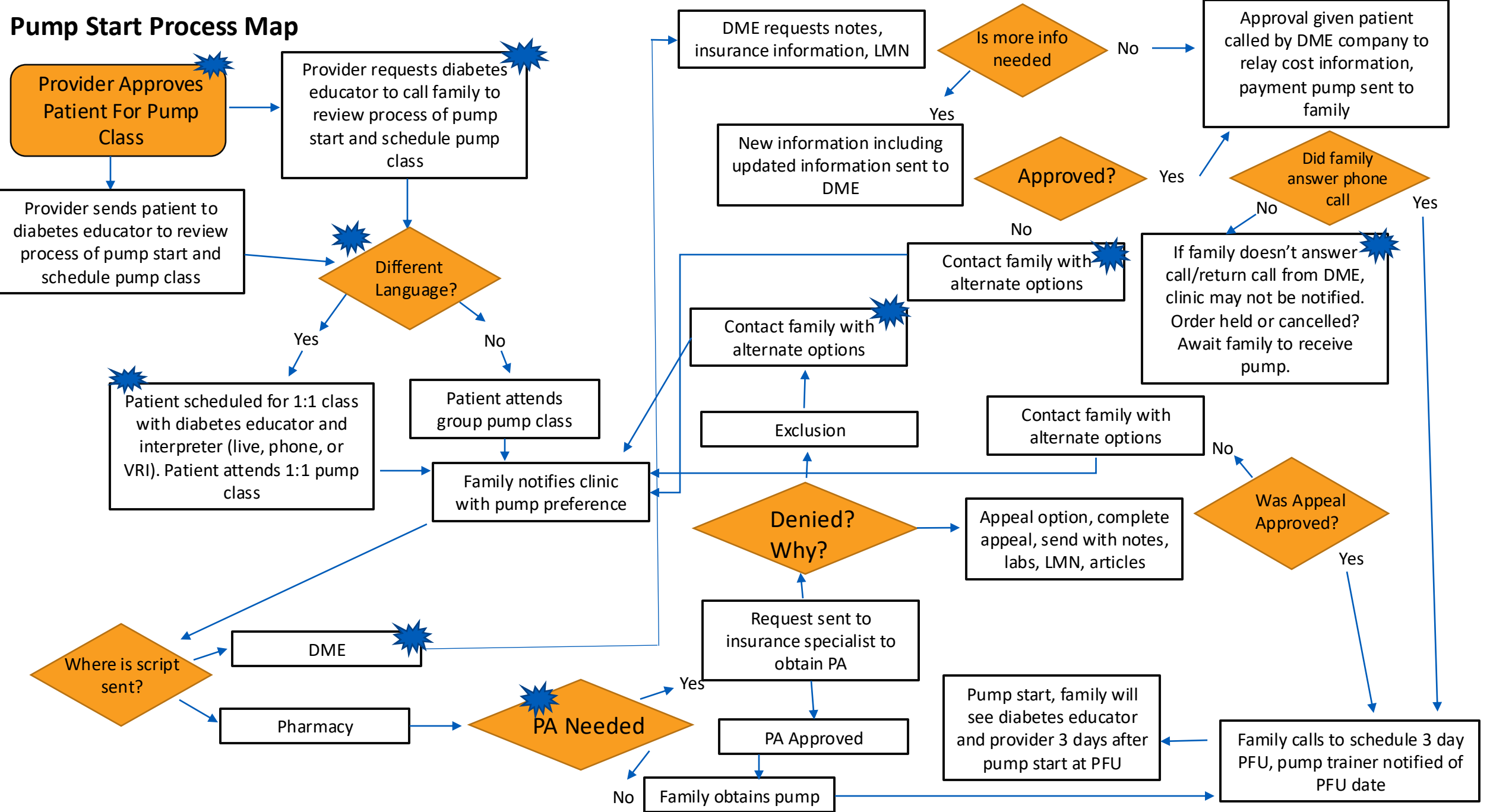
- Related to hemoglobin A1c:

**"I would like <9%, but sometimes will accept >10%** if I feel effort has been good, but control very difficult ie give pump if I believe patient and family will work hard, make a good effort"

- Related to age:

**"Unless it is an infant or very young child, I prefer children >8, but family and patient desire and willingness** to do what is necessary for successful pump therapy is more important than strict age mandate"

**Pump Start Process Map**





# Cook Children's Pump Equity

## Key Driver Diagram

### Change Ideas

#### Aim

**Increase the utilization of Insulin Pump use by 10% for people with T1D by 12/31/24.**

**Demonstrate reduction in Insulin Pump disparities by 3%**

**Improve access to pump data with 10% increase in patients added to HC portals**

#### Primary Drivers

**Address Inequities**

**Pump Interest**

**Pump Access**

**Patient Education**

**Provider Education**

**Improve Pump Data Analysis**

- Patient Barrier Assessment Survey
- Provider bias survey / Pump Bias Survey
- Establish Parent Partnership Group
- Ensure support and education available for non-English speakers

- Early education
- Equitable delivery

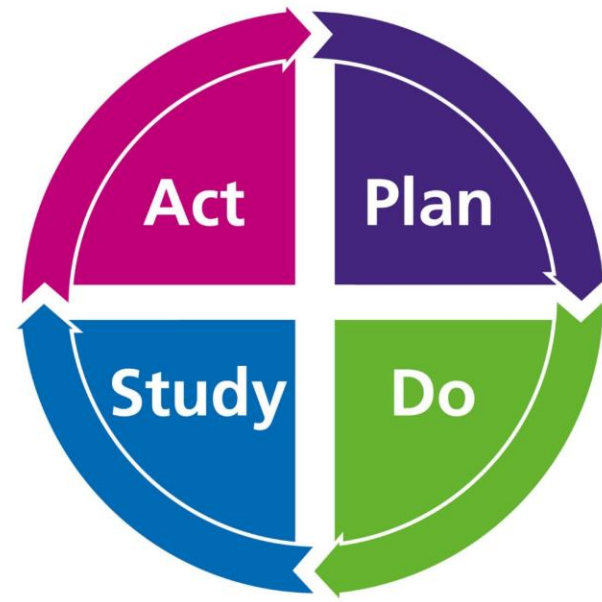
- Updated approved pump approval guidance
- Streamlined approval notice

- Virtual Pump Education
- Group Vendor Education
- 1:1 Education for non-English speaking families

- Regular review of data on our pump users
- Provider to Provider Pump Education Refresher
- Regular review of updated resource

- Efficient access to integrated pump data
- Safe storage of patient information (CCMC IT)

# Pump Equity Interventions



- ✓ May 2023 - Provider bias survey / Pump Bias Survey
- ✓ August 2023 – Patient Barrier Assessment Survey
- ✓ October 2023 – Use of “Pump Approval” Order in Epic

Pump Packets given in clinic

- ✓ November 2023 – Provider (MD and APP) Pump Equity Discussion
- ✓ November 2023 – Discussion about Implicit Bias Education
- ✓ January 2024 – Revision of “Pump Start Guidance”
- ✓ May 2024 - Diabetes Team Pump Equity Education

# Pump Interest & Pump Access (Mouhammad)

Order Search

INSULIN PUMP

Browse

Preference List

Facility List

Panels

(No results found)

Search panels by user

Medications

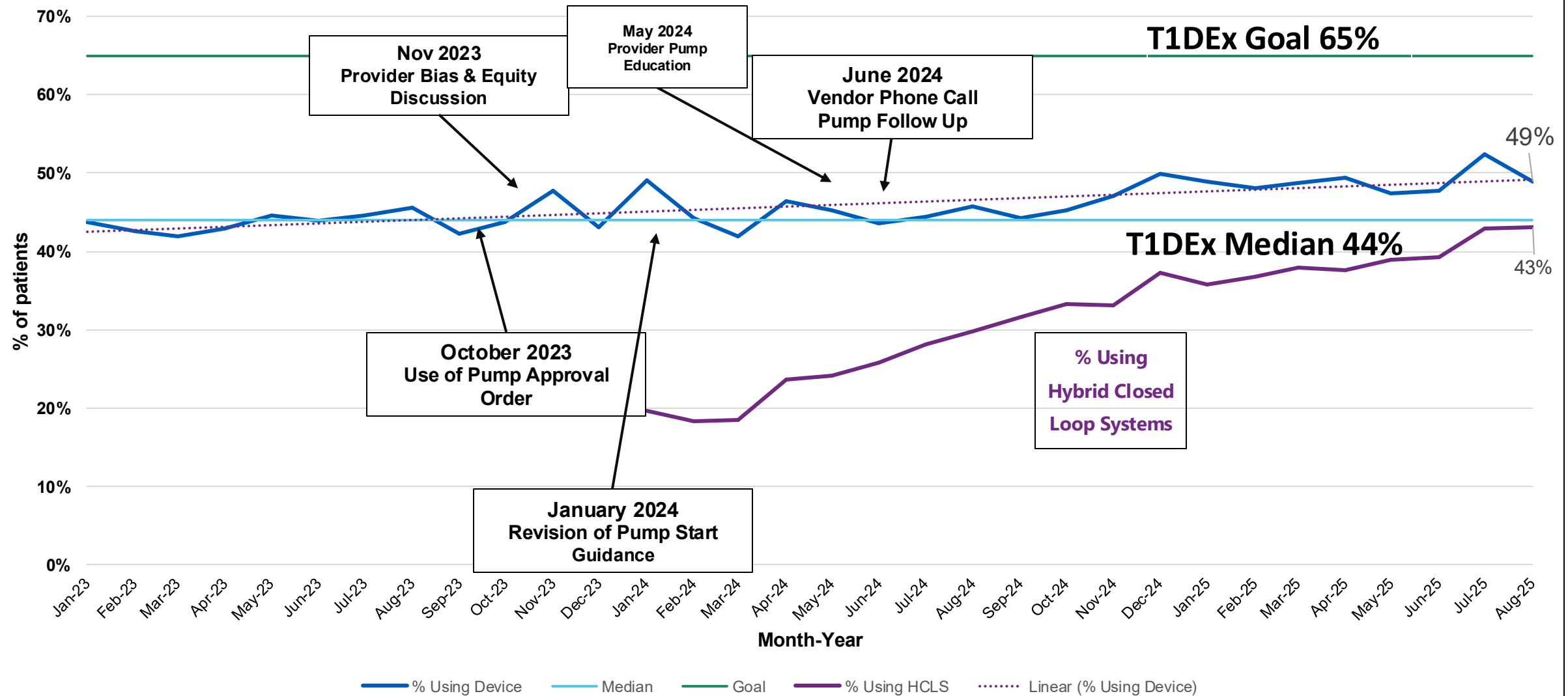
(No results found)

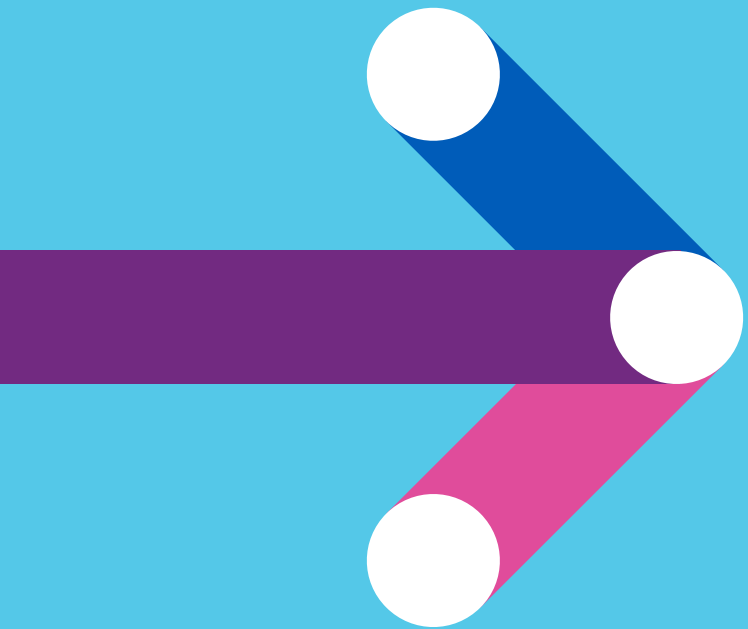
Procedures

Name	Type	Pref List	Resulting Agencies	Px Code	Cost t...
<div>Insulin Pump Approval</div>	Referral	CC AMB EN...		REF754	

Once order is placed by provider, it is automatically routed to the ENDODIABETES bucket so the patient can be scheduled for pump class.

# Percent of Patients with T1D Actively Using Insulin Pump Post-Intervention





# Device Equity Aim

Analyze  
data to  
determine a  
change

# Pump Equity Aim Use

**Increase the utilization of Insulin Pump use by 10% for people with T1D by 12/31/24.**

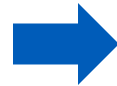
**Demonstrate reduction in Insulin Pump disparities by 3%**

**Improve access to pump data with 10% increase in patients added to HC portals**



**Pump use for all patients did improve, but did not reach 10% improvement**

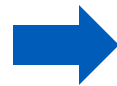
44% (pre) vs 49% (post) vs 49% (present)



**Reduction in disparities based on race and ethnicity improved by 3%**

NHW-NHB 3% reduction (16% reduction at present)

NHW-Hispanic 7% reduction (19% reduction at present)

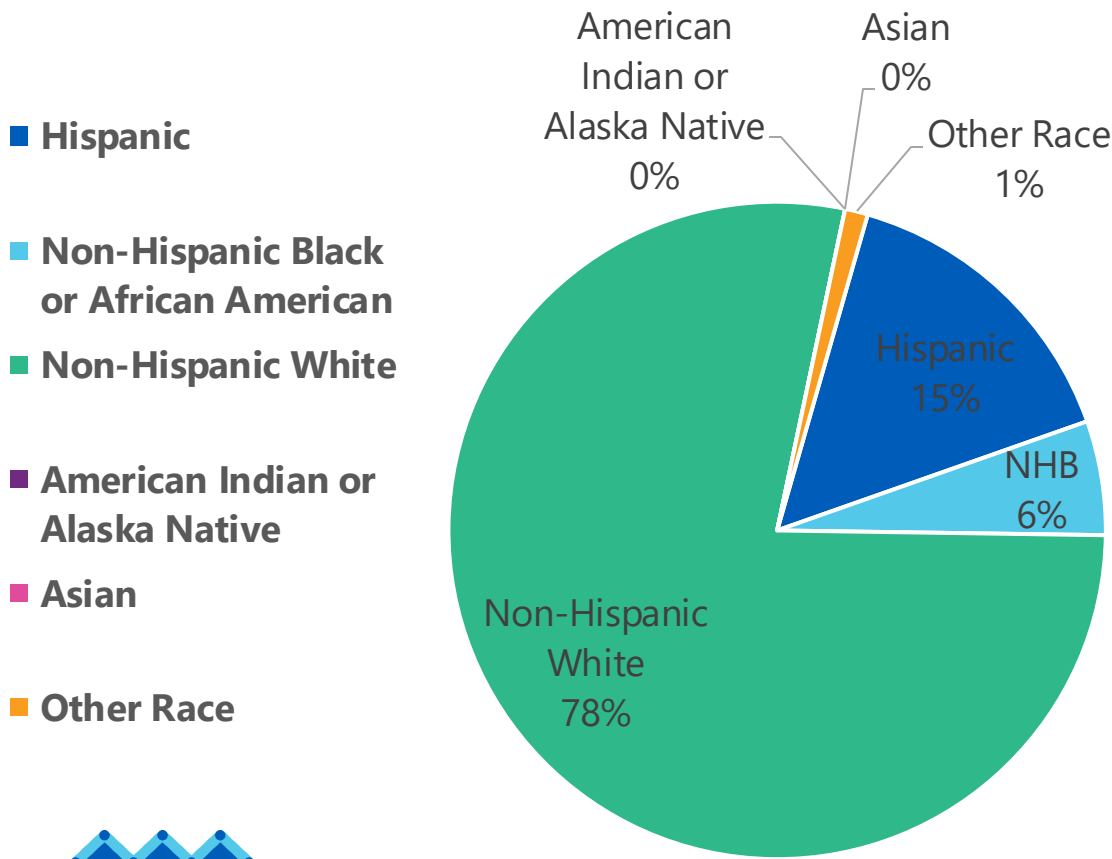


**In collaboration with our hospital-based technology support center (PEAK Tech Zone) and integration with Glooko® Enterprise,**

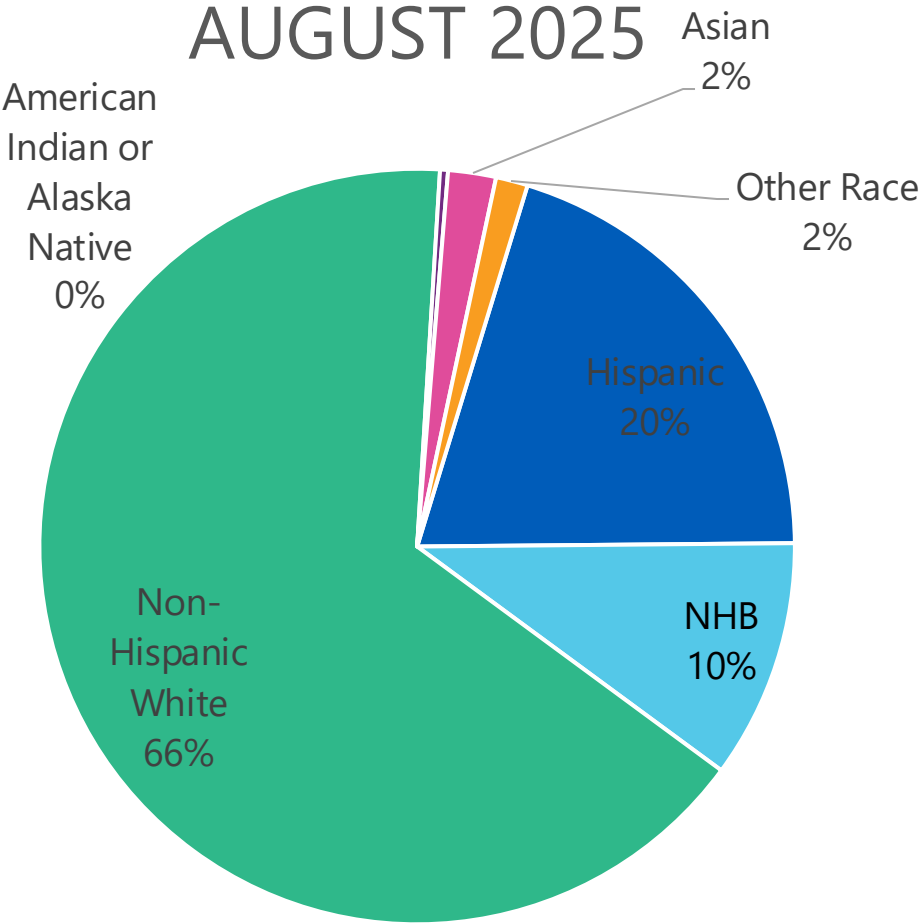
our access to patient device data has increased significantly

# Percent of Patients with T1D Using Insulin Pump Intervention Period, By Race/Ethnicity

JANUARY 2023

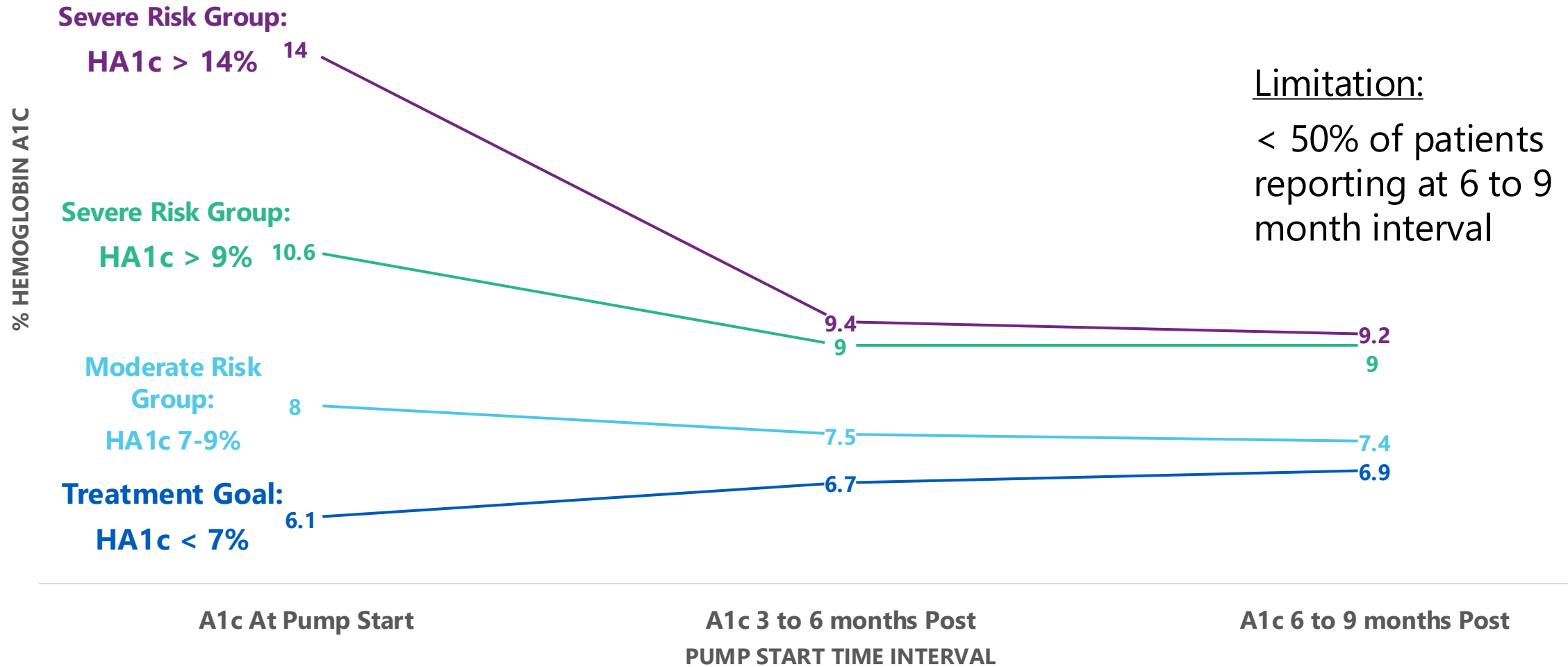


AUGUST 2025



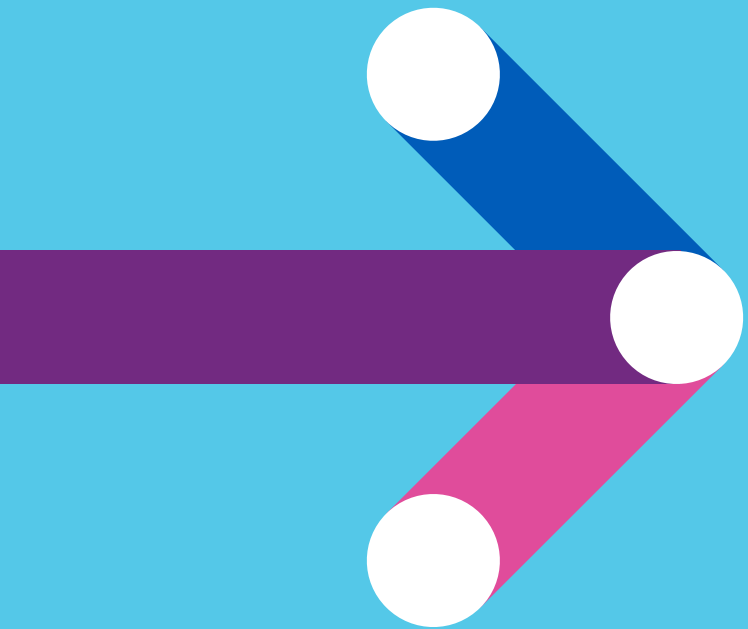


## Insulin Pump Glycemic Outcomes (2024-2025): Based On Hemoglobin A1c And Risk



# **Control Phase and Ongoing Improvements**

- Management of Increased Interest (staffing, scheduling , accessibility)
- Expanding access to satellite clinics (Local and Distant)
- Use of digital modules for classes and testing
- Provider and support team drift related to documentation of pump discussion



# Global Equity Aim

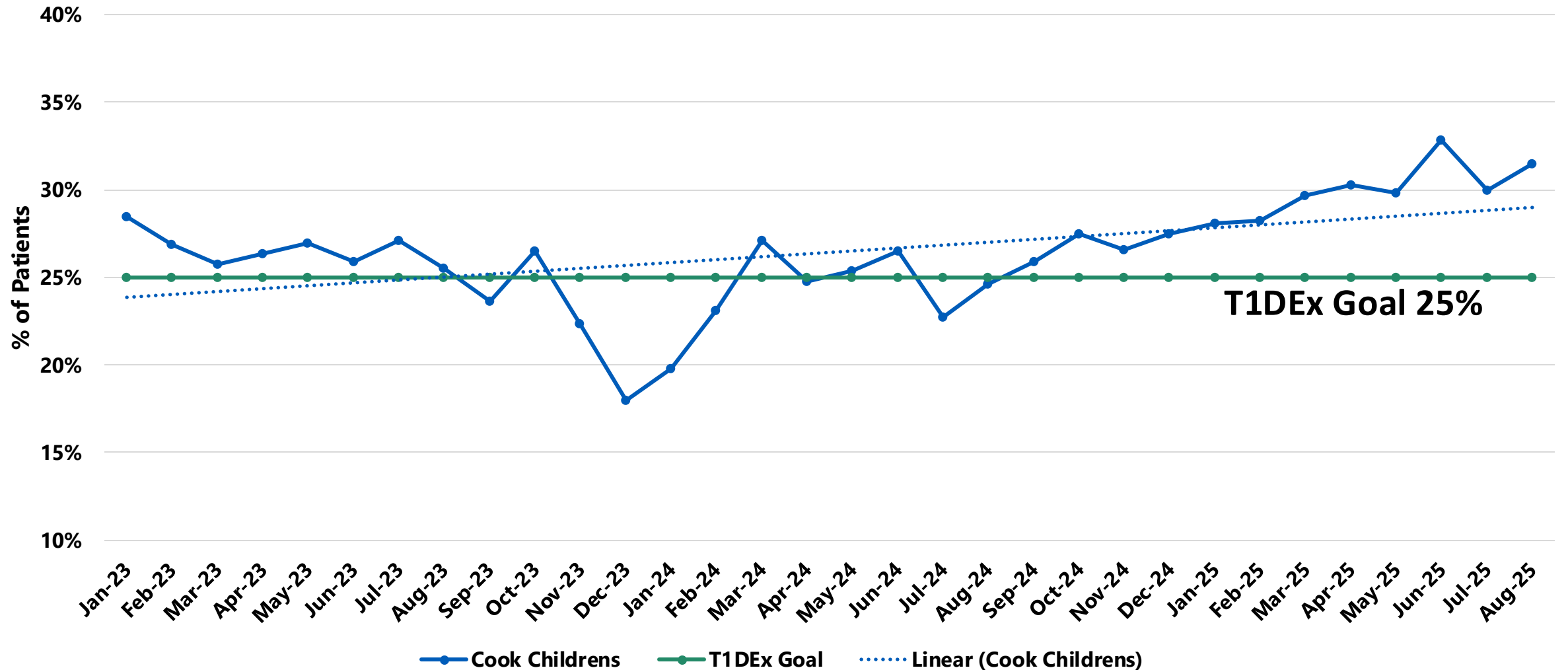
# Reaching the Global Aim

## Aim Statement for 2023-2025 for T1 Exchange:

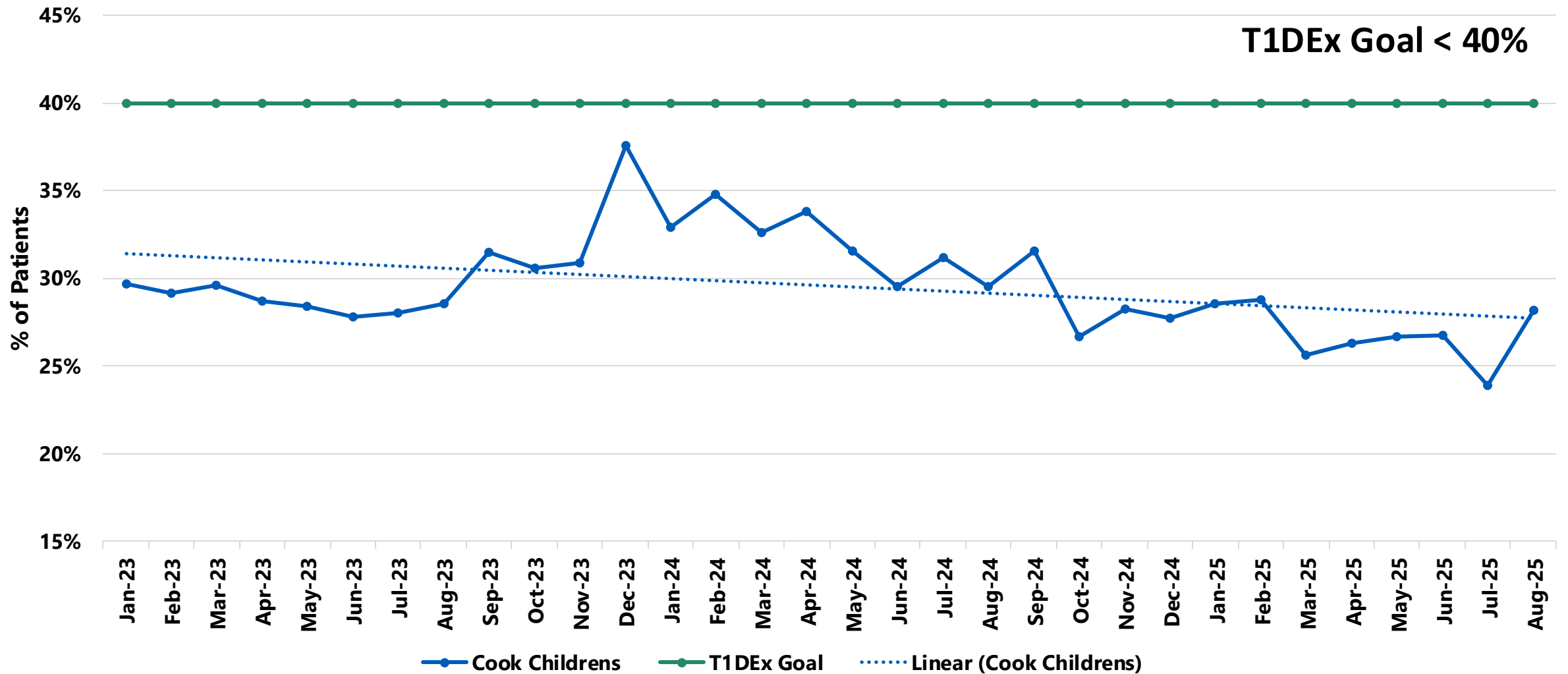
Among people aged 1-25 with T1D (PwT1D), increase the proportion reaching recommended glycemic levels.

1. Optimize glycemic outcomes as measured by HbA1C.
  - a. Increase % of people with HbA1c <7 by 5%.
  - b. Decrease % of people with HbA1c >9 by 5%.

# T1D Exchange – Cook Childrens Unique Patients With A1c < 7%



# T1D Exchange – Cook Childrens Unique Patients With A1c > 9%





# Questions & Comments





# Next meeting

Thursday January 29th 11-12:30pm EST



**T1D**  
*Exchange*