Implementing Diabetes Distress Screening

Johns Hopkins Pediatric Diabetes Center

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Current screeners

- PHQ9
- ASQ
- New: Diabetes Distress

- Behavioral Health/Psychology in every clinic
- Social work in every clinic

Diabetes Distress

Patient Distress

- ~ 1/3 - 2/3 of patients have moderate to significant diabetes distress
- Positive correlation with HbA1c[2]
- Significantly differs based on[2]
  - Child race/ethnicity (African American > Caucasian youth)
  - Parental education level
  - Household income
  - Parental marital status

Caregiver Distress

- Associated with more frequent blood glucose monitoring, higher HbA_{1C} levels, greater diabetes-specific family conflict, and lower quality of life[3]
- = strongest predictor of child A1c (> pump use, demographic variables, levels of child distress)[4]

QI AIM

- Within one year, we aim to screen at least 50% of the clinic's pediatric diabetes patients and caregivers for diabetes distress during routine visits, allowing for timely intervention and support.

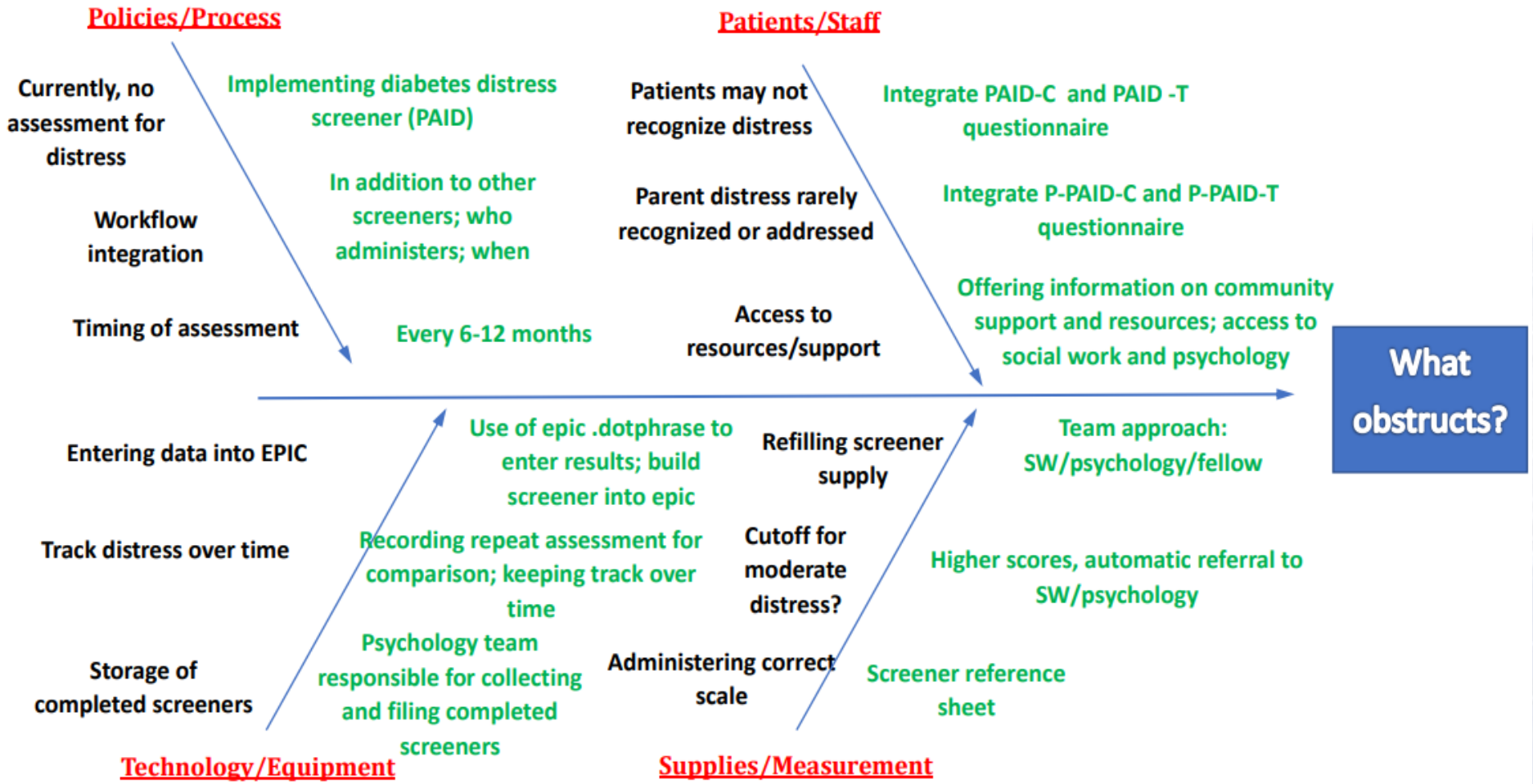
Which screeners to use?

- Not one size fits all!

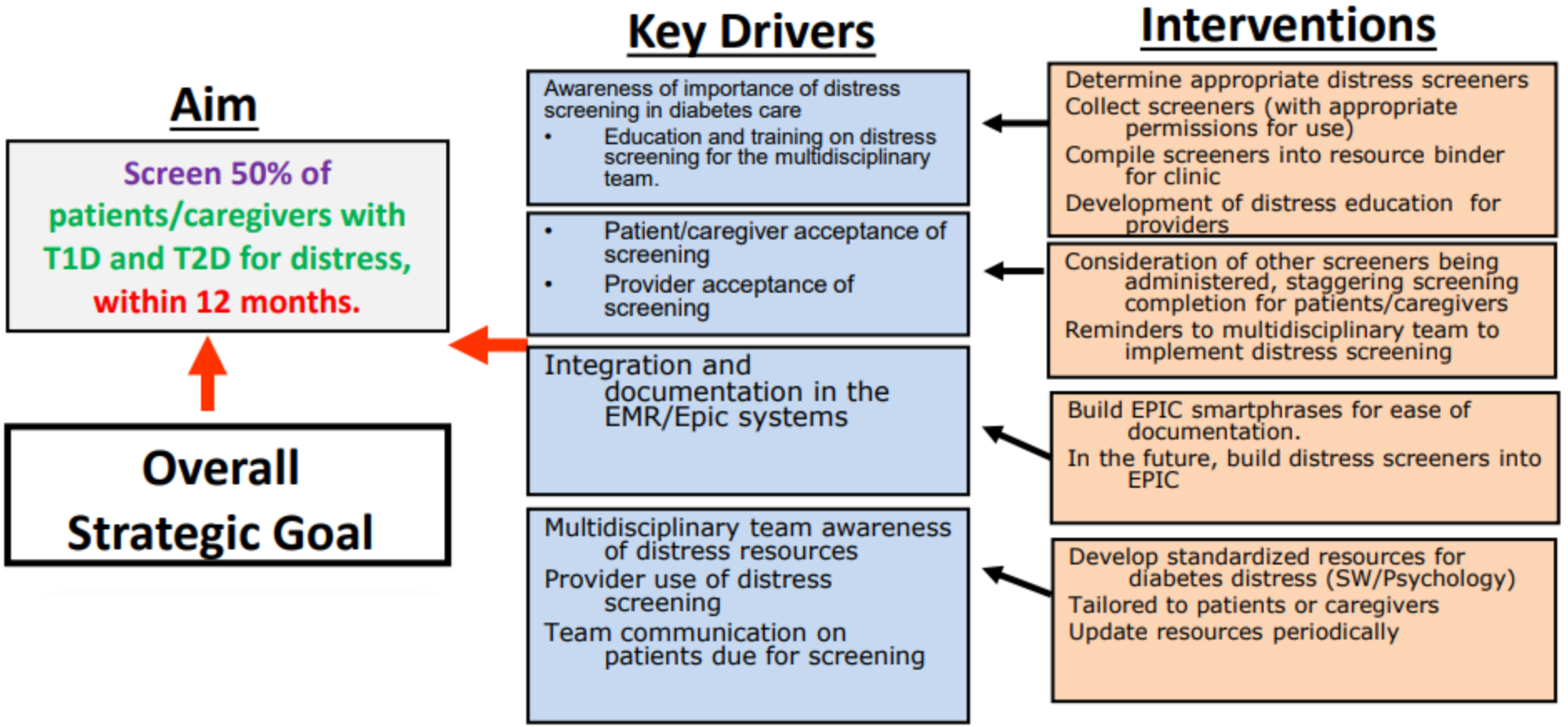
Surveys

- PAID-PR (Parents of Children <8YO)
- PAID-C (Children 8-12)
- P-PAID-C (Parents of Children 8-12)
- PAID-T (Teen 13-17)
- P-PAID-T (Parents of Teens)
- DDS (Diabetes Distress Scale; 18+ or T2DM)

Fishbone


Policies/Process
Currently, no assessment for distress
Implementing diabetes distress screener (PAID)
Workflow integration
In addition to other screeners; who administers; when
Timing of assessment
Every 6-12 months
Patients/Staff
Patients may not recognize distress
Integrate PAID-C and PAID -T questionnaire
Parent distress rarely recognized or addressed
Integrate P-PAID-C and P-PAID-T questionnaire
Access to resources/support
Offering information on community support and resources; access to social work and psychology
What obstructs?
Entering data into EPIC
Use of epic .dotphrase to enter results; build screener into epic
Track distress over time
Recording repeat assessment for comparison; keeping track over time
Storage of completed screeners
Psychology team responsible for collecting and filing completed screeners
Technology/Equipment
Refilling screener supply
Team approach: SW/psychology/fellow
Cutoff for moderate distress?
Higher scores, automatic referral to SW/psychology
Administering correct scale
Screener reference sheet
Supplies/Measurement

Key drivers


Aim
Screen 50% of patients/caregivers with T1D and T2D for distress, within 12 months.
Overall Strategic Goal
Key Drivers
Awareness of importance of distress screening in diabetes care
• Education and training on distress screening for the multidisciplinary team.
• Patient/caregiver acceptance of screening
• Provider acceptance of screening
Integration and documentation in the EMR/Epic systems
Multidisciplinary team awareness of distress resources
Provider use of distress screening
Team communication on patients due for screening
Interventions
Determine appropriate distress screeners
Collect screeners (with appropriate permissions for use)
Compile screeners into resource binder for clinic
Development of distress education for providers
Consideration of other screeners being administered, staggering screening completion for patients/caregivers
Reminders to multidisciplinary team to implement distress screening
Build EPIC smartphrases for ease of documentation.
In the future, build distress screeners into EPIC
Develop standardized resources for diabetes distress (SW/Psychology)
Tailored to patients or caregivers
Update resources periodically

If moderate to severe distress….

- Similar to PHQ9 and ASQ, if any moderate to severe distress – patient will see SW or psychology.
- Patient/family will also receive handout on Diabetes Distress resources

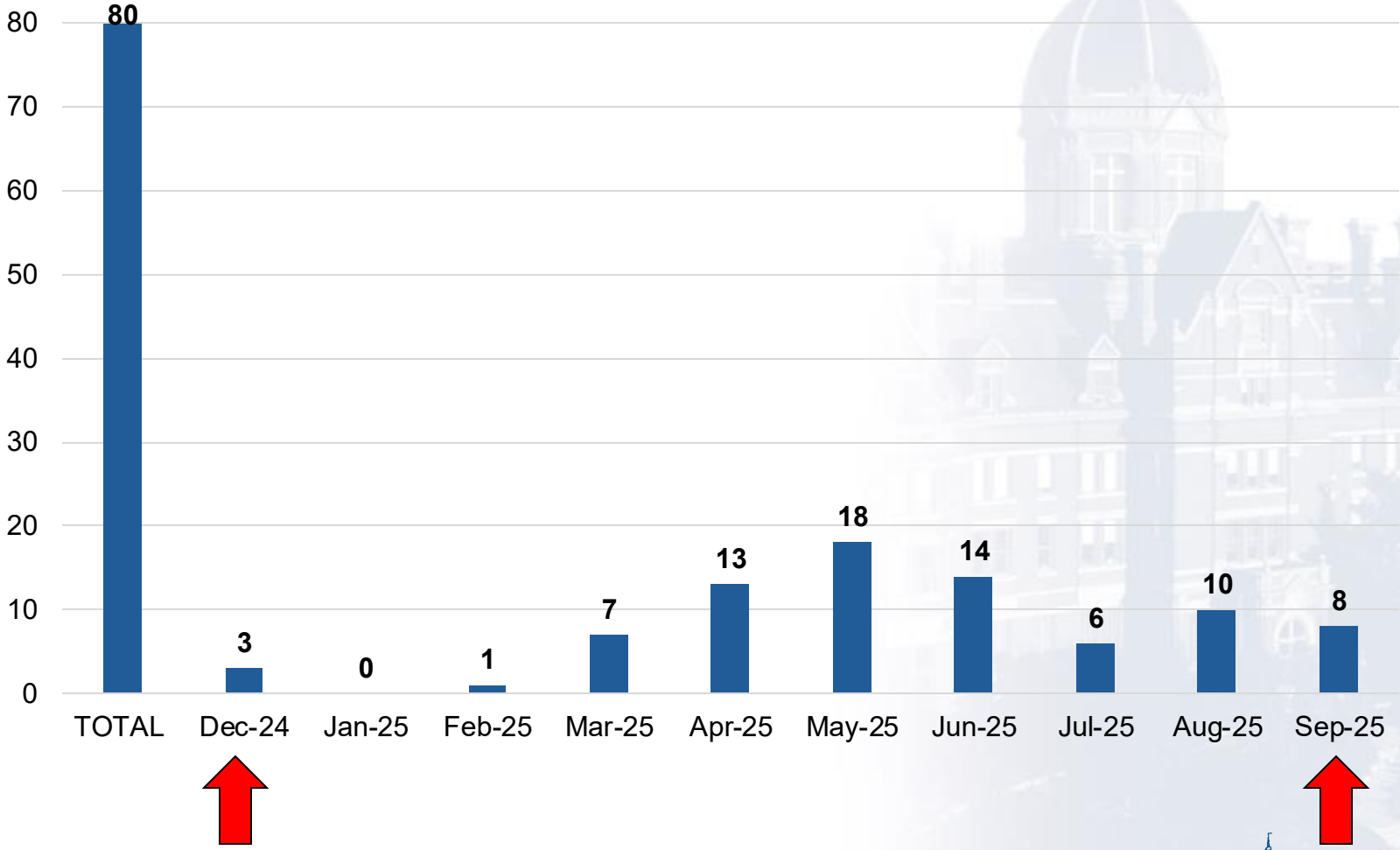
Pilot implementation and documentation

- To start, psychologists and a few pilot physicians will administer the screener.
- Completed surveys will go in folder and be scanned into Epic media section
- Distress screening smartphrase in Epic

Implementation Meetings

- 11/07/2024 – Presented the project to the Pediatric Endocrinology Division
- 11/26/2024 – Met with the team before project initiation to review procedures and survey distribution process
- 12/26/2024 – Began distributing surveys to participants
- Ongoing – Present updates at monthly diabetes center meetings

Total surveys completed



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Total numbers for each survey

	PAID-PR	PAID-C	P-PAID-C	PAID-T	P-PAID-T	DDS	TOTAL
TOTAL	**23**	**22**	**22**	**29**	**25**	**6**	**80**
December 2024	1	2	2				**3**
January 2025							**0**
February 2025		1	1				**1**
March 2025	3			2	1	2	**7**
April 2025	4	5	5	3	3	1	**13**
May 2025	7	4	4	7	5		**18**
June 2025	3	2	2	7	6	2	**14**
July 2025	1	2	2	2	2	1	**6**
August 2025	3	4	4	3	3		**10**
September 2025	1	2	2	5	5		**8**

Challenges

- Few screeners deployed in this pilot/limited phase
- More screeners are completed when fellow leading effort is in clinic, or if there are reminders to team.
- Fluctuations in SW staffing

Future plans

- Given low-risk of screener, plan to deploy to all patients in clinic
- PHQ9/ASQ commonly completed in first half of year, considering deploying distress screener from Oct – Dec time frame

References

1) Hagger, V., Hendrieckx, C., Sturt, J. *et al.* "Diabetes Distress Among Adolescents with Type 1 Diabetes: a Systematic Review." *Curr Diab Rep* 16, 9 (2016). https://doi.org/10.1007/s11892-015-0694-2

2) Evans, Meredyth A et al. “Psychometric Properties of the Parent and Child Problem Areas in Diabetes Measures.” *Journal of pediatric psychology* vol. 44,6 (2019): 703-713. doi:10.1093/jpepsy/jsz018

3) Markowitz, J T et al. “Re-examining a measure of diabetes-related burden in parents of young people with Type 1 diabetes: the Problem Areas in Diabetes Survey - Parent Revised version (PAID-PR).” *Diabetic medicine : a journal of the British Diabetic Association* vol. 29,4 (2012): 526-30. doi:10.1111/j.1464-5491.2011.03434.x

4) Patton, Susana R et al. “Parental diabetes distress is a stronger predictor of child HbA1c than diabetes device use in school-age children with type 1 diabetes.” *BMJ open diabetes research & care* vol. 11,5 (2023): e003607. doi:10.1136/bmjdrc-2023-003607