# Using an Effort/Impact Matrix Tool to Accelerate Early AID Adoption in Type 1 Diabetes: T1D Exchange Multi-Center Project

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Introduction

- The T1D Exchange is a Boston-based nonprofit with a mission to improve the outcomes of people with diabetes.
- T1D Exchange Quality Improvement Collaborative (T1DX-QI) is a learning network with 62 clinical centers caring for 90,000+ people with T1D and 60,000+ people with T2D across 22 US States.

Pediatric   Adult   T1D Exchange HQ
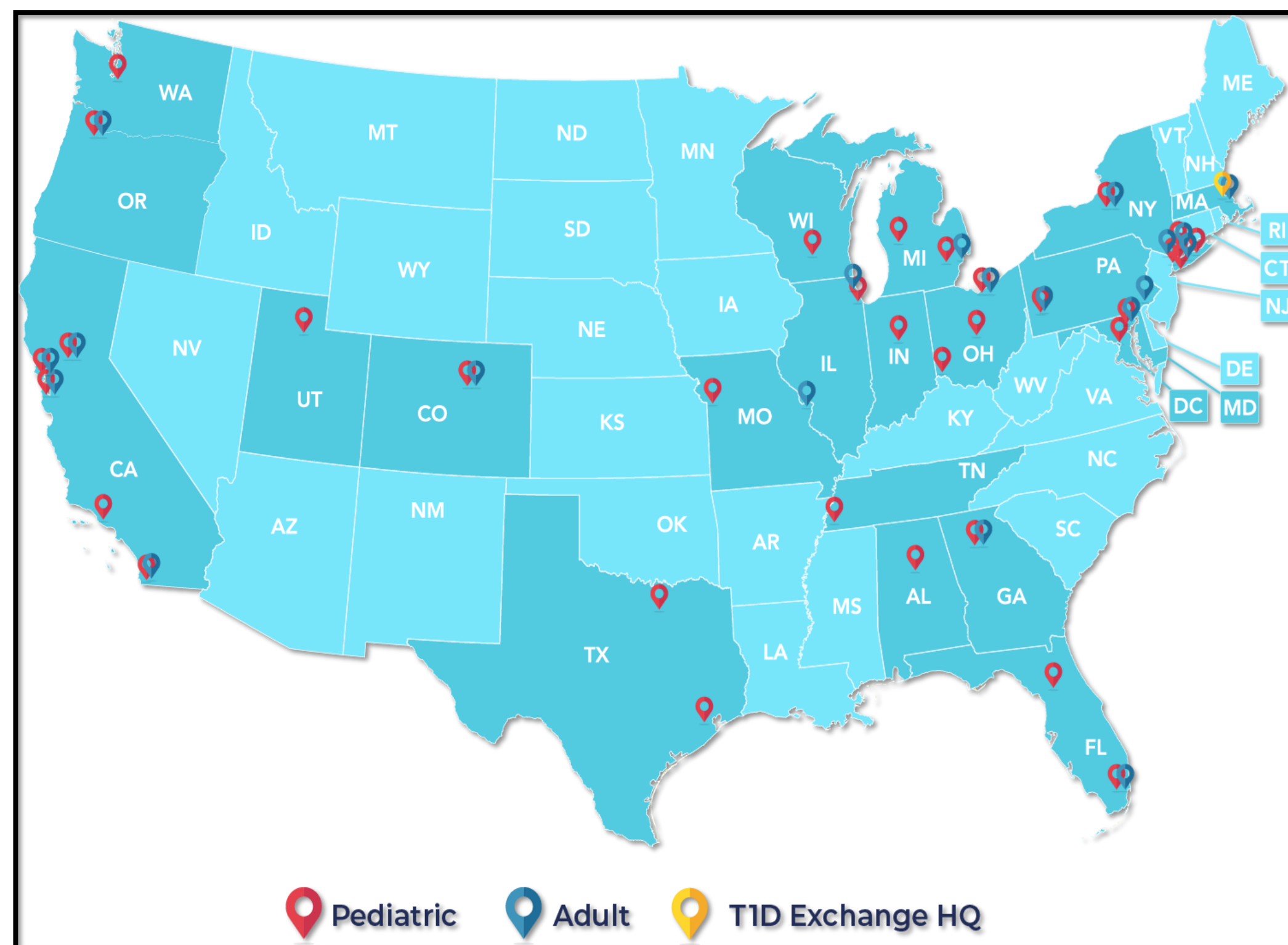
Background

- To support the adoption of Automated Insulin Delivery (AID) systems in clinical practice, multiple centers participated in a structured Quality Improvement (QI) initiative aimed at generating and prioritizing change ideas to streamline the prescribing process.
- As an introduction to QI methodology, participants were guided in the use of established tools, including the Effort/Impact Matrix, which is a prioritization tool designed to assess the relative feasibility (effort) and potential effectiveness (impact) of proposed interventions.
- The tool was used to prioritize change ideas with the goal of accelerating uptake of AID technology.

Method

- The T1D Exchange Quality Improvement Collaborative (T1DX-QI) engaged thirteen endocrinology centers (six adult, seven pediatric) to identify and prioritize strategies to increase early AID among newly diagnosed people with Type 1 Diabetes (PwT1D).
- Through brainstorming sessions, strategies were developed to evaluate 49 high-impact, low-effort interventions for rapid testing and implementation. An Effort/Impact matrix was used to evaluate each idea for feasibility and potential impact.
- The tool served as the central framework to guide prioritization, enabling centers to rank interventions that were both high-impact and achievable for testing in clinic.

Results

- The initial 49 ideas were refined to 35 based on relevance and feasibility. Of these, 22 interventions were deemed actionable and organized into five primary drivers to guide implementation.
- These five primary drivers supporting early AID initiation aim to: (1) Improve Clinic Process and (2) Communication, (3) Address Insurance Barriers, (4) Provide Education, and (5) Address Inequities in care access and delivery (Figure 1).
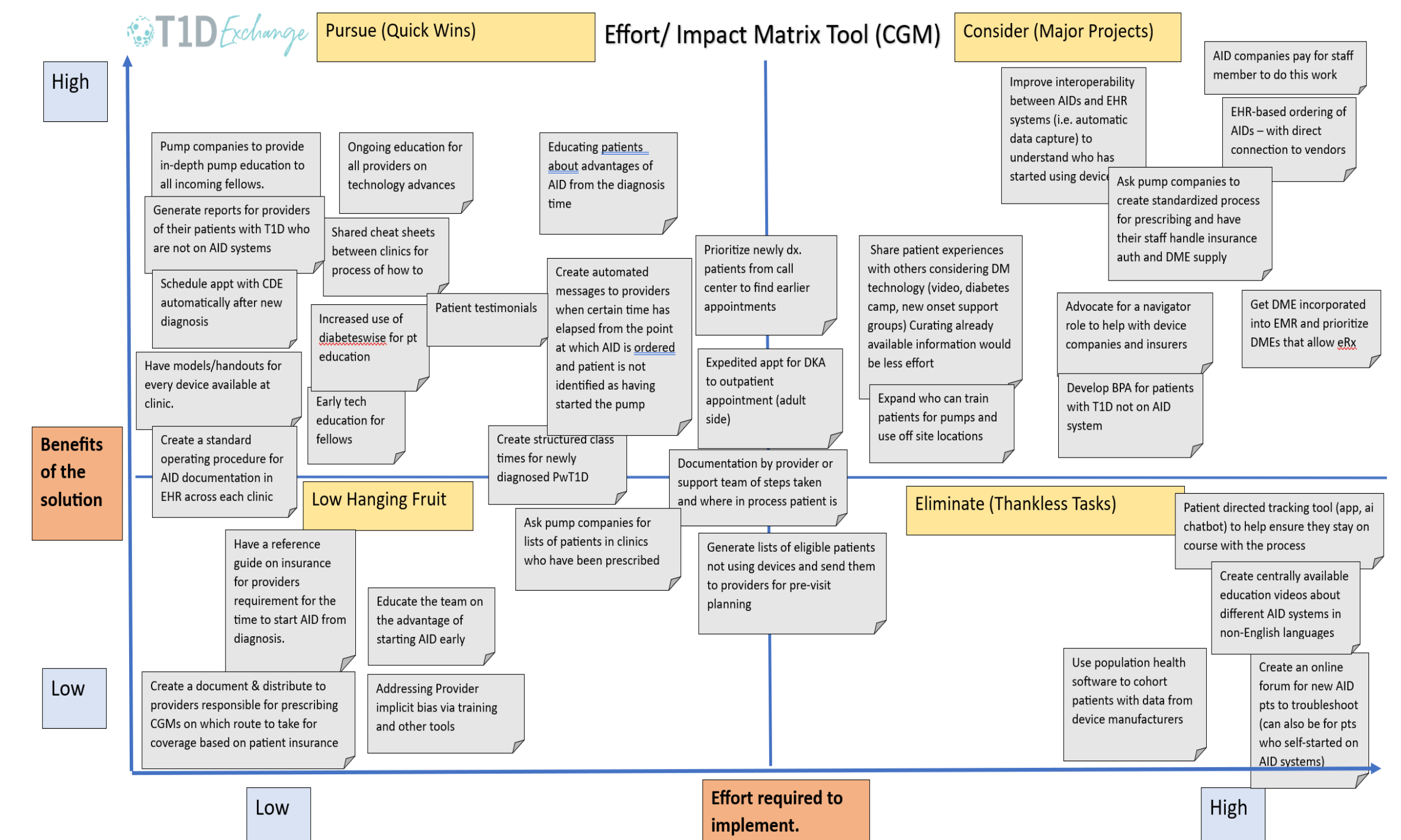
Conclusions

- Addressing systemic and operational barriers to early AID adoption through QI efforts is essential for developing scalable, sustainable strategies.
- Using an effort–impact matrix within a multi-center QI framework enabled participating centers to prioritize high-impact, feasible strategies for early AID initiation.
- This tool is practical, and adaptable for other QI initiatives aimed at improving diabetes care.
- Creating targeted change ideas aligned with these key drivers can facilitate broader and more equitable uptake of AID among individuals with new-onset type 1 diabetes.

Acknowledgements