

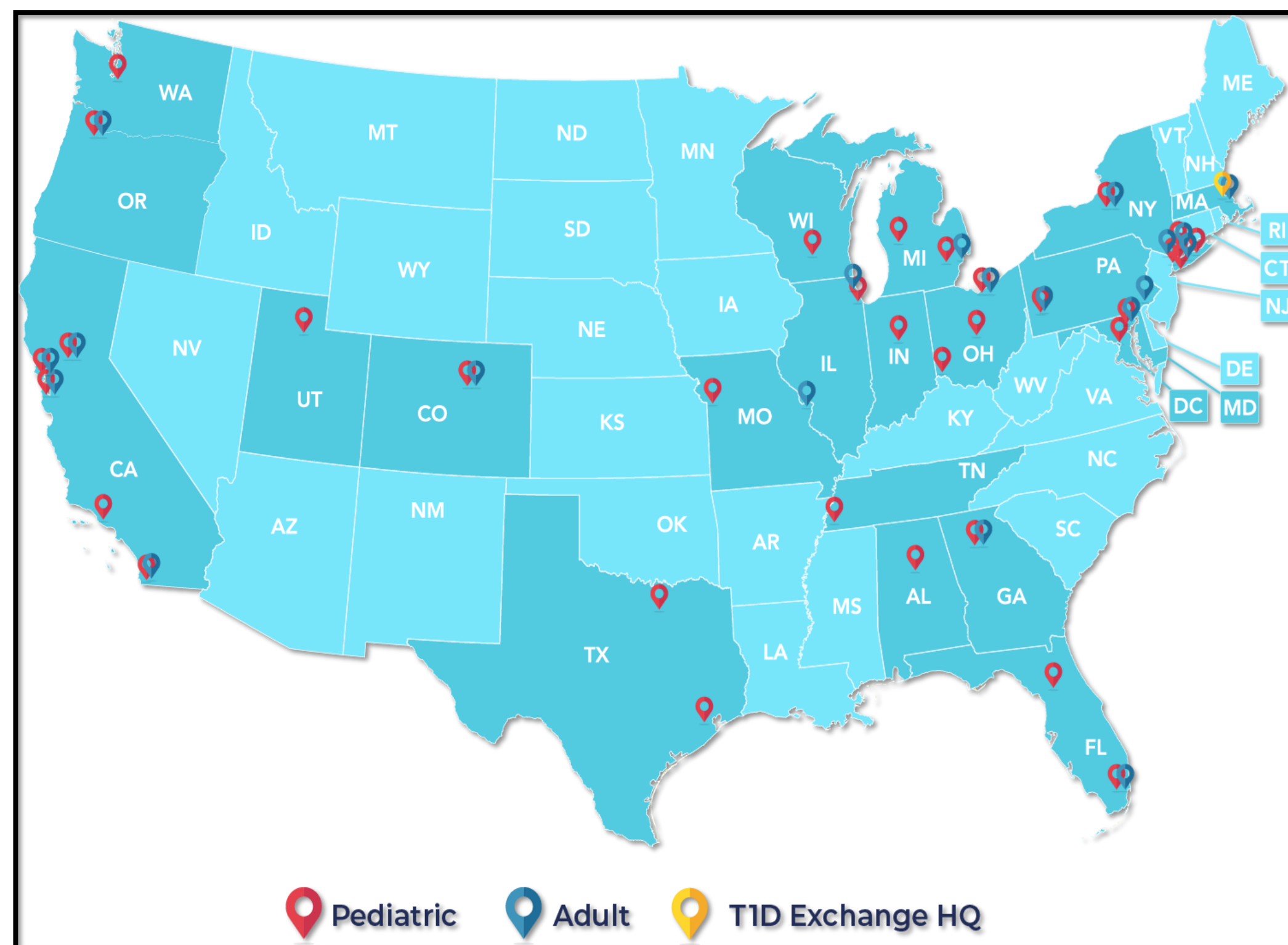
Using an Effort/Impact Matrix Tool to Accelerate Early AID Adoption in Type 1 Diabetes: T1D Exchange Multi-Center Project

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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.



Background

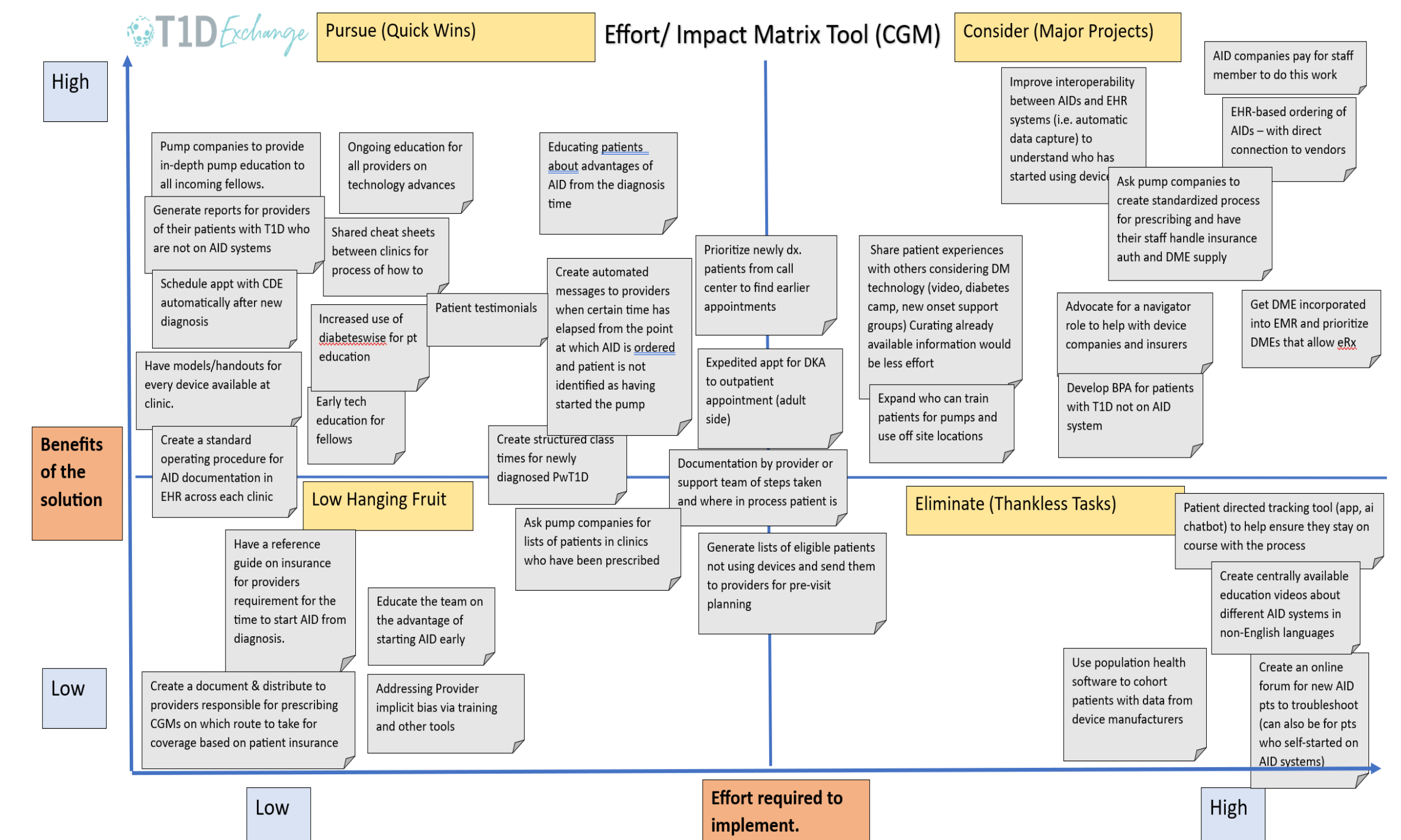
- To support the adoption of Automated Insulin Delivery (AID) systems in clinical practice, multiple centers participated in a structured Quality Improvement (QI) initiative aimed at generating and prioritizing change ideas to streamline the prescribing process.
- As an introduction to QI methodology, 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 A1D 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

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Patients & Providers	Product (AID)	Process	Place	Equity
Use go to patient either on the iPad Dock or cellular patients with table from mobile/standby	  	An pump requires up to three installation periods for processing and have their staff needs experience and AED supply person to take the off the device	Using iPad dockboard to make patients throughout process	Users expanded class time
Early time education for future	  	How models/standby for every device installed in place	Self-based training of AED with direct connection to vendors	Expanded who can train patients for pump and use off the location that has been feasible (BIO)
Other user characteristics of personnel to handle different options for pumps, establish best practice for time of AED in different personnel per category of patients with T2D care of the person	  	Any pump requires for type of patients in clinics who have been provided for use to ensure they are identified for pump installation requirements	Practice new as per unit and use to make appointments	AED access in other languages
State patient experience with others concerning T2D technology (e.g., video, iPad, etc., how most patient group)	  	Quick device experience for go options	Other patients with two categories of diabetes are included in AED app user trial of their first use	Create a online forum for new AED go to technology plan also for go who self-managed in AED system
Documentation by provider or support team of impact table and where it process AED	  	Chin to do discharge after new as do their at the clinic is pump	Allocate the tool on the advantage of starting AED early	Use training
AED compliance by staff members to do this work	  	ED-based educational materials for each product, with links to videos (these library) that could be included in the patient literature	Switched again with AED advantage after new to complete training AED	Create a "Tool List" that can be updated as part of your planning. This can be updated to new tool, but that's limited to single patients
Advocate for a caregiver role to help with device compliance and training	  	Improve responsibility between AED and DED systems (a automatic data coming to completion after the patient pump done)	Improve responsibility between AED and DED systems (a automatic data coming to completion after the patient pump done)	
Increased cost of diabetes for a patient	  	Consistency from the practice on timing of education and proving of AED (not in a repeat)	Consistency from the practice on timing of education and proving of AED (not in a repeat)	
Pump compliance pay (the program) for extra other medical education company to provide a help pump education at all training education	  	How CDM/ED uses in the process to add a identification and efficiency practices. How CDM/ED connects CDM/ED other pump users (they go to a future CDM/ED on pump company), financial stability, the support and	How CDM/ED uses in the process to add a identification and efficiency practices. How CDM/ED connects CDM/ED other pump users (they go to a future CDM/ED on pump company), financial stability, the support and	
Follow a class once in pump to improve training	  	How a geographical area or insurance requirement for the time to start AED from diagnosis	How a geographical area or insurance requirement for the time to start AED from diagnosis	
Patient directed training tool (yes, it's helpful) to make they stay on course with support	  	Shared chart sheets for process of how to prescribe	Shared chart sheets for process of how to prescribe	
Generate lists of digital patients not using devices and send them to providers (you have an email pump going) and they can directly then into a new or device	  	And taking about advantages of AED from the diagnosis time	And taking about advantages of AED from the diagnosis time	
New training	  	Get CDM/ED incorporated into DME	Get CDM/ED incorporated into DME	
Generate reports for providers for their patients with T2D who get not an AED system – use for benchmarking	  	Practice CDM/ED that show who	Practice CDM/ED that show who	
Empower education of all providers as the benchmarking resources	  	Create additional training to providers either sample time has been the point at which AED is ordered and patient is not identified as having started the pump	Create additional training to providers either sample time has been the point at which AED is ordered and patient is not identified as having started the pump	
Addressing impact issue	  	Create a standard operating procedure for AED documentation in DME across each site	Create a standard operating procedure for AED documentation in DME across each site	
Go to go to patient or order in order pump and CDM/ED supply or there a central place to send from	  	Coordinate app for DME to support equipment (paid unit)	Coordinate app for DME to support equipment (paid unit)	
		Follow follow up images (images) to send it in a week to check in where access to the process was needed	Follow follow up images (images) to send it in a week to check in where access to the process was needed	