



# QI Champions Committee Meeting

Blake Adams, Lydia Holly | Co-chairs | March 10, 2026

# Agenda

- Welcome & Introductions
- Center Sharing:
  - Children's Healthcare of Atlanta – Casey Rust
- Center Introduction Slides
  - Lydia and Various Center Representatives
  - Discussion and Questions
- Closing Remarks
  - New Co-chair nominations
  - Next QI Champions Meeting July 7, 2026

# Center Sharing

CHoA - Casey Rust, MS, RDN, LDN, CDCES



**Children's**<sup>SM</sup>  
Healthcare of Atlanta

## 2025 Projects

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**Casey Rust RD, CDCES**

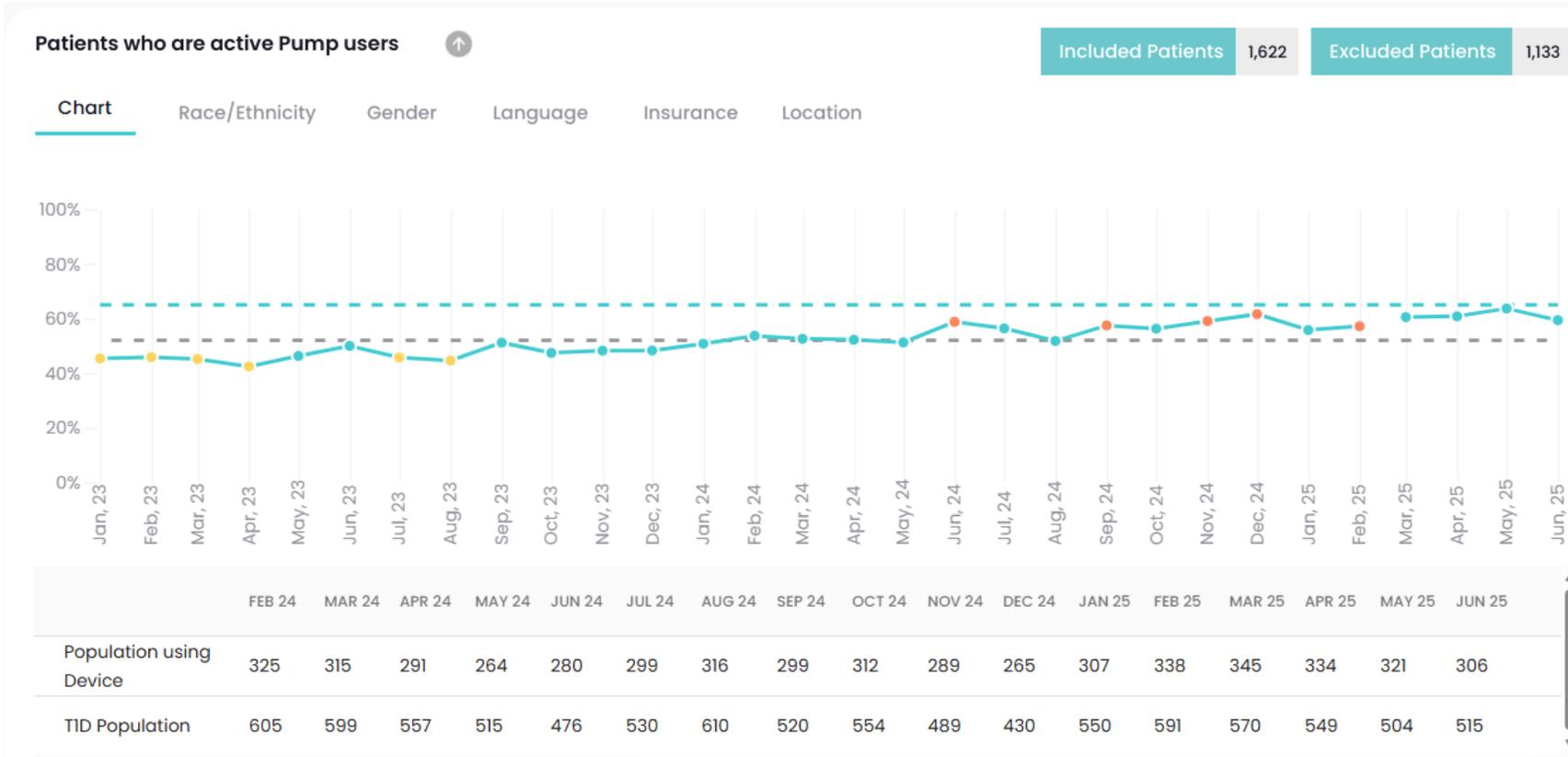


# Children's Healthcare of Atlanta

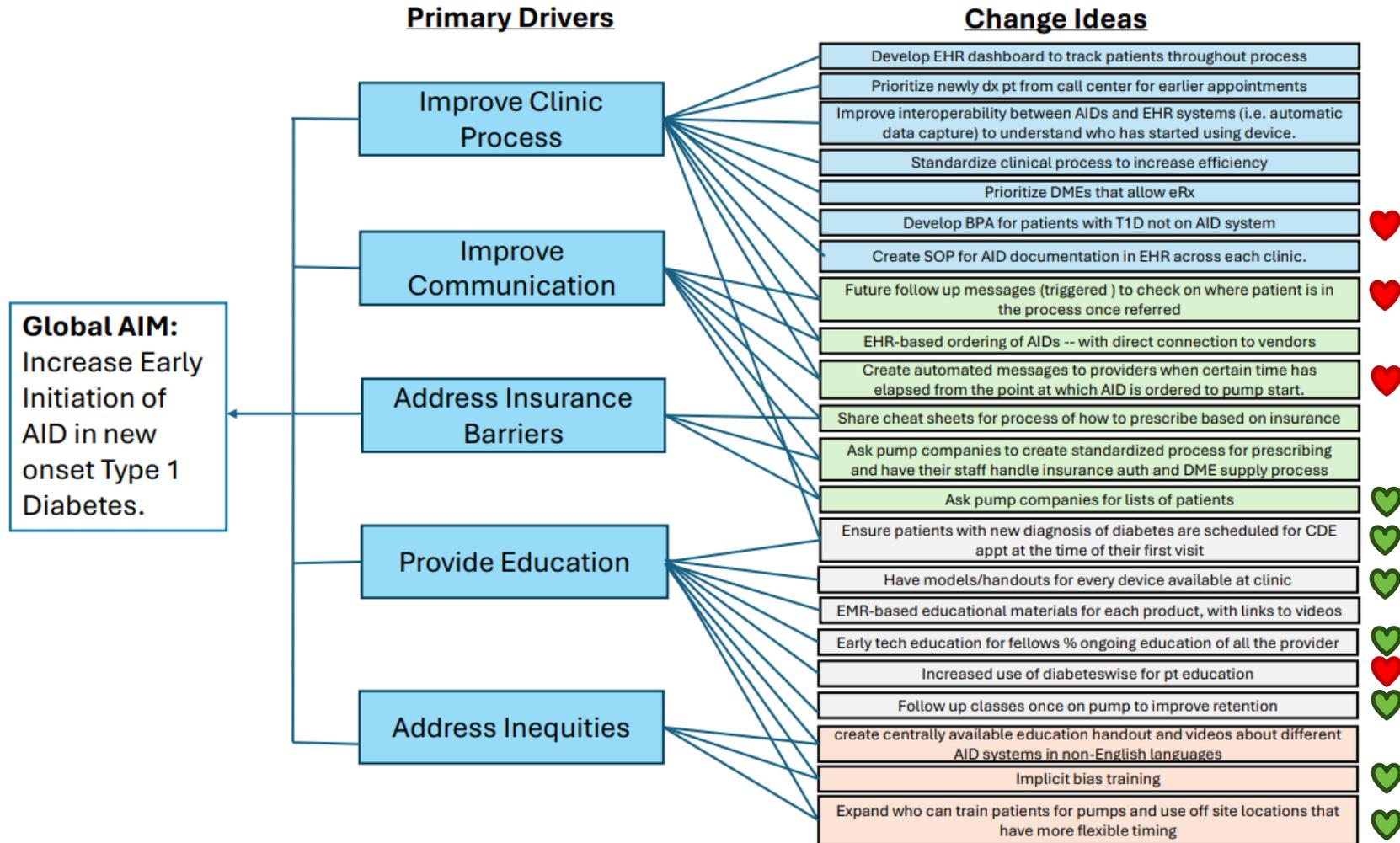
- Caring for 3394 T1D and 963 T2D patients <21 years old in Georgia.
  - T1D: 45% Medicaid, 51% Private
  - T2D: 68% Medicaid, 24% Private
  - T1D: 43% non-white
  - T2D: 72% non-white
- Providers: 17.7
- APP: 5.8
- Social Workers: 3.0
- Psychologist: 2.0
- RN: 13.1
- Registered Dietitian: 8.6 (w/ CDE)
- Registered Nurses: 7.6 (w/ CDE)



# Current state



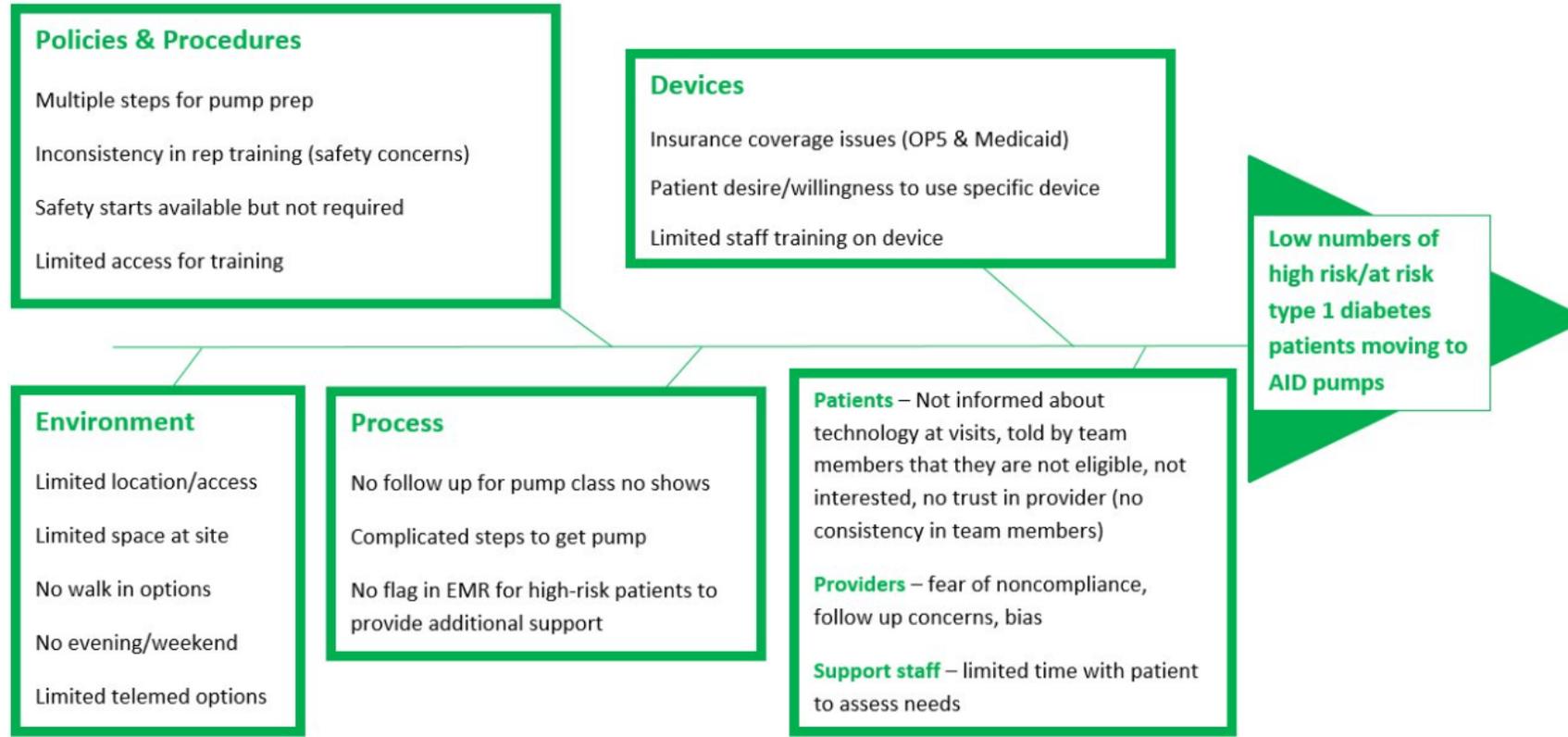
# IMPROVAID Key Drivers



♥ Things we do

♥ Plan to address

# Fishbone



# Pump PDSAs

PDSA 1	PDSA 2	PDSA 3	PDSA 4	PDSA 5
Jan '25	June '25	July '25	September '25	January '26
-New Diabetes Monitoring at Intake to include AID instead of just pump. Hard stop so that it has to be answered	-DiabetesWise: dotphrase for all providers and CDEs to improve education around pump use	-Pump questionnaire: for families not on pump	-New AVS – Casey, Dr. Cossen, Dr. George, and Dr. Fadoul to change AVS. Dr. Cossen present to providers	-BPA- practice advisory- not hard stop- intake went live

# PDSA 1: Intake (old)

**Diabetes Monitoring**

Responsible: Macro Manager

Show Row Info  Show Last Filled Value  Show Detail

**Insulin Delivery**

**Gives by Syringe**

Humalog  Admelog  Lumjev  Ispro  Novolog  Fiasp  aspart  Apidra  Lanbus  Toujeo  glargine  Semglee  glargine-yfgn  Tresiba  other

**Gives by pen**

Humalog, Lanbus taken more than a year ago

Humalog  Admelog  Lumjev  Ispro  Humalog U200  Novolog  Fiasp  aspart  Apidra  Lanbus  Basaglar  Toujeo  glargine  Semglee  glargine-yfgn  Tresiba  other

**Gives by Pump**

Humalog taken 3 days ago

Humalog  Admelog  Ispro  Novolog  Fiasp  aspart  Apidra  other

**Confirm concentration of insulin being used in pump.**

U100 U200

**Uses Pump Type**

Omnipod 5 taken 3 days ago

Omnipod Dash  Omnipod 5  Tandem X2 (control or basal)  Tandem Mobi  Medtronic 630G  Medtronic 770G  Medtronic 780G  iLet  Other

**Do you use a continuous glucose monitor?**

Yes taken 3 days ago

Yes No

**Glucose Monitors**

Dexcom taken 3 days ago

Dexcom Libre Medtronic Other

**Pump Settings**

High Risk Pump Patient

Is CGM data on pump (Tandem Control IQ, Omnipod 5 Auto Mode, or iLet)?  Yes  No

Time	Basal	Sensitivity	Carb Ratio	Target
12:00 AM	0.45	60	15	110
6:00 AM		40	4	
10:00 AM			12	
2:00 PM		60		
3:00 PM				
6:00 PM				
8:00 PM			10	
Duration	2			
Total basal	10.8			
Basal %	42%			
Total Daily Dose(units/day)				

# PDSA 1 (new)

## Content

### Diabetes Monitoring

Time taken: 3/5/2026 0857 Responsible  Show Row Info  Show Last Filed Value  Show Details

Outside Care:

**CGM and Insulin Delivery**

Do you use a continuous glucose monitor?

Glucose Monitors

Patient uses Pump

Are you using your CGM to communicate with your pump?

Uses Pump Type  Omnipod Dash  Omnipod 5  Tandem X2 (control or basal)  Tandem Mobi  Medtronic 630G  Medtronic 770G  Medtronic 780G  iLet  TWIIST/ Sequel  Other

Insulin given through Pump  Humalog  Admelog  Lispro  Novolog  Aspart  Relion Novolog  Apidra  Lispro AABC  Lyumjev  Fiasp  Merilog  Kristy  other

Insulin for pump failure  Lantus  Basaglar  Toujeo  Glargine  Semglee  Glargine-yfgn  Tresiba  Other

# PDSA 2 - Diabeteswise

To improve education around Pump use and Devices

Already had an information sheet available, not widely used

6/6/2025: Emailed providers and educators about the dot phrase  
Updated to include diabeteswise

## Todo acerca de las bombas de insulina



### ¿Qué es una bomba de insulina?

- Es un dispositivo que puede llevar en su cuerpo.
- Está diseñado para administrarle insulina por debajo de la piel durante todo el día.
- Puede reemplazar las inyecciones de insulina para las personas que tienen diabetes.

### ¿Por qué elegir la bomba?

- Si decide usar la bomba, ya no tendrá que ponerse muchas inyecciones de insulina todos los días.
- La bomba le facilita la administración de insulina para sus comidas y meriendas del día.
- Podrá hacer cambios muy pequeños a la cantidad de insulina que se administra para mantener controlado su nivel de azúcar en sangre.

### ¿Cómo funciona?

- Recibirá toda la insulina del día a través de un sitio de la bomba que está adherido a su cuerpo. Tendrá que cambiar el sitio de la bomba cada 3 días.
- La bomba solo usa insulina de acción rápida como la lispro (Humalog, Admelog), la glulisina (Apidra) y la aspart (NovoLog). Está calibrada para:
  - Administrar una pequeña cantidad de insulina cada hora. Esto reemplaza su inyección de insulina de acción prolongada. Se le conoce como índice basal.
  - Administra insulina para corregir los niveles elevados de azúcar en sangre y para encargarse de los carbohidratos de sus comidas. Esto es lo que se conoce como una dosis en bolo.
  - ¡Le hace los cálculos matemáticos! ¡Todo lo que usted tiene que hacer es ingresar los carbohidratos y el azúcar en sangre y presionar un botón!

### ¿A quién le deberían poner la bomba de insulina?

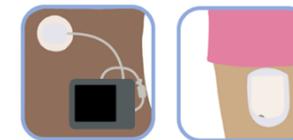
La bomba de insulina puede ser una opción para usted, si ya:

- Está verificando constantemente su nivel de azúcar en sangre pinchándose el dedo o usando el monitor continuo de glucosa.
- Está contando correctamente los carbohidratos.
- Está acudiendo a las consultas en la clínica.
- Está compartiendo información con su equipo de diabetes entre consultas.

### ¿Cuál es el próximo paso?

Si está interesado en la bomba de insulina, hable con su equipo de diabetes cuando vaya a su próxima consulta en la clínica.

Un gran recurso: [diabeteswise.org](http://diabeteswise.org)

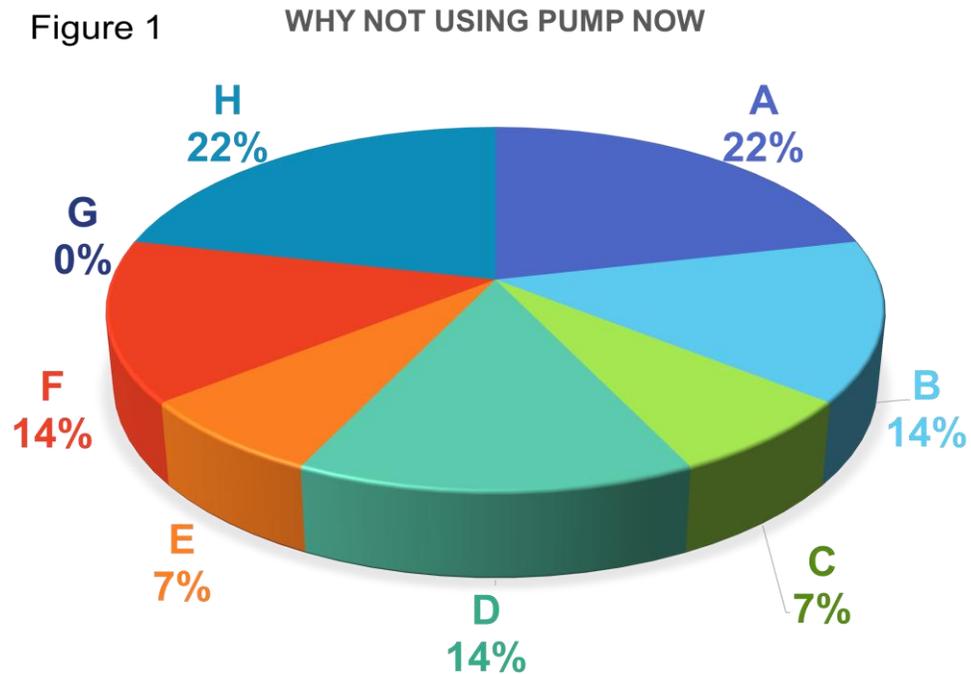


Children's Healthcare of Atlanta  
Endocrinología Pediátrica  
CGPDIABETES@choa.org  
404-785-KIDS (5437)

Esta es solo información general. Hable con el médico de su niño o con uno de los integrantes de su equipo de atención médica sobre el cuidado específico para él. En caso de una emergencia o si tiene una inquietud urgente, llame al 911 o vaya inmediatamente a la sala de emergencias más cercana.



# PDSA 3 – Questionnaire

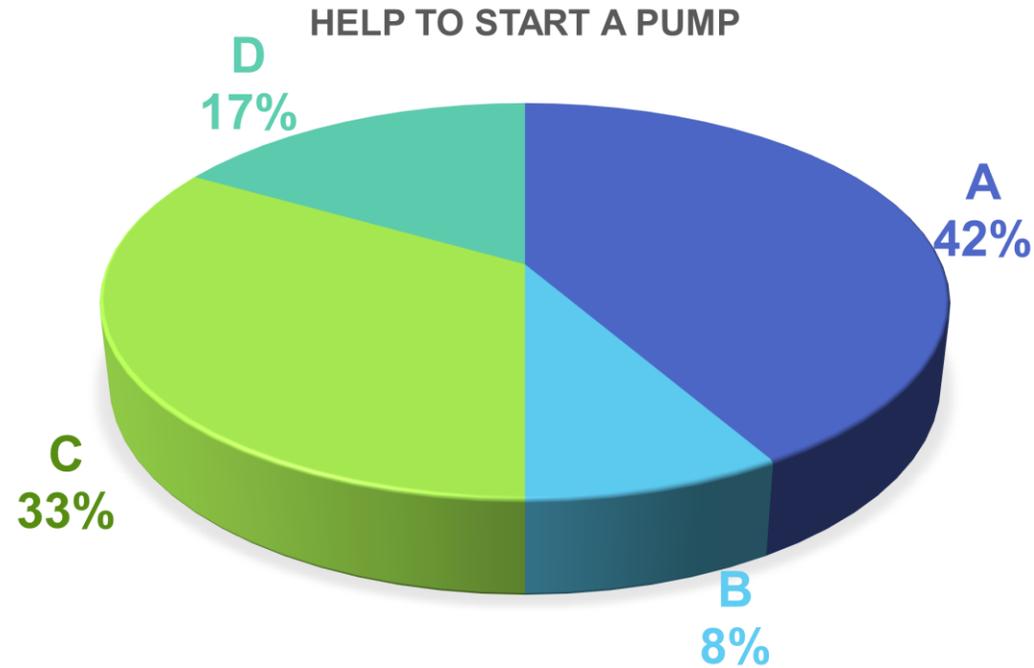


## Question 1 Answers:

- A. I don't want a pump.
- B. No one has ever talked to me about an insulin pump.
- C. My Dr. will not let me get one.
- D. I am on a CGM (Dexcom or Libre) but am nervous about technology giving me insulin.
- E. I used to be on a pump, but did not like it.
- F. I am in the process of getting a pump.
- G. Pump is too expensive.
- H. Other

# PDSA 3- Questionnaire

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- A. Nothing, I'm happy with what I'm doing.
- B. Learning more about pumps earlier.
- C. Learning more about how to be safe on a pump.
- D. Other

# PDSA 4 – AVS (old)

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<b>PUMP SETTINGS</b>				
<b>Time</b>	<b>Basal</b>	<b>Sensitivity</b>	<b>Carb Ratio</b>	<b>Target</b>
12:00 AM	1.100	1:50	<b>10</b>	110
6:00 AM	1.200	1:50		110
Duration	5			
Total basal	27.83 units			
Basal %	69 %			
Total Daily Dose (units/day)	40.31units			

# PDSA 4- AVS (new)

<p>Insulin Pump Settings:</p>	<p style="text-align: center;"><b>s Pump Settings</b></p> <table border="1"> <thead> <tr> <th>Time</th> <th>Basal</th> <th>Sensitivity</th> <th>Carb Ratio</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>12:00 AM</td> <td>0.2</td> <td>90</td> <td>20</td> <td>120</td> </tr> <tr> <td>6:00 AM</td> <td></td> <td></td> <td></td> <td>110</td> </tr> <tr> <td>8:00 PM</td> <td></td> <td></td> <td></td> <td>110</td> </tr> <tr> <td>Duration</td> <td colspan="4">3 hours</td> </tr> <tr> <td>Total basal</td> <td colspan="4">4.8</td> </tr> </tbody> </table> <p><b>Additional Suggestions:</b></p> <ol style="list-style-type: none"> <li>1. Consider decreasing active insulin time to 2.5 hours if stubborn high blood sugars continues</li> </ol>	Time	Basal	Sensitivity	Carb Ratio	Target	12:00 AM	0.2	90	20	120	6:00 AM				110	8:00 PM				110	Duration	3 hours				Total basal	4.8			
Time	Basal	Sensitivity	Carb Ratio	Target																											
12:00 AM	0.2	90	20	120																											
6:00 AM				110																											
8:00 PM				110																											
Duration	3 hours																														
Total basal	4.8																														
<p>Insulin shots when not on pump:</p>	<p>If _____ is not on her pump for more than 4 hours, she will need shots of both <b>long acting insulin</b> and <b>short/rapid acting insulin</b> to prevent DKA.</p> <ol style="list-style-type: none"> <li>1. Long Acting Insulin (Lantus, Basaglar, Semglee, Tresiba, Toujeo, glargine)</li> </ol> <p>2 units every 24 hours</p> <ol style="list-style-type: none"> <li>2. Short Acting Insulin (Novolog, Humalog, Admelog, aspart, lispro, Fiasp)</li> </ol> <p>Your short/rapid acting shot insulin regimen is: Prior to meals give 1 unit for every 20 grams of carbs</p> <p>Use the following correction formula, For pre-meal blood sugar over 150. (BG - 100) divided by 100 = extra units insulin to provide</p> <p>Wait 24 hours after your long acting insulin dose to restart your pump</p>																														
	<p>You can see all of your settings and your reports on your pump's portal. For help accessing and uploading your Omnipod, Tslim, or Medtronic pump follow these instructions on Danatech's website:</p> 																														

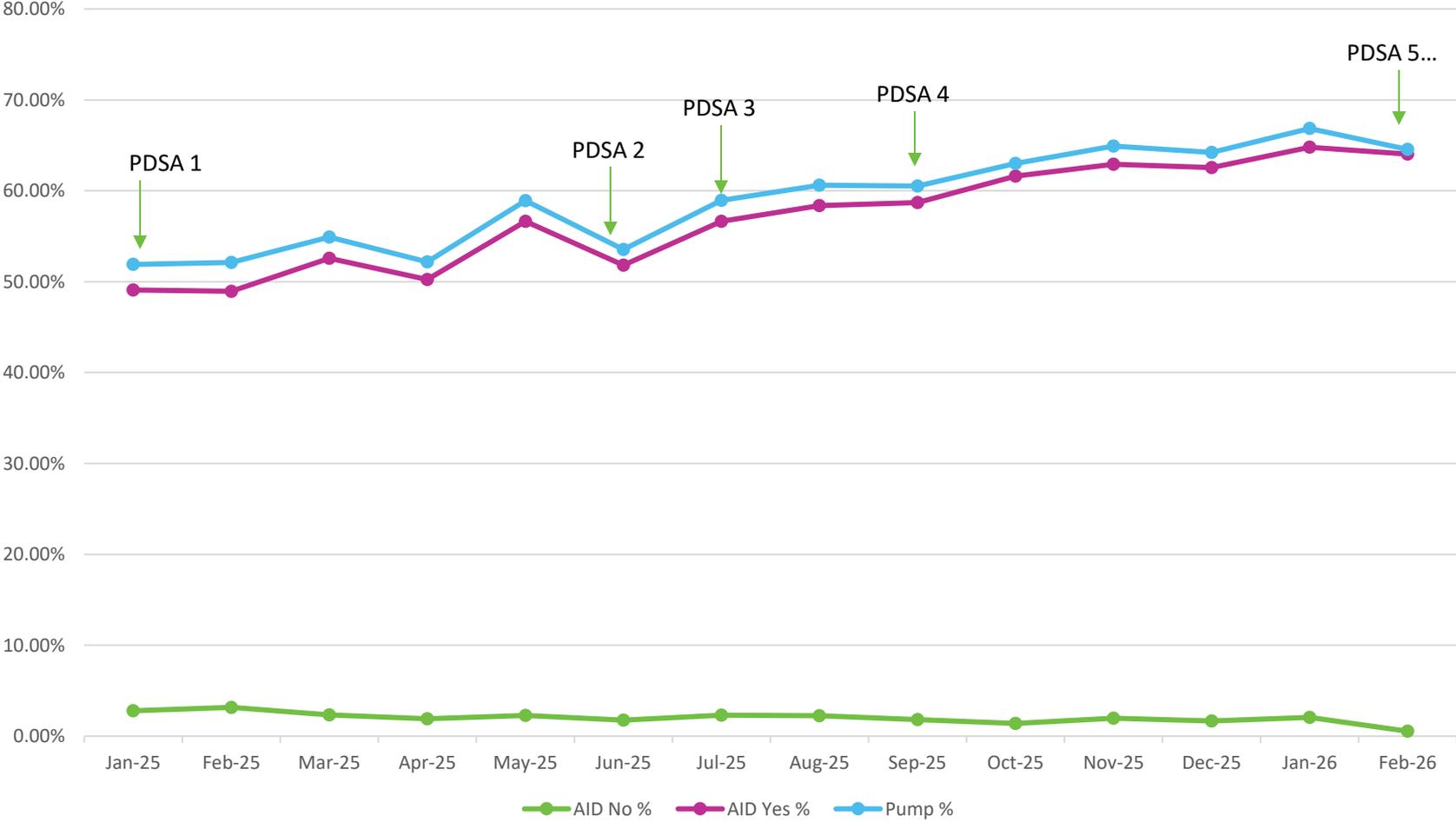
# PDSA 5 - BPA

The screenshot shows a software interface for a medical visit. At the top, there is a header 'This Visit' and a navigation bar with several tabs: 'OurPractice Advisories' (highlighted in yellow), 'Med Management', 'Visit Diagnoses', 'Problem List', 'SmartSets', 'Charge Capture', 'Follow-up', and 'Transition of Care'. Below the navigation bar, there is a section titled 'OurPractice Advisories' with a dropdown arrow and a refresh icon. Underneath, it says 'Important (1)' with an upward arrow. A yellow banner contains a warning icon and the text: 'Patient is at least 17 years old and may need to transition to adult care soon. Please go to the Transition of Care navigator section.' Below the banner, there is a link for 'Transition of Care', a text input field for 'Acknowledge Reason', and two buttons: 'Acknowledged' and 'Accept'.

We can use OURPRACTICE ADVISORIES for a notice

- Will not make it hard stop
- Will provide options to “opt out” of providing a pump
  - “patient declined” “not enough insulin” “family not interested” “tried previously” “cost” etc.
- Intake went live end of January...expecting soon!

### Pump Use at Clinic



# Next Steps

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- Comparing BPA to family questionnaire to determine most impact
- EMR based education for each pump

# Discussion & Questions

# Center Introduction Slides

Lydia and Various Center Representatives



**Children's National.**

# Children's National Hospital

## Geographic Location

We are in **Washington, DC** and provide care to patients in DC, Maryland, Virginia.

## Demographic Information

We care for **~1,500 PwT1D annually**

- 38% NHW, 33% NHB, 15% Hispanic
- 63% aged 12-18 years old
- 59% privately insured, 41% Medicaid

We care for **~425 PwT2D annually**

- 53% NHB, 5% NHW, 32% Hispanic
- 89% aged 12-18 years old
- 71% Medicaid, 29% private

## PI and Clinic Staff Members

Our PIs are Shideh Majidi & Jody Grundman. We have 34 staff members:

- 12 MDs
- 4 APPs
- 2.5 RNs
- 2 RDNs
- 6 CDCES (3 RNs, 3 RDs)
- 1 PharmD, 2 CPhTs
- 2 psychologists, 2 LISW
- 1 QI Program Coordinator

## Active QI Projects

- **CareFirst *Start Strong* New Onset Program**
  - Standardized new onset education pathway
  - Knowledge assessment + competency tracking (LMS creation)
  - SDOH screening at diagnosis
- ***Tech MeetUp: Accelerating Technology Adoption***
  - CGM/pump optimization + workflow standardization
  - Reducing inequities in tech access
- **Transition to Adult Care**
  - Transition readiness assessment rollout
  - Standardize adult handoff process
- ***T1Delay: Early Screening & Monitoring***
  - Early-stage T1D monitoring clinic launch
  - Tziel infusion pathway implementation
- ***Blossom Clinic: High-risk clinic for patients with poor control***
  - Intensive follow-up model for patients with poor glycemic control

## Planned QI Projects

- **DKA Prevention & Early Intervention**
  - Identify patients with rising A1c and/or missed visits
  - Trigger RN/CDE outreach
  - Structured sick-day education refresh
  - ED follow-up workflow

## QI Tools Routinely Utilized

Key Driver Diagram  
Ishikawa Diagram (Fishbone)  
P Charts (QI Macros for Excel)

## Learning Session Abstracts

Number of abstracts submitted at the previous learning session: 3

- 2 oral presentations
- 1 poster presentation

2026 Learning Session Abstracts: **TBD!**





# Cleveland Clinic Children's

## Geographic Location

We are based around Cleveland, Ohio.



## Active PI Projects

- Transition Readiness/READDY
- Food Insecurity
- Pump Use among Patients with Public Insurance
- Adequate Visits per Year
- Diabetes High Risk Clinic/High Risk Patient Care
- Data Sharing
- T1Dx Registry
- 4T Stanford

## Planned QI Projects

- Join T2D Registry
- 4T
- DKA readmission
  
- Continue Food Insecurity project
- Improve our Transition Process
- Prepare/present posters for T1DX learning session
- Continue to prep for 4T
- Plan for DKA readmission project
- Join T2D Registry

## PI and Clinic Staff Members

**Providers (MD, NP):** 7 MD, 4 NP

**Nurses:** 3 RN

**Educators:** 1 CDE

**Dietician:** 1

**Social Workers:** 1

**Psychologists:** 1

**Resident:** 1 (doing QI research on food insecurity as part of T1DX)

## QI Tools Routinely Utilized

- Matrix
- Key Driver Diagrams
- RAIL tool
- Fishbone Diagram

## Learning Session Abstracts

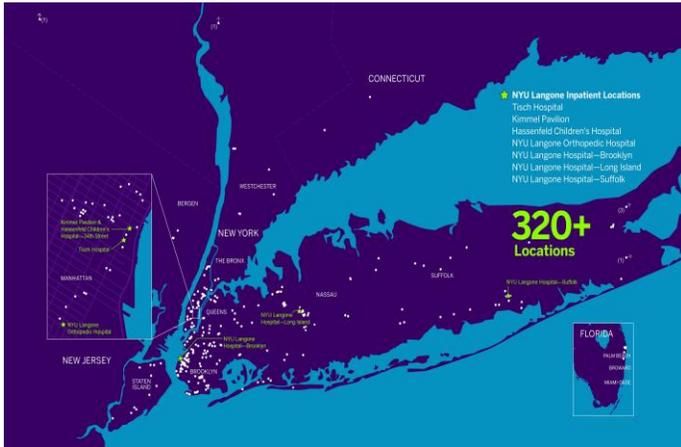
2026 Learning Session Abstracts:  
Food insecurity project  
Pump use among patients with private insurance



# Hassenfeld Children's Hospital at NYU Langone Pediatric Diabetes Center

## Geographic Location

**Midtown Manhattan** - serving all 5 boroughs and surrounding areas



## PI and Clinic Staff Members

**PI:** Dr. Meredith Wilkes

Dr. Mary Pat Gallagher is our Director and was previously our PI

**Providers:** 5 MD, 1 NP, (3 fellows)

**Nurses:** 1 RN

**Educators:** 5 (2 RN CDCES 3 RD, CDCES)

**Social Workers:** 1

**Psych/Neuropsych/Child Life:** shared

**Research/QI Nurse (RN, CDCES):** 1

**Research Coordinators:** 2

## Demographic Information

**Total:** ~ 800-900

**PwD type 1:** ~ 600, **PwD type 2:** ~ 100

**New Onsets:** ~ 1-2 per week

## Active PI Projects

1. Increasing documentation of Retinopathy screening
2. Increasing documentation of Diabetes Distress screening using the PAID screener
3. Decreasing the number of patients with HbA1c over 9% through family meetings
4. Increase Tidepool Account/EMR signups
5. Increase FOH screening and education

## Planned QI Projects

1. Initiate grip strength measurements and documentation
2. Once Tidepool sign ups are streamlined:
  1. Increase time in HLC
  2. Decrease HbA1c
3. Once T2D pulls are set-up:
  1. Decrease the number of patients with HbA1c >9% through increased follow up

## QI Tools Routinely Utilized

1. Ishikawa Diagram (Fishbone)
2. Effort/Impact Matrix (Pick Tool)
3. Process Maps
4. PDSA – RAIL
5. PDSA charts
6. Line charts

## Learning Session Abstracts

### 2025

1. Improving Transition Readiness Documentation at a Pediatric Diabetes Center
2. Initiating Fear of Hypoglycemia Screening and Education

### 2024

1. Ongoing Efforts for Improving Depression Screening at a Pediatric Diabetes Center
2. Ongoing Efforts for Increasing Retinopathy Screening at a Pediatric Diabetes Center
3. Family Centered Team Meetings for People with HbA1c >9% for >12 months

### 2023

1. Ongoing Efforts for Improving Depression Screening at a Pediatric Diabetes Center
2. Implementation of a School Diabetes Education and Support Program

**2026 Learning Session Abstracts:** TBD





# Rady Children's Health

## Geographic Location

We are located in San Diego, CA, United States. We provide care to a large portion of southern California and serve families from as far away as Arizona and Mexico

## Demographic Information

We care for 1500 children wT1D and 300 children wT2D annually

## PI and Clinic Staff Members

Our PI is Dr. Carla Demeterco-Bergren.

Staff includes  
14 MDs, 3 Fellows, 3 APPs,  
17 RNs including 10 CDCES, 3 Nurse Educators, 2 Diabetes Case Managers and 1 Outpatient Screening RN  
3 RDs, 3 SWs, 1 psychologist and 1 exercise physiologist

## Active QI Projects

Transforming Access: Empowering Public Insured Patients with Equitable Insulin Pump Therapy

Increasing the number of people being screened and monitored for presymptomatic type 1 diabetes

Increasing TSH screening in patients with T1D

Increasing diabetes eye exam in patients with T1D

## Planned QI Projects

BOARD-T1D: A Multidisciplinary Care Management Program for Youth with Ongoing Challenges in Type 1 Diabetes Management

DKA admission wraparound project

## QI Tools Routinely Utilized

Key Driver Diagram  
Ishikawa Diagram (Fishbone)  
Run Chart

## Learning Session Abstracts

Number of abstracts submitted at the previous learning session: 1/year

2026 Learning Session Abstracts:  
Planning on submitting one





# Cook Children's Endocrinology and Diabetes

## Geographic Location

We are in Fort Worth and Prosper Texas, United States and provide care to people from the Dallas-Fort Worth area, north, central, east and west Texas as well as neighboring states.

## Active PI Projects

- #1 Transition to Adult Diabetes Care
- #2 PINFINITY Program
- #3 T2D CGM Use
- #4 T1D Screening Program (CONNECT)

## QI Tools Routinely Utilized

- Key Driver Diagram
- Ishikawa Diagram (Fishbone)
- PDSA worksheet
- Process Map
- Run chart/control chart
- Pareto Charts

## Demographic Information

We care for 1924 PwT1D and 371 PwT2D annually

## Planned QI Projects

Planned QI Project #1 Sugar-PAC

## PI and Clinic Staff Members

Our PI is Susan Hsieh MD and we have 36 staff: 12 MDs, 9 APPs, 11 diabetes RNs, 2 CDCES, 12 endocrine nurses, 0 psychologists on staff, 2.5 FTE clinical therapists. 1 clinical pharmacist with CDCES, 4 FTE dietitians (1 of which is 0.5 FTE with CDCES) and 2 social workers.

## Learning Session Abstracts

Number of abstracts submitted at the previous learning session: 4

2026 Learning Session Abstracts: 2



# Le Bonheur Children's Hospital University of Tennessee Health Science Center



## Geographic Location

We are located in downtown Memphis, TN. We provide care to people from multiple neighboring states because of our location. We see patients from Tennessee, Mississippi, Arkansas, Missouri, Alabama and Louisiana .



## Demographic Information

We care for 764 PwT1D and 333 PwT2D annually

## PI and Clinic Staff Members

Our PI is Grace Nelson, MD and we have: 7 full time MDs, 1 part time MD, 1 Fellow, 1 part time Psych, 3 DNP's, 9 RNs, 3 CDCES, 1 Community Health Worker, 1 Social Worker and 2 Dietitians.

## Active PI Projects

- Active QI Project #1- DKA and HCL pumps
- Active QI Project #2- Little's clinic
- Active QI Project #3- Transition

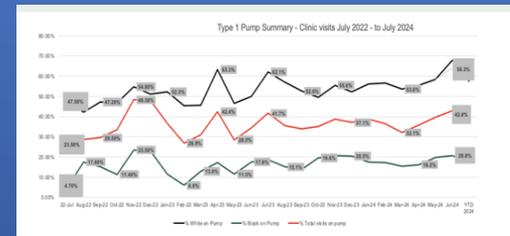
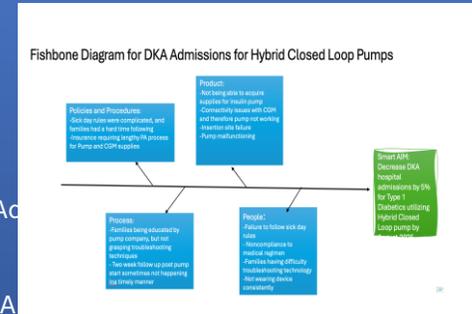
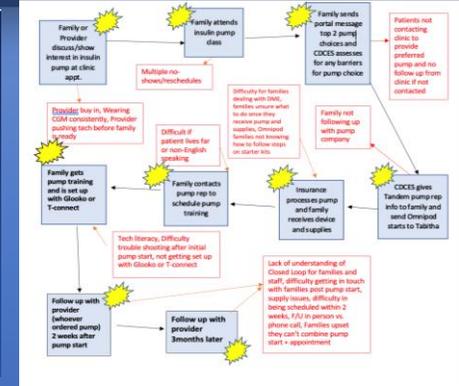
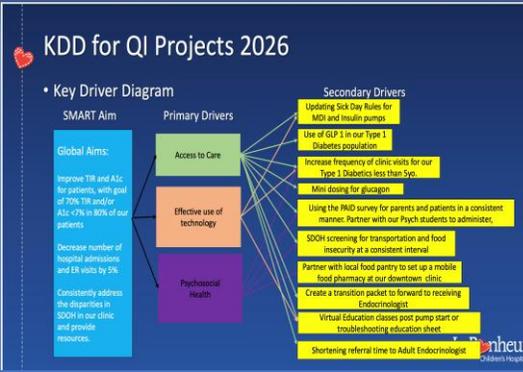
## Planned QI Projects

- Planned QI Project #1- Microalbumin Screening
- Planned QI Project #4- CGM- opt out policy
- Planned QI Project-Diabetes Distress

## Learning Session Abstracts

Number of abstracts submitted at the previous learning session: 4  
2026 Learning Session Abstracts:  
-Transition Confirmation of T1D Pediatric to Adult Care  
-CGM  
-QI Analysis of Sick Day Rule Updates on DKA Admissions in Children with Type 1 Diabetes using HCL Insulin Pumps  
-Comparing Insulin Pump Initiation and Outcomes in Young Children ages 0-5 with Type 1 Diabetes  
-Advancing Equity and Outcomes: A QI Initiative to Increase CGM Use in Children with T2D

## QI Tools Routinely Utilized



## Geographic Location

We are in Syracuse NY. We serve central New York, but also the entire state from Buffalo to Albany, north to the Canadian border and even into northern PA.

## Demographic Information

We care for ~1900 PwT1D and ~2900 PwT2D annually

## PI and Clinic Staff Members

Our PI are Dr. Malek El Muayed and Dr. Rachel Hopkins

Staff: 8 MDs, 9 APPs, 1 SW, 6 CDCES/DCES, 1 psychologists

## Active PI Projects

Depression Screening  
SDOH Screening  
Programs to address food insecurity

Food Pantry + Monthly Produce Program  
Not on AID OPA Project  
Ankle-Brachial Index Screening  
Reducing health disparities and eliminating gaps in device use and HbA1c

## Planned QI Projects

Diabetes Distress Screening- Pilot Completed; expanded clinic-wide

Satisfaction Survey of participants in food programs

DKA/Hospital Admissions risk assessment

## QI Tools Routinely Utilized

Key Driver Diagram  
Ishikawa Diagram (Fishbone)  
Effort/Impact Matrix (Pick Tool)

## Learning Session Abstracts

Number of abstracts submitted at the previous learning session:

2-

**Pilot Program to Screen Adults with Type 1 Diabetes for Diabetes Distress**

**Screening for Peripheral Arterial Disease using the Ankle Brachial Index**

# QI Champions Co-chair Nominations

## Nominations due March 27<sup>th</sup>

- Qualtrics link to suggest a nominee is below:
- [https://t1d.iad1.qualtrics.com/jfe/form/SV\\_3IZoMg8gjtevc9M](https://t1d.iad1.qualtrics.com/jfe/form/SV_3IZoMg8gjtevc9M)

## Co-Chair Role

- Two co-chairs will lead the QI Champions committee, ensuring smooth operations and effective collaboration. Responsibilities include:  
Facilitating meetings and discussions.
- Coordinating with members to ensure participation and contribution.
- Overseeing the development and execution of committee initiatives.
- Serving as liaisons between the T1DX-QI team and the committee.
- Collaborating with T1DX-QI leadership to align committee activities with overall goals and objectives.
- Must be able to attend the Learning Session in November.
- The 2026–2028 term runs from **June 1, 2026 through May 31, 2028.**

# Scheduled Presenters for July 7th

I will be outreaching these 12 centers with an invitation to present.

- Stanford Children's Hospital (Peds)
- UC San Diego Adult
- Mt. Sinai Adult
- OHSU Adult
- Cincinnati Children's Hospital Medical Center
- University of Florida Health
- BMC
- Grady Memorial Hospital
- Mt. Sinai Peds
- OHSU Peds
- Miami Adult
- University of Michigan Pediatrics

**Thank you!!!**