General Population Screening for type 1 diabetes: Can we leverage the AAP?

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Disclosures

• No conflicts of interest

Overview

- Review AAP guidelines for health promotion in children
- Identify opportunities for leveraging these systems for screening children with type 1 diabetes
- Explore barriers to population-based screening for type 1 diabetes
- Think about next steps

Current AAP Section of Endocrinology Action for T1D

Education for Pediatricians

- Publication in AAP News May 2024
 - "Innovations in Type 1 Diabetes Management for High-Risk Patients"
- AAP National Conference and Exhibition
 - Presentation Dr. Brittany Bruggeman "What's new in type 1 diabetes?"

Advocacy

- Screen for Type 1 Diabetes Act 2024
- Introduce by Senator Jeanne Shaheen (NH)
- Goal to do a public education campaign of the signs and symptoms of early diabetes

Work Force

• Subspecialty Loan Repayment

What is Bright Futures?



"Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported, in part, by the <u>US Department of Health and Human Services, Health</u> <u>Resources and Services Administration (HRSA)</u>, Maternal and Child Health Bureau (MCHB)."



"The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and health supervision visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics and many others. Materials developed especially for families are also available."

 https://www.aap.org/en/practice-management/bright-futures?srsltid=AfmBOopMhg4GrFAjlA_RmMnRXFOvNB98RfKcx2JjevYmuddHtJ_GTSZ

American Academy of Pediatrics	R	ecom			ns for utures/A						ealt	th Ca	re							-	**	Bri	ght Fut	tures. Ion for infants. In families "
	PR	OCED	URES	¹⁸																				
Newborn Blood										19			●20	+			+	-						
Newborn Bilirubin ²¹																								
Critical Congenital Heart Defect ²²																								
Immunization ²³												•		•			•			•		•		
Anemia ²⁴																				*				
Lead ²⁵																						*	*	
Tuberculosis ²⁷														*	,							*		
Dyslipidemia ²⁸																								
Sexually Transmitted Infections ²⁹																								
HIV ³⁰																								
Hepatitis B Virus Infection ³¹								*									+		+					
Hepatitis C Virus Infection ³²																								
Sudden Cardiac Arrest/Death ³³														\top										
Cervical Dysplasia ³⁴																								
Fluoride Varnish ¹⁰ Fluoride Supplementation ¹⁴		* *	*		•	*	*	* *		*	*	*	* *	* *	*		_		* *	,				

How do pediatricians get paid for this work?

CODING FOR Pediatric Preventive Care



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American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®



What are opportunities for leveraging the Bright Futures System for the Work?



Establish a recommendation for screening

All children? Or target high-risk populations Ages?

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Guide pediatricians and pediatric endocrinologists/diabetologists for followup of positive screening tests

Identify the process for adding recommendations to Bright Futures



Address barriers to this implementation



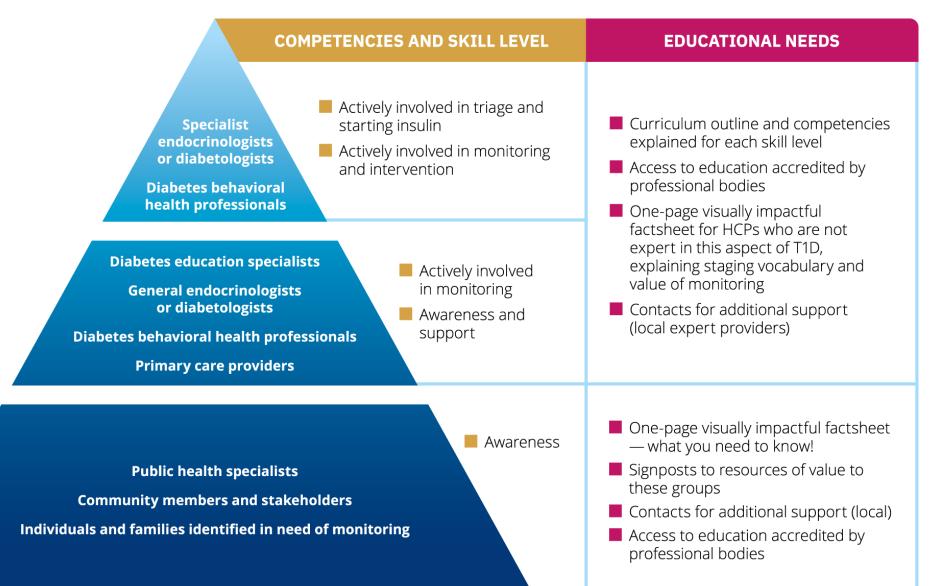
Barriers to screening

- Lack of billing codes for screening
- Getting buy-in for the benefits of screening
- Need for education of primary care providers
 - Pediatricians, family practice providers, AAPs
- Current Pediatric Endocrine workforce – can we take this on?
- Limited resources for advocacy

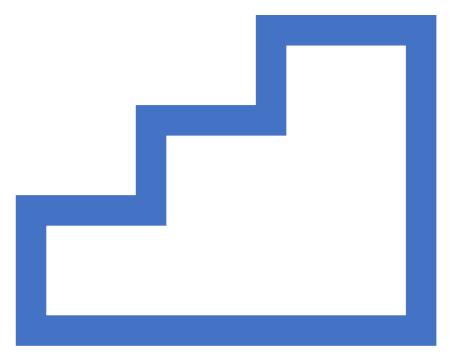


From: Consensus Guidance for Monitoring Individuals With Islet Autoantibody–Positive Pre-Stage 3 Type 1 Diabetes

Diabetes Care. 2024;47(8):1276-1298. doi:10.2337/dci24-0042



Next steps



Questions?

