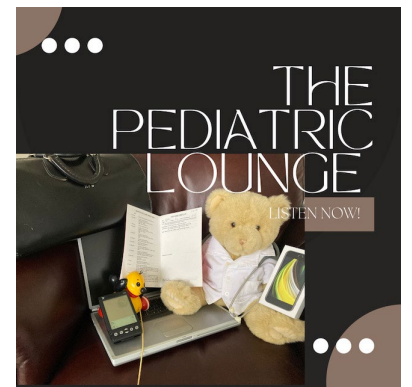


# WE CAN DO THIS

Empowering Pediatricians to Lead Change in Type 1 Diabetes Screening and Care



# Disclosures

Medical Advisory Boards for Sanofi USA

National Speaker Bureau T1D Sanofi USA

Consultant to Med Tech, Independent Practices, and Pharma

Funding from Sanofi for T1D Implementation Study in the USA

Will not discuss brand-name products or experimental therapies not yet approved by the FDA

# About Dr. Bravo

Dr. Bravo is a distinguished US pediatrician and serial entrepreneur known for his significant contributions to healthcare and beyond.

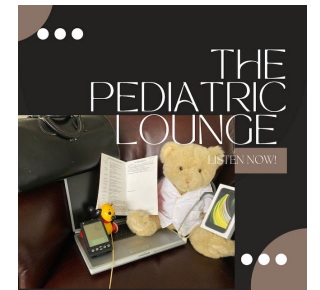
Trained as a medical student at Hospital Nacional De Niños in Costa Rica, he completed his internship at MSU-KCMS Bronson Children's Hospital in Michigan and residency at Rush University Children's Hospital in Chicago.

Dr. Bravo's career spans diverse settings, from establishing a rural practice in Appalachia to spearheading pediatric emergency services in Northern Virginia. He notably designed the first pediatric emergency department in a community hospital and founded the region's first pediatric urgent care service, Pediatrics@Nite.

As co-founder of The Pediatric Lounge Podcast, Dr. Bravo facilitates knowledge sharing among pediatricians across North America. He also co-founded the Pediatric Executive Development System (P.E.D.S.), a data analytics platform and mastermind program that has helped independent pediatric practices achieve up to 10X growth in just two years.

Contact: [drherb@pediatriclounge.org](mailto:drherb@pediatriclounge.org) | (703) 783-7978

<https://thepediatriclounge.com/meet-the-hosts>



# Objectives

- Share our experience in a small office screening

# VISION



We are running together towards the cure

# MISSION

Redefine T1D as an autoimmune disorder that leads to metabolic failure manifested as lifelong dependency on exogenous insulin.

Adopt universal screening in children to prevent DKA and preserve  $\beta$ -cell function.

# WINS 2025

Resolution #29 Approved by 2/3 of Pediatric Leadership  
August 2025



- Policy Statement adopting the ADA and ISPAD Guidelines
- On our way to Universal Screening
- Advocacy for the CPT Code to pay for the work involved in screening
- Support Education for Pediatricians and Pediatric Endos

# OUR EXPERIENCE

- Solo Owner
- Exsoburbs- Near Marine Quantico Base
- 2,400 Active Patients
- Majority non-white
- The majority on Medicaid

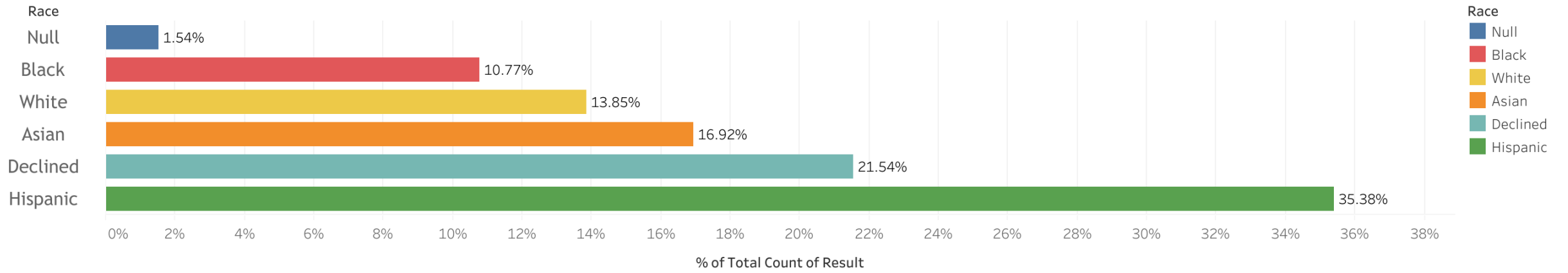




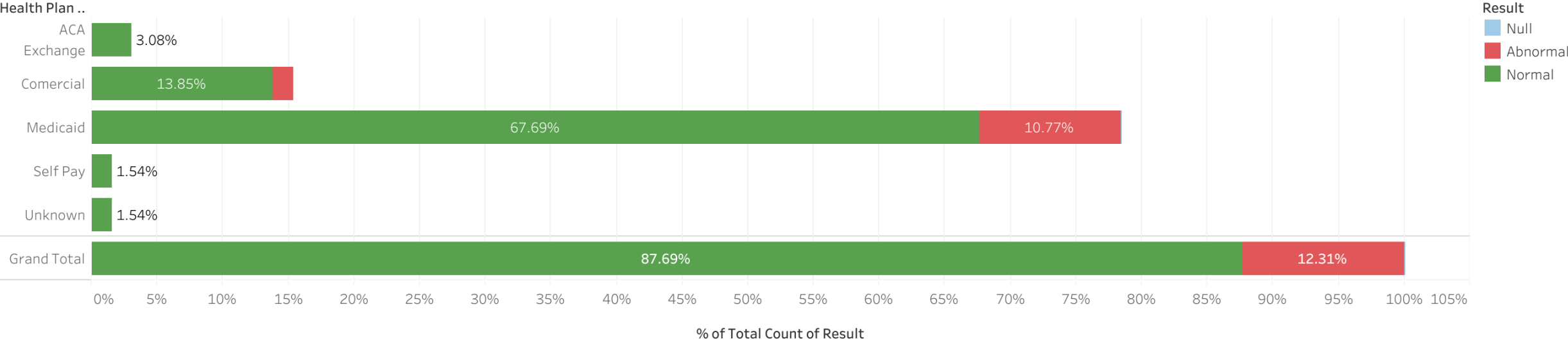
# OUR CHALLENGES

- No Diabetes Center of Excellence within 30 miles
  - Access to Peds Endo 4 months ( CNHC ) to 8 months ( VCU- Richmond)
- HMOs capitate all Labs and must go to Labcorp.
  - Lead, Hemoglobin, and Pancreatic Autoantibodies are done via venipuncture
- Underresourced High Risk Population
- Non-Pediatric Specific EHR - poor for population health and recalls
- High Rate of Overweight and Obese Population

## Race



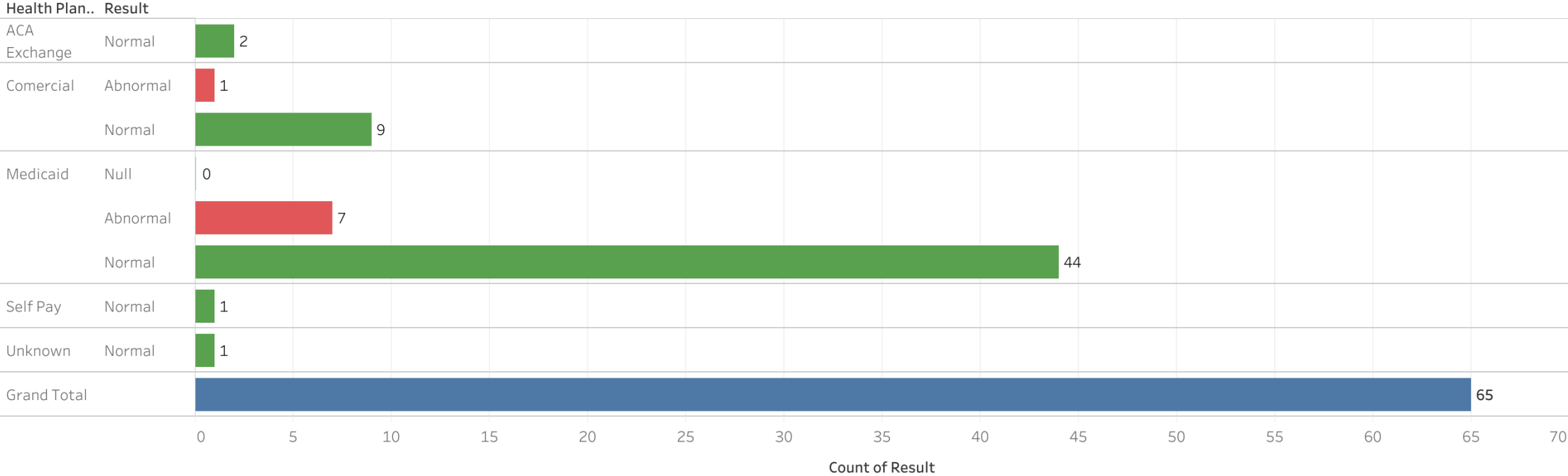
### Screens Completed



# NUMBERS

- Screens ordered ~120 in 24 months
- Abb Completed ~65
- No 2+ Antibodies
- 10 % 1+ Antibodies mostly ZNT8

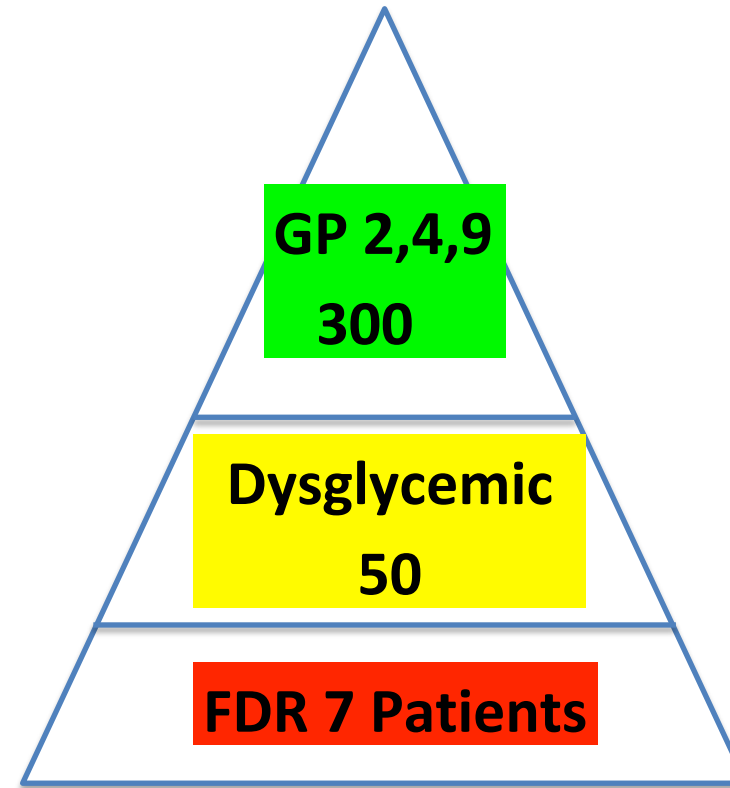
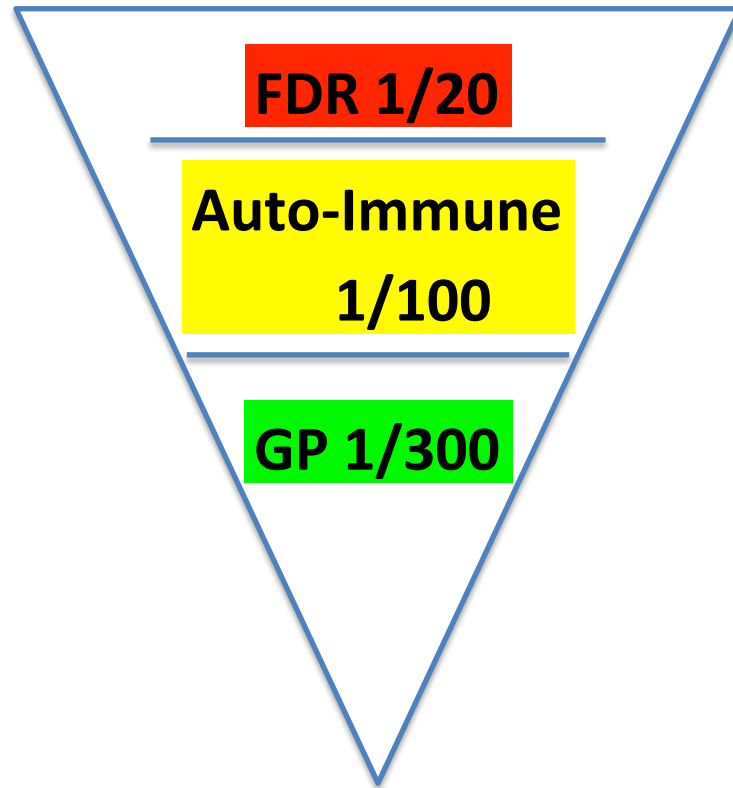
# Screens Completed



# NUMBERS

- T1D - 4 Cases  $\leq$ 20 years of age
- Prevalence 1.6 per 1,000
- 2 Presented with DKA
- Ages at presentation, when available: 2 to 10 years of age

# WHO DO I SCREEN



# OUR SECRET SAUCE

- ASK THE EXPERTS TEAM
  - Stop The Crisis Mini Fellowship
  - Stop-T1D Asynchronous Program
  - I got their cell number !!
- Drs. Fran Cogen, MD, CNHC, and Dr. Bryce Nelson, MD, VCU
  - Collaborative and Ongoing Communication that leads to warm hand-offs.



# SURPRISES



- **1+ AB Normoglycemic - C peptide Less than 0.7**
  - **Aunt Was A PICU Nurse During COVID**
- **No parent has reacted poorly to the news**
- **No parent has complained about the cost-share**
- **No HMO has denied coverage of the test**
- **LabCorp does Not Understand 2H OGTT but they can do it**



**WHEN WILL YOU JOIN  
ME?**