

Check-In to Check-Out: Limitations and Challenges of T1D Screening in Primary Care Settings....and Opportunities too 😊

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Agenda Items

- * **Clinician Preparation and Training Challenges**
- * **Workflow, Resource, and Access Barriers**
- * **Financial and Insurance Hurdles**
- * **Patient, Family, and System-Level Resistance**
- * **Technology and Standardization Obstacles**
- * **Thoughts about opportunities**

Clinician Preparation and Training Challenges



TRAINING GAPS IN AUTOANTIBODY SCREENING AND MONITORING

Clinician Training Deficiency

The majority of clinicians have insufficient training regarding the value of screening and early detection of T1D autoantibodies as well interpreting test results effectively.

Impact on Screening

Lack of training and education limits awareness and effective screening in primary care and health system environments.

DIFFICULTIES IN RISK COMMUNICATION WITH FAMILIES

Challenges in Communication

Explaining positive screening risks to families is complex and can lead to confusion and anxiety for clinicians and families.

Impact on Follow-up

Misunderstandings may reduce follow-up adherence and affect patient outcomes negatively.





UNFAMILIARITY WITH PATIENT SELECTION AND MONITORING PROTOCOLS

Uncertainty in Patient Selection

Clinicians often face challenges in deciding which patients require screening due to unclear guidelines and incomplete family history in the patient medical record

Inconsistent Monitoring Practices

Lack of standardized monitoring protocols leads to variable patient care and risk of missed diagnoses.

Workflow, Resource, and Access Barriers

OFFICE WORKFLOW DISRUPTIONS AND INTEGRATION ISSUES

Workflow Disruption

Screening protocols interrupt established routines, causing delays and inefficiencies in office workflows.

Integration Challenges

With the numerous burdens of what is already required at primary care visits, new screening procedures are difficult to integrate smoothly complicating care delivery.





High Patient Volumes

Primary care providers manage a heavy patient load, leading to limited time for each visit.

Limited Time for Screenings

Time constraints reduce opportunities for additional screening during patient visits and thus it is easy to dismiss and “wait until the next visit”

RESTRICTED ACCESS TO PEDIATRIC ENDOCRINOLOGY SPECIALISTS



Specialist Shortage Challenges

The scarcity of pediatric endocrinologists limits timely specialist referrals and delays essential patient care.

Impact on Patient Management

Restricted access to specialists hinders follow-up care and comprehensive management after positive screening results.

This highlights the need to educate PCP's so they can assist in the staging and monitoring process.... This is doable.

Financial and Insurance Hurdles



Variable Payment Policies

Screening test payment policies differ widely amongst insurers, causing delays or lack of reimbursement of services provided.

Financial Disincentives

Uncertain payment and cost to patients, discourages primary care providers from routinely implementing T1D screening, leading to reduced screening rates, thus affecting early diagnosis and patient outcomes.



Insurance Coverage Gaps

Some insurance plans carve out screenings and follow-up services as a benefit, creating financial barriers for patients.

Financial Burden on Families

Out-of-pocket expenses or lack of health insurance can limit access to essential screening services and follow-up visits for families.

IMPACT ON HEALTHCARE DISPARITIES AND EQUITY

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Financial Barriers

Financial constraints limit healthcare access for underserved populations, worsening health inequities.

Insurance Limitations

Insurance coverage gaps restrict early diabetes detection and treatment for vulnerable groups.

Healthcare Disparities

Disparities in healthcare access increase disease burden among underserved communities.

Patient, Family, and System-Level Resistance

PARENT ACCEPTANCE AND CONCERNS SURROUNDING SCREENING



Parental Apprehension

Some parents feel anxious or worried about screening outcomes and their implications.

Fear of Stigma

Parents may fear social stigma and isolation associated with abnormal test results.

Impact on Consent

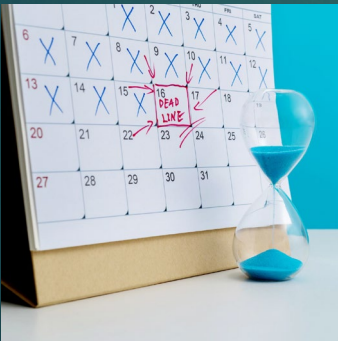
Apprehension and distrust may reduce parental consent and participation in screening programs.

Systemic Resistance to Changes in Primary Care



Resistance to Workflow Changes

Healthcare systems frequently resist adopting new workflows essential for updated screening protocols.



Delayed Implementation

Resistance leads to slower implementation of vital screening protocols in primary care settings.



Reduced Provider Engagement

Systemic resistance contributes to lower engagement among healthcare providers "Change is Hard to accept".



Multiple Demands on Clinicians

Clinicians juggle numerous responsibilities, making it challenging to prioritize new screening recommendations effectively.

Uncertainty About Guidelines

Unclear or evolving screening guidelines contribute to confusion and lack of confidence in interpreting and monitoring abnormal results.

Technology Obstacles

ELECTRONIC HEALTH RECORD (EHR) INTEGRATION LIMITATIONS



Inadequate Screening Workflows


EHR systems often lack streamlined workflows needed for consistent T1D screening in primary care settings without proper codes for billing and ordering.

Tracking and Reminder Limitations

Limited EHR capabilities hinder effective tracking and automated reminders for patient screenings, monitoring and follow-ups.

Data Collection Challenges

Inconsistent integration causes gaps in vital data collection necessary for comprehensive diabetes screening and monitoring analysis.



Opportunities to Improve T1D Screening in Primary Care

Developing Targeted Clinician Education and Support Tools

Specialized Training Programs

Developing focused education programs to enhance clinician T1D knowledge.

Decision Support Tools

Implementing digital tools that support clinicians in T1D screening processes.

Integrating Workflow Solutions for Screening and Follow-Up

Workflow Optimization

Enhancing workflow efficiency utilizing templates, duplicate other successful clinic protocols.

Technology Utilization

Embed electronic health record prompts

Advocating for Policy Changes, Resources, and Public Awareness

Acceptance of universal screening guidelines and recommendations through AAP, Bright Future USPSTF, ACGME

Advocate for Improving Insurance Coverage

Raising Public Awareness using media sources like, TV, TikTok, Instagram, Facebook and podcasts for parents

In my opinion:

Until pediatric professional societies establish clear guidelines for Type 1 diabetes screening, insurance providers expand coverage, and public awareness significantly increases, efforts to implement universal screening will remain fragmented and underutilized—leaving too many children undiagnosed until crisis strikes.



Why all of this matters for future T1D patients.....(courtesy of Breakthrough T1D)

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