

Background

With the growing costs in diabetes management, it is imperative to expand strategies in health care to improve outcomes and access to quality care¹.

The Certified Diabetes Education Care Specialist (CDCES) role is critical in providing education, understanding patients needs and preferences and assisting the care team in collaboration and support¹.

The American Diabetes Associations' 2023 Standard of Care highlights the need for a multidisciplinary team to ensure that PwD needs are met and supported in all areas of their diabetes management, which include educational support from CDCES².

T1D Exchange Quality Improvement Collaborative (T1DX-QI) is a network of over 50 academic medical centers implementing Quality Improvement (QI) to improve outcomes for People with Diabetes (PwD).

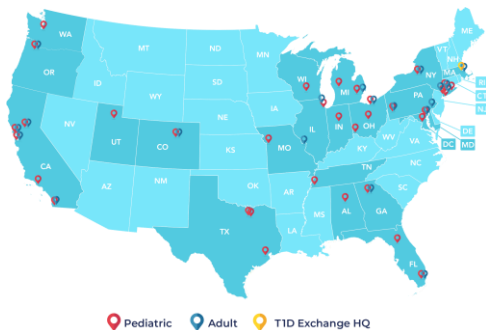


Figure 1: T1DX-QI Map

Methods

The T1DX-QI Annual Clinic Survey was open from August - November 2022.

33 pediatric centers and 16 adult centers reported their clinical FTE.

Descriptive analysis using T-test and ANOVA was performed to look at the relationship between FTE in adult vs pediatric centers, centers with a majority of publicly insured vs a majority of privately insured, and four geographic locations.

Results

- The average reported FTE for adult centers was 2.7 while the average reported FTE for pediatric centers was 5.5, with a p value of 0.003
- Averages were compared per 1,000 patients as a standard. Five pediatric centers stated that they have over 10 FTE for CDCES while no adults were above 5 for FTE.

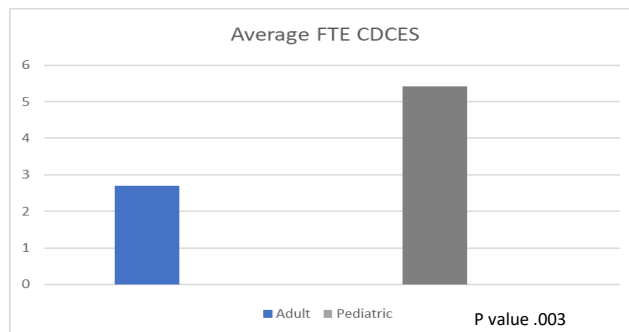


Figure 2. Average FTE for CDCES

- Two of the adult centers also reported that they have 0 FTE for CDCES while only 1 pediatric center reported 0 FTE.
- There was no significance between centers that serve the majority of patients on public vs private insurance.
- Geography of center location also showed no significance in FTE distribution.
- Results from this analysis emphasize the call to action to support increased staffing at adult centers.

Variable	Average FTE/1000 People with T1D	N	P value
Pediatric vs Adult Clinics	Peds: 5.5 Adult: 2.7	Peds: 33 Adult: 16	.003
Insurance Type	Private: 3.6 Public: 5.2	Private: 35 Public: 14	0.19
Geographic Location	Mid Atlantic: 5.1 South/Southwest: 3.8 Mid-West: 3.1 West: 3.2	Mid Atlantic: 20 South/Southwest: 9 Mid-West: 9 West: 11	0.41

Table 1: CDCES FTE staffing comparisons

Discussion

Results are representative across national regions, showing that this disparity between adult and pediatrics is impacting the care that is provided in adult diabetes/endocrine ambulatory setting. Limited staffing can lead to delays in care, lower quality care, and clinical staffing burnout. Care should be comprehensive and coordinated, which can be more challenging to deliver with limited staffing support.

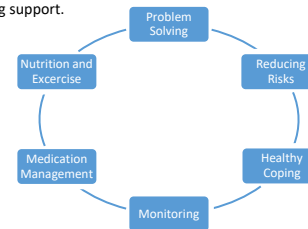


Figure 3. Areas CDCES can support PwD

Study Limitations

- Data only representative of major academic centers.
- Relatively small study sample size.
- Study did not include data on effectiveness of diabetes education.

Conclusion

The significance in adult and pediatric centers FTE distribution aligns with current literature calling for advocacy for staffing in adult centers.

Acknowledgements

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References

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