Improving Care for People With Type 1 Diabetes

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Rates of type 1 diabetes have been rising in all age and racial/ethnic groups, and it is believed that these rates accelerated further in response to the coronavirus disease 2019 (COVID-19) pandemic. More than 60,000 people are newly diagnosed each year. Although there have been great advances to assist in the care of people with type 1 diabetes, there remain ample opportunities for additional improvement, including efforts to increase access to diabetes care and technology while reducing system- and clinician-level biases that may negatively affect care.

The type 1 diabetes care community is relatively small but notably strong. This fact is important because the existence of a strong network allows for better sharing of information, which can help to normalize some of the lived experiences of people with diabetes and their family members that might otherwise have been considered unique to individuals. The nonprofit T1D Exchange is a collective of type 1 diabetes care centers that has been at the forefront of efforts to improving the lives of people with type 1 diabetes by creating a supportive network, sharing information, and contributing to innovative research.

In this issue of *Clinical Diabetes*, we are pleased to be publishing our third collection of articles highlighting the work on the T1D Exchange Quality Improvement Collaborative (T1DX-QI), a learning health system created in 2016. T1DX-QI participating centers now number 55 pediatric and adult type 1 diabetes centers and nine type 2 diabetes centers. The T1DX-QI uses continuous quality improvement (QI) methodology and real-world electronic health record data to improve the health of people with type 1 diabetes at the population level. The Collaborative allows for benchmarking of data and provides opportunities for participating centers to share best practices. Earlier T1DX-QI article collections were published in *Clinical Diabetes* in 2021 and 2022 and can be accessed on the journal's website by selecting "Clinical Diabetes Featured Collections" on the Browse tab.

The latest collection explores utilization rates of insulin pump therapy and continuous glucose monitoring (CGM) in T1DX-QI centers and describes the demographic, geographic, and system-level factors affecting their use (1,2). These are important concerns given that the T1D Exchange has previously reported that the use of insulin pumps, especially in conjunction with CGM, improved A1C, reduced hypoglycemia, and even reduced rates of diabetic ketoacidosis (3). Odugbesan et al. (4) share a demonstration project in which they were able to use a QI intervention to increase the use of CGM in Hispanic and non-Hispanic Black people with type 1 diabetes.

The collection also includes an exploration of the impact of the COVID-19 pandemic on the use of telemedicine and barriers to sustaining that use post-pandemic; these barriers, in turn, can also limit patients' access to specialty care (5). Another article explores the attitudes and readiness of diabetes care providers to screen for preclinical type 1 diabetes (6). This has become a more pressing topic now that we have new medication approved by the U.S. Food and Drug Administration to delay the onset of clinical type 1 diabetes in high-risk patients. Finally, Odugbesan et al. (7) report on an effort to increase screening for social determinants of health screening among six U.S. endocrinology clinics.

We are delighted to share with the *Clinical Diabetes* readership this collection highlighting best practices in multimodal assessment and targeted intervention to improve the lives of people with type 1 diabetes. There is much to learn from the work of the T1DX-QI. We hope you will find the articles insightful and informative.

DUALITY OF INTEREST

No potential conflicts of interest relevant to this article were reported.

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