SPOT-T1D KIDS

Spread Strategy

ARIADNE LABS

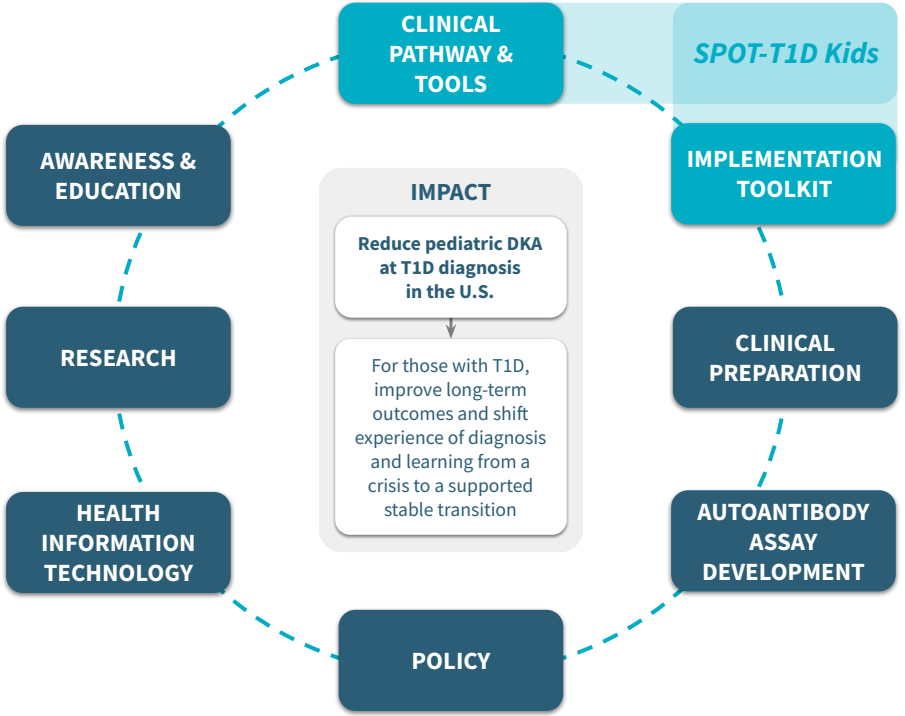
THE U.S. COALITION FOR EarlyT1D Action

Spread Strategy for General-Population Type 1 Diabetes (T1D) Screening at Scale

Scaling up general-population T1D screening in pediatric settings across the U.S. will require a coordinated effort from everyone in the T1D space

To help ensure this coordination occurs efficiently, this Spread Strategy identifies:

- Key system and environmental **areas of focus** for scaling
- **Next steps** to address those areas
- Relevant **stakeholders** to take ownership of next steps



Awareness and Education

Generate professional expertise and public awareness of all aspects of T1D screening and monitoring in the U.S.

NEXT STEPS

1 | Standardize & Evaluate Campaigns

Continuously strengthen public and professional awareness campaigns by standardizing core messages, diversifying communication channels, and routinely evaluating impact on T1D knowledge and attitudes of providers and the public.

2 | Integrate into Curricula

Integrate T1D screening and monitoring into medical, advanced practice provider, diabetes educator, dietetics, nursing, and residency curricula through defined competencies, standardized teaching materials, and simulation-based learning.

3 | Expand Workforce Capacity

Expand workforce capacity by developing aligned micro-credentials and digital badges, and creating clear pathways for upskilling and role advancement.

FUTURE STATE

Public education efforts and equity strategies are sustained long-term, and permanent, standardized curricula sustain up-to-date training across all clinical disciplines.

RELEVANT STAKEHOLDER GROUPS

- Clinical Education & Training Organizations
- Healthcare Delivery Facilities & Organizations
- Professional Societies & Certifying Bodies
- Research Networks & Academic Labs
- Advocacy & Patient or Community Organizations
- Regional Health Improvement Programs or Networks
- Clinicians

Clinical Preparation

Create T1D general-population screening and monitoring systems, structures, and processes in primary care (including co-management with specialty care) and expand workforce capacity

NEXT STEPS

1 | Clinical Decision Support (CDS) Landscape Analysis
Complete an international landscape analysis of CDS to identify best practices, gaps, and priority features to inform future CDS development and updates.

2 | Material Ownership
Establish institutionalized ownership for the development, distribution, and ongoing maintenance of national screening and monitoring materials (see appendix for details).

3 | Technical Assistance
Establish institutionalized ownership for technical assistance (TA) to design, coordinate, and deliver a standardized TA model for primary care sites and clinicians implementing screening and monitoring (see appendix for details).

4 | Team Role Definition
Perform an environmental scan to understand necessary components of the primary care team for screening and monitoring. Define team member roles and upskill roles as necessary.

5 | Consultation Models
Standardize and disseminate virtual specialty (e.g., endocrinology, behavioral health, etc) consultation models (e.g., e-consult, tele-monitoring, virtual case conference) to support primary care-led screening and ongoing monitoring.

FUTURE STATE

National primary care-led screening and monitoring become routine practice with co-management with specialty care well established. CDS tools and other materials are updated as necessary, widely available, interoperable, and easily accessible, including predictive and precision-risk algorithms to guide individualized monitoring.

RELEVANT STAKEHOLDER GROUPS

- Clinical Education & Training Organizations
- Healthcare Delivery Facilities & Organizations
- Professional Societies & Certifying Bodies
- State & Regional Policy or Health IT Coalitions
- Research Networks & Academic Labs
- Advocacy & Patient or Community Organizations
- Regional Health Improvement Programs or Networks

Research

Undertake multi-site clinical effectiveness trials to test the effectiveness, efficiency, and implementation of T1D general-population screening and monitoring

NEXT STEPS

1 | Shared Data Infrastructure

Establish a shared research data infrastructure with common data elements and shared outcomes measures to enable comparison, pooling, and meta-analysis across studies.

2 | Multi-Site Clinical Trials

Design, conduct, and report out foundational, multi-site general-population studies of clinical effectiveness and implementation to generate long-term outcome and sustainability data for routine screening and monitoring.

A. Prioritize inclusive research on screening and monitoring among diverse racial and ethnic patient groups and in low-resource and rural settings to ensure findings are generalizable, promote equity, and mitigate disparities in access, uptake, and effectiveness.

B. Generate evidence on costs, benefits, risks, and return on investment of general-population T1D screening to inform payer, policy, and practice decisions.

C. Characterize the psychological impact of the screening pathway in children and families, including pre-screening education, islet autoantibody screening, and post-screening counseling to optimize support and minimize harm.

FUTURE STATE

Long-term clinical-effectiveness and implementation evidence is finalized and adopted into practice.

RELEVANT STAKEHOLDER GROUPS

- Federal Quality & Data Agencies
- Healthcare Delivery Facilities & Organizations
- Research Networks & Academic Labs
- Regional Health Improvement Programs or Networks

Policy

Establish and operationalize U.S. policy to embed T1D general-population screening as standard practice

NEXT STEPS

1 | Policy Recognition

Establish formal policy recognition of T1D screening and monitoring as preventive care, including alignment with federal preventive service recommendations by U.S. Preventive Services Task Force.

2 | National Standards & Guidelines

Develop, adopt, and update national quality standards (e.g., National Committee for Quality Assurance) and clinical guidelines (e.g., American Academy of Pediatrics Bright Futures) for T1D screening and monitoring, with clear performance metrics (e.g., Healthcare Effectiveness Data and Information Set [HEDIS]) for value-based care models.

3 | Nationwide Coverage

Secure stable, nationwide coverage for T1D screening and monitoring across public and private payers, including reimbursement for primary care-led models.

4 | Insurability Protection

Promote policies that protect the insurability of children with early-stage T1D, preventing discrimination in health, life, and disability insurance.

5 | Glucose Monitoring Access

Ensure coverage and access to appropriate glucose monitoring methods in children with early-stage T1D as part of standard chronic care benefits.

6 | Telehealth Pathways

Expand telehealth reimbursement pathways to enable routine, shared management of T1D patients between primary care and specialty care, including e-consults and co-visits.

FUTURE STATE

T1D screening and monitoring is fully embedded within federal preventive care policy and integrated into value-based care models.

RELEVANT STAKEHOLDER GROUPS

- Federal Quality & Data Agencies
- Public & Private Payers
- Healthcare Delivery Facilities & Organizations
- Professional Societies & Certifying Bodies
- State & Regional Policy or Health IT Coalitions
- Research Networks & Academic Labs
- Advocacy & Patient or Community Organizations
- Health IT, EHR, & Digital Vendors
- Clinicians

Health Information Technology (IT)

Create or adapt electronic health records (EHRs) and other health IT systems (including data registries) to support T1D general-population screening and monitoring

NEXT STEPS

1 | National Data Standardization

Advance national data-standardization requirements for T1D screening and monitoring so that EHRs and other systems can reliably capture, exchange, and report key data elements.

2 | Shared Clinical Data Registry

Establish a shared clinical data registry for T1D screening and monitoring to enable continuous learning, support implementation, and assess long-term sustainability at scale.

3 | Data Disaggregation

Require disaggregation of T1D and type 2 diabetes data within state and other organizations that collect and report diabetes data, to accurately track T1D burden and evaluate the impact of T1D-specific initiatives.

FUTURE STATE

User-friendly and interoperable health IT (including EHRs and National Data Registry) is available to support general-population T1D screening and monitoring.

RELEVANT STAKEHOLDER GROUPS

- Healthcare Delivery Facilities & Organizations
- State & Regional Policy or Health IT Coalitions
- Health IT, EHR, & Digital Vendors

Autoantibody Assay Development

Improve assay technology, implementation, and access for general-population islet autoantibody (IAb) screening

NEXT STEPS

1 | Assay Standardization
Develop and standardize assays to overcome current implementation barriers, improving accessibility, scalability, and affordability of screening.

2 | Performance Improvement
Significantly improve early-stage assay performance (e.g., sensitivity, specificity, reproducibility) to support reliable general-population screening.

3 | Clinical Qualification
Qualify clinical-use IAb-screening assays through blinded quality programs (e.g., Islet Autoantibody Standardization Program) to ensure consistent performance across laboratories and platforms.

4 | Assay Comparison
Determine which assays are most accurate, efficient, and scalable by comparing and refining IAb assay options for general-population IAb screening.

FUTURE STATE

High-throughput, affordable assay platforms are validated and used at scale.

RELEVANT STAKEHOLDER GROUPS

- State & Regional Policy or Health IT Coalitions
- Research Networks & Academic Labs

Call to Action

Every stakeholder has a role in making general-population T1D screening routine in pediatric care across the United States

1 | **Identify** the next steps your organization can advance.

2 | **Coordinate** with stakeholders across the field.

3 | **Share** tools, lessons, and progress so successful approaches can spread.

4 | **Support** infrastructure, partnerships, and funding needed to coordinate and sustained action.

Together, we can move from fragmented efforts to screening and monitoring *every child, every time, everywhere.*

Stakeholder Next Steps

See the linked one-pagers for recommended next steps for each stakeholder group's focus

Federal Quality & Data Agencies	Clinical Education & Training Organizations	Public & Private Payers	Healthcare Delivery Facilities & Organizations	Professional Societies & Certifying Bodies	State & Regional Policy or Health IT Coalitions
Research Networks & Academic Labs	Advocacy & Patient or Community Organizations	Health IT, EHR, & Digital Vendors	Regional Health Improvement Programs or Networks	Clinicians	Funders & Investors *Who support both the work of various stakeholders and coordination functions*