Redesigning Type 1 Diabetes Care Through Patient Journey Mapping and Operational Process Improvement

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Background

Why Change Was Needed

- Fragmented T1D care across clinics and departments
- Inconsistent diabetes technology support
- Variable access to diabetes education
- Reactive rather than coordinated care delivery

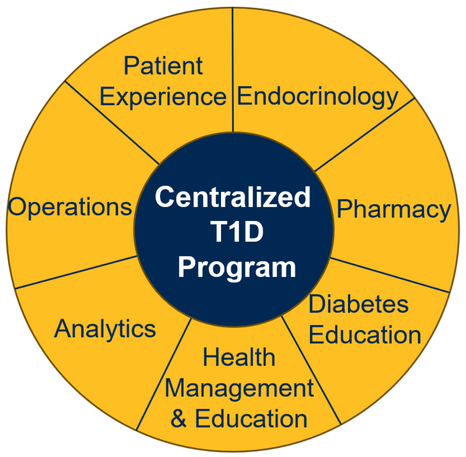
Purpose

Evaluate the patient and operational experience of adult T1D care and redesign care delivery using patient journey mapping and operational process improvement methods.

Methods

Operational Mapping ↓
Patient Journey Mapping ↓
Qualitative Interviews ↓
Barrier Identification ↓

Future-State Design



Process Mapping

Oct 2024 — Believe in Better

- Case made for coordinated multidisciplinary care
- Planned partnership with Operational Excellence and Experience Design
- Commitment to redesign care delivery

Nov 2025 — Operational Excellence

- Operational mapping workshops on current-state workflows
- Referral pathways and care transitions assessed
- Fragmented ownership and delayed referrals revealed

Jan-Mar 2026 — System Mapping

- Patient journey mapping and qualitative interviews
- Access barriers and coordination gaps identified
- Need for personalized support and advanced education

Apr 2026 — Working Group Launch

- Endocrinology, nursing, pharmacy, operations and analytics assessed
- Future-state model with standardized technology pathways
- Centralized referral management and integrated analytics

Present — Alignment Presentation & Ask

- Centralized T1D infrastructure proposed with dedicated program leadership
- Multidisciplinary governance and clinical pathways

Results

Patient Experience Findings	Operational Findings
Difficulty accessing specialized care	Fragmented ownership
Care coordination gaps	Delayed referrals
Need for personalized support	Workflow variation
Need for advanced education	Missed coordination opportunities

Conclusion

Patient journey mapping and operational process redesign identified system-level barriers and informed development of a centralized, team-based multidisciplinary T1D care model designed to unify governance, integrate analytics, improve coordination and education, access, technology integration, and patient support.

Implications for Practice

- Journey mapping reveals barriers not identified through operational review alone
- Multidisciplinary governance improves care coordination
- Standardized technology pathways reduce variation
- Framework may be adapted to other chronic disease programs

References

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