FIRST YEAR OF IMPLEMENTING CARE COORDINATION TO REDUCE LOST TO FOLLOW-UP RATES FOR PEDIATRIC PATIENTS WITH DIABETES

Jack Timm, BS, MBA[1]; Jung Eun Lee, MS[2]; Joyce Lee, MD, MPH[1,2]; Emily Dhadphale, CCRP[2]; Alexander Waselewski, MD[1]; and Inas H Thomas, MD[1].

[1]Division of Pediatric Endocrinology, Department of Pediatrics, [2]Susan B. Meister Child Health Evaluation and Research Center

Background / Objective

Our clinic noted a low rate of diabetes appointment attendance resulting in an increase in:

- Emergency refills for prescriptions
- Emergency refills for diabetes supplies
- Burden on staff and resources
- Overbooking appointments

By identifying and recovering those lost to follow-up (LTFU), we aimed to decrease the number of LTFU patients and improve patient attendance.

Methods

A Care Coordinator (CC) was hired to:

- Monitor attendance and add patients not seen in 3+ months to LTFU List
- Update patient status in LTFU Dashboard
- Audit and clean initial patient database through:
  - ✓ Consulting with physicians
  - ✓ Chart review
  - ✓ Outreach to confirm transfer
- Reach out to patients who had not been seen in 6 - 9+ months
- Schedule appointments for LTFU patients
- Help transfer care to an adult endo or new provider
- Identify barriers to attendance and utilize support from Social Work team

Baseline: 333 patients and 23.1% of patient population on LTFU list. 77.1% of patient population seen within 180 days of last appointment.

SMART Target: **10% or less** of patient population on LTFU list. Improve patients seen within 180 days to **85%.**

Gap to Close: Percent of patient population on LTFU list **-13.1%** . Patients seen within 180 days **+7.9%.**

Results

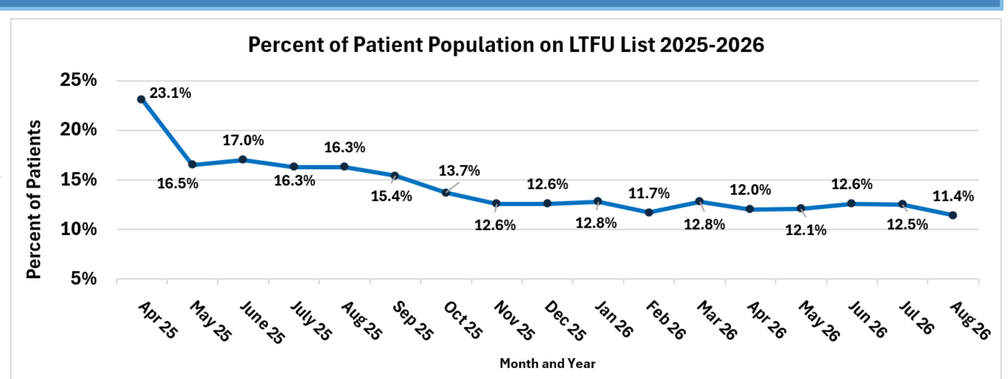


Figure 1. Percent of patients on Lost to Follow Up List from April 2025 to August 2026

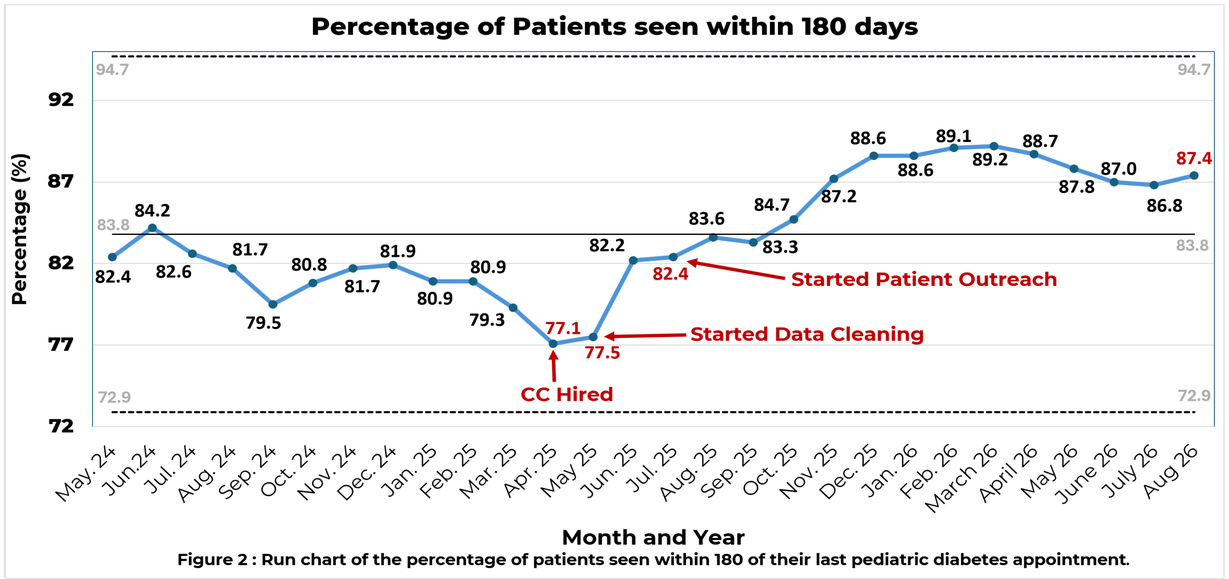


Figure 2 : Run chart of the percentage of patients seen within 180 of their last pediatric diabetes appointment.

Results:

Patient follow-up improved from 77.1% to 87.4%, exceeding the 85% target, while the LTFU list decreased from 333 to 148 patients. A run chart analysis demonstrated a shift in attendance post-intervention. This trend has been consistent for the past 11 months, indicating special cause variation and suggesting sustained improvement associated with the intervention.

Metric	Baseline (April, 2025)	Target	Final Results
Patients Seen Within 180 days	77.1%	85%	87.4%
Number Of Patients On LTFU list	333	100	148

From 2025 to 2026 a total of 671 patients were removed from the list and 486 were added.

Conclusions

The implementation of a CC to monitor LTFU patients has led to improved diabetes care visit adherence and a reduced number of LTFU patients. The results show that using similar strategies could help to improve appointment adherence in other pediatric clinics.

Acknowledgements

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