



# Learning and Improvement: From “Me” to “We”

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We are grateful to the T1D Exchange Quality Improvement Collaborative (T1DX-QI) for submitting the series of articles featured in this issue of *Clinical Diabetes*. The series teaches us, through several compelling examples, about quality improvement (QI) methodologies that can help us improve diabetes care in pediatric and adult populations with type 1 diabetes, with a particular focus on reducing health disparities. It also provides a path forward for how to improve the systems in which we work. The T1DX-QI has achieved success by forming a nationwide collaboration and developing a learning health system.

The Institute of Medicine defines “learning health system” as one in which “science, informatics, incentives, and culture are aligned for continuous improvement and innovation with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience” (1). Operating with this principle in mind, the T1DX-QI clinics laid a foundation of basic QI methodology with 10 centers across the country, then quickly grew to encompass 30 clinics to date. These centers are committed to regularly sharing their progress, data, and lessons learned. Crucially, their shared QI initiatives have input from multiple local

stakeholders such as patients and family members, health care professionals from different disciplines, community members, institution administrators, information technology specialists, social workers, behavioral scientists, and others. Their results, some of which are showcased in this issue, are impressive, and their approach reminds us of the complexity of diabetes and of life itself.

Reflecting on the successes of the T1DX-QI raises many questions: How am I learning? With whom am I collaborating? What is my methodology for improvement? Am I treating the disease or the whole patient? Do I understand the social determinants of my patients’ health, their community, and the context of their lives, and do I factor that knowledge into my care plans? If not, how do I learn to do this? Do I recognize my implicit biases that may inadvertently cause my care to fall short for patients in minority groups? Am I using data to achieve improvement? Am I listening to my patients, their families, and others to help me improve?

These are heavy questions that can be tough to contemplate. The answers lay in the strengthening of the bonds among us and creating our own networks for sharing our information, support, and strengths. The answers lay there, and we are grateful to the T1DX-QI for showing us the way.

## DUALITY OF INTEREST

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

## REFERENCE

1. Institute of Medicine. *The Learning Healthcare System: Workshop Summary*. Washington, DC, National Academies Press, 2007

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