



# Diabetes and Endocrinology Program

Here for your patients because every child deserves the chance to be a kid

Texas Children's Diabetes and Endocrinology Program is a national leader in the care of children, adolescents and young adults with diabetes and endocrine disorders. Consistently ranked among the best programs in the country by *U.S. News & World Report*, Texas Children's combines premier patient care with ground-breaking research to help patients thrive and live the healthiest life possible.

Our program provides expert diagnosis, treatment, patient/family education and follow-up care for endocrine dysfunctions, including:

- Conditions of sexual differentiation
- Congenital adrenal hyperplasia
- Cushing syndrome
- DiGeorge Syndrome
- Growth hormone deficiency
- Hyper/hypocalcemia
- Hypo/hyperthyroidism
- Polycystic ovarian syndrome (PCOS)
- Precocious puberty
- Rickets
- Type 1 and type 2 diabetes

## Educating patients for better outcomes

Texas Children's patients receive comprehensive education on all aspects of their condition, including:

- Acute and chronic complications
- Goal setting
- Glucose monitoring
- Medications
- Nutrition
- Physical activity
- Transition planning

The difference is **life changing**<sup>™</sup>

# Program Highlights

## Leading research in diabetes prevention

- An NIH-funded project aimed at determining a person's risk of developing type 1 diabetes within 2, 5 or 10 years and identifying who will benefit from treatments to prevent type 1 diabetes or delay its progression.
- An international consortium study proving the effectiveness of Teplizumab, a life-changing new medication that can delay or prevent the onset of type 1 diabetes. Now under consideration by the FDA for type 1 diabetes prevention, Teplizumab is the first disease-modifying medication for type 1 diabetes since the development of insulin.

## Preventing diabetic ketoacidosis

- New Onset Inpatient Education – a multidisciplinary program covering all aspects of diabetes care at the bedside during an inpatient stay, including insulin use, nutrition, physical activity and managing the psychosocial aspects of diabetes. Our experts also address barriers (familial, social, financial and psychological) to care in an effort to prevent subsequent DKA admissions.
- Diabetes home management – frequent follow-up visits and calls to support families and provide resources to help keep insulin dosing consistent.

## Guiding patients transitioning to adult care

- GREAT (Getting Ready for Emerging Adulthood and Transition) – a program focused on the health care transition from pediatric to adult care. The program offers a multifaceted approach through patient-family education, quality improvement initiatives and research to improve clinical care.
- Diabetes Transition Program – a program that helps patients identify an adult provider, conducts outreach events to help teens with type 1 diabetes prepare to move to adult providers, and provides a video series to increase access to valuable information about the transition period to adult care.
- DiaBetter Together Study – an NIH-funded randomized clinical trial investigating the effect of strengths-based peer mentor intervention on glycemic and behavioral outcomes in young adults with type 1 diabetes over one year from the transition from pediatric care to adult care.

## Improving technology access

- Texas Children's has worked with manufacturers of the latest iteration of CGM technology—closed-looped automated insulin delivery systems — to make these systems safe and available to children. Through advocacy efforts, the team helped ensure that CGM was fully covered by Texas Medicaid, removing access inequities so that every child who would benefit from this technology could get one.
- Texas Children's is piloting a program that allows for remote monitoring of CGM data, which will enable our clinical care team to reach out to families proactively instead of waiting until their child is in crisis. Researchers are investigating bio hormone therapies that may use insulin as well as glucagon to allow for tighter control of glucose levels.

## How to refer a patient:

Please visit [texaschildrens.org](https://www.texaschildrens.org), select **Refer a Patient**, then **Select Diabetes and Endocrinology** from the dropdown menu and submit an **Online Referral Form**.

## Referring provider resources:

If you are a referring provider's office needing referral assistance or a provider needing to speak to an on-call specialist, please contact the Provider Connect team at **832-TCH-CARE** (832-824-2273) or toll-free at **877-855-4857**, Monday - Friday, 8 a.m. - 5 p.m. CT, excluding holidays. After hours, follow the prompts to be directed to a resource that can quickly connect you with the appropriate provider.

For non-urgent questions, email us at [providerconnect@texaschildrens.org](mailto:providerconnect@texaschildrens.org).

To learn more, visit [texaschildrens.org](https://www.texaschildrens.org).