# T1D Exchange QI:

## Screening Diabetes Distress
## Evolution of the OHSU Experience

January 27, 2026
Ryan Tweet, PsyD
Farahnaz Joarder, MD

Department of Endocrinology, Diabetes, and Metabolism
Oregon Health and Sciences University

# The Harold Schnitzer Diabetes Health Center

## Adult Diabetes

- Endocrinologists:  11 MD/DO, 2 APP
- Adult Diabetes Educators: 1 RN (inpatient), 3 RN/CDCES , 3 RD/CDCES, 1 RD
- Psychologist: 1
- Social worker: 1
- PharmD: 1
- Exercise physiologist/CDCES: 1
- Trainees (adult endocrine fellows): 4
- Research staff: 6
- Diabetes Center Personnel (MA, CSA, PAS, administrative team)

# Objectives

| | |
|---|---|
| Background | • Behavioral health and DD screening integration into routine clinical care. |
| Overview | • Key milestones form early planning to full T1DDAS integration (2022-2026), including Epic tools and workflow changes. |
| Insights | • What we've learned so far: uptake, workflow impact, provider use, and future directions. |

# Diabetes Distress

"Refers to the worries, concerns, and fears among individuals with diabetes as they struggle to manage their disease over time"

-Fisher, Gonzalez & Polonsky, 2014

# 2025 ADA Guidelines

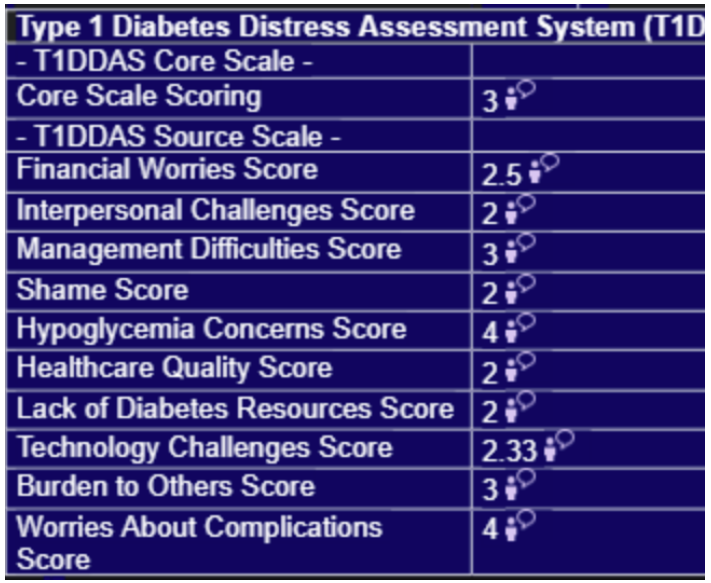
**Diabetes Distress**

Recommendation

**5.48** Screen for diabetes distress at least annually in people with diabetes, caregivers, and family members, and repeat screening when treatment goals are not met, at transitional times, and/or in the presence of diabetes complications. Health care professionals can address diabetes distress and may consider referral to a qualified behavioral health professional, ideally one with experience in diabetes, for further assessment and treatment if indicated. **B**

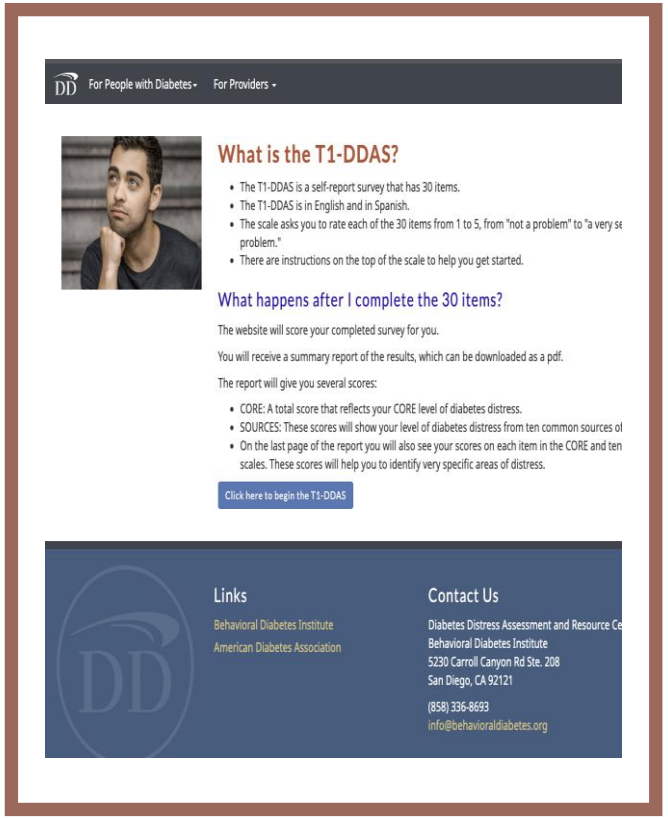
# Type 1 - Diabetes Distress Assessment System (T1-DDAS)

WWW.DIABETESDISTRESS.ORG

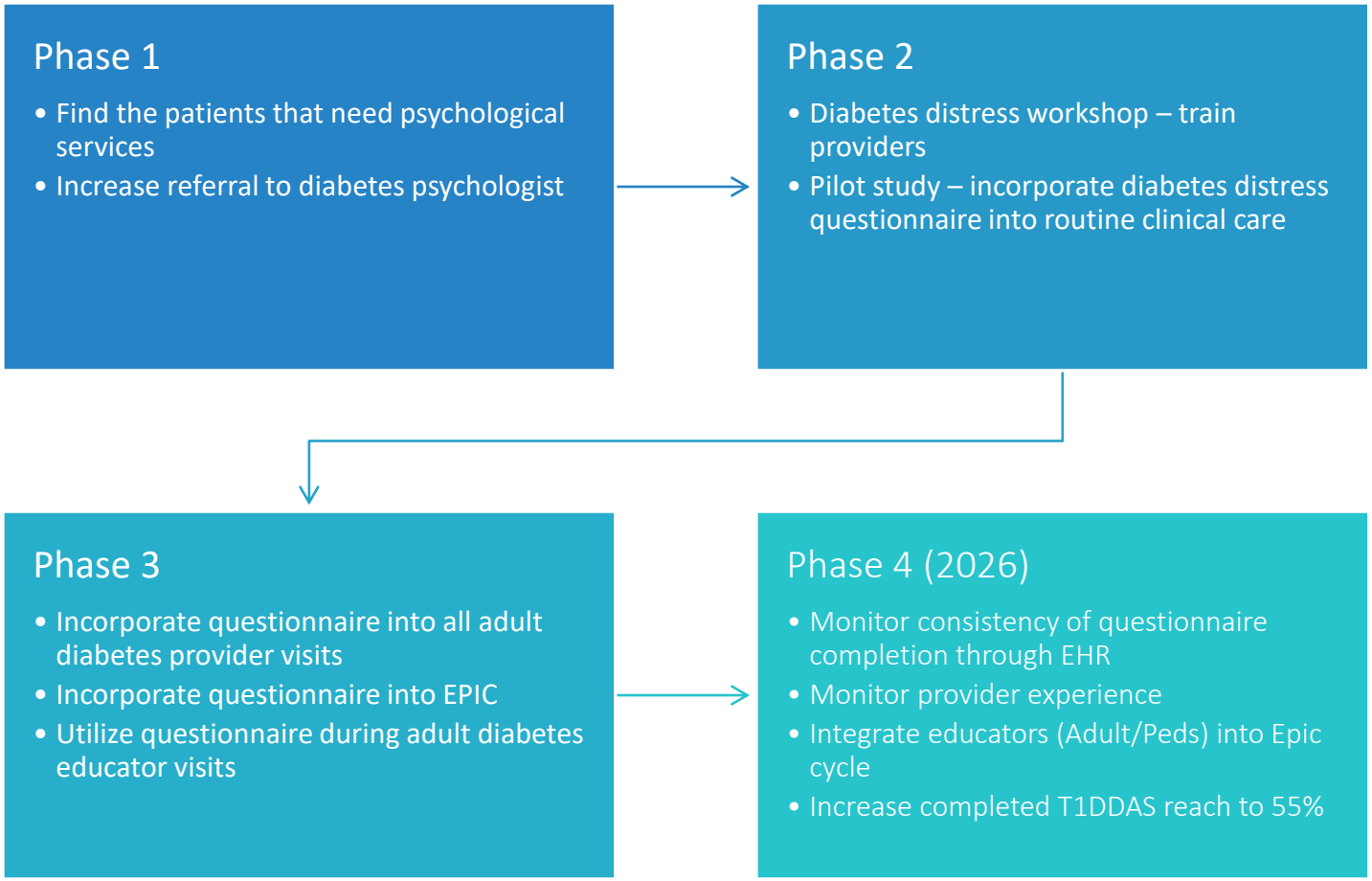


| Type 1 Diabetes Distress Assessment System (T1D | |
|---|---|
| - T1DDAS Core Scale - | |
| Core Scale Scoring | 3 |
| - T1DDAS Source Scale - | |
| Financial Worries Score | 2.5 |
| Interpersonal Challenges Score | 2 |
| Management Difficulties Score | 3 |
| Shame Score | 2 |
| Hypoglycemia Concerns Score | 4 |
| Healthcare Quality Score | 2 |
| Lack of Diabetes Resources Score | 2 |
| Technology Challenges Score | 2.33 |
| Burden to Others Score | 3 |
| Worries About Complications Score | 4 |





# Evolution of QI goals



# Timeline

# March-July 2022

**Initial project start: Andrew Ahmann, MD, (PI), Caleb Schmid, MD, (endocrine faculty lead)**

**March 2022**

- OHSU IRB submission for T1D Exchange QI collaborative

**April 2022**

- Initial entry to T1D Exchange QI collaborative

**May 2022**

- OHSU IRB Approved

**July 2022**

- Ryan Tweet, PsyD, joined T1D Exchange

# November 2022-2023

**November 2022 – April 2023**

- Logistics and data mapping

**April 2023**

- Project selection - brainstorming in March ideas for small QI projects while awaiting ITG committee and support.
- Identified the initial goal to increase referrals to DM behavioral health through use of the diabetes distress scale (DDS17)

**September 2023 – November 2023**

- 09/09/2023: Diabetes Distress Workshop (DD-ASSIST) with Larry Fisher, PhD, and Susan Guzman, PhD
- Select providers piloted use of the T1DDAS with clinic patients
- 11/14/2023: Diabetes Distress Questionnaire available in EPIC - option to assign questionnaire
- End of 11/2023: Introduced diabetes distress project and review of T1DDAS with diabetes center providers during department meeting

# December 2023-2025

**December 2023**
- MA and CSA staff began routinely distributing T1DDAS during adult diabetes clinic visits

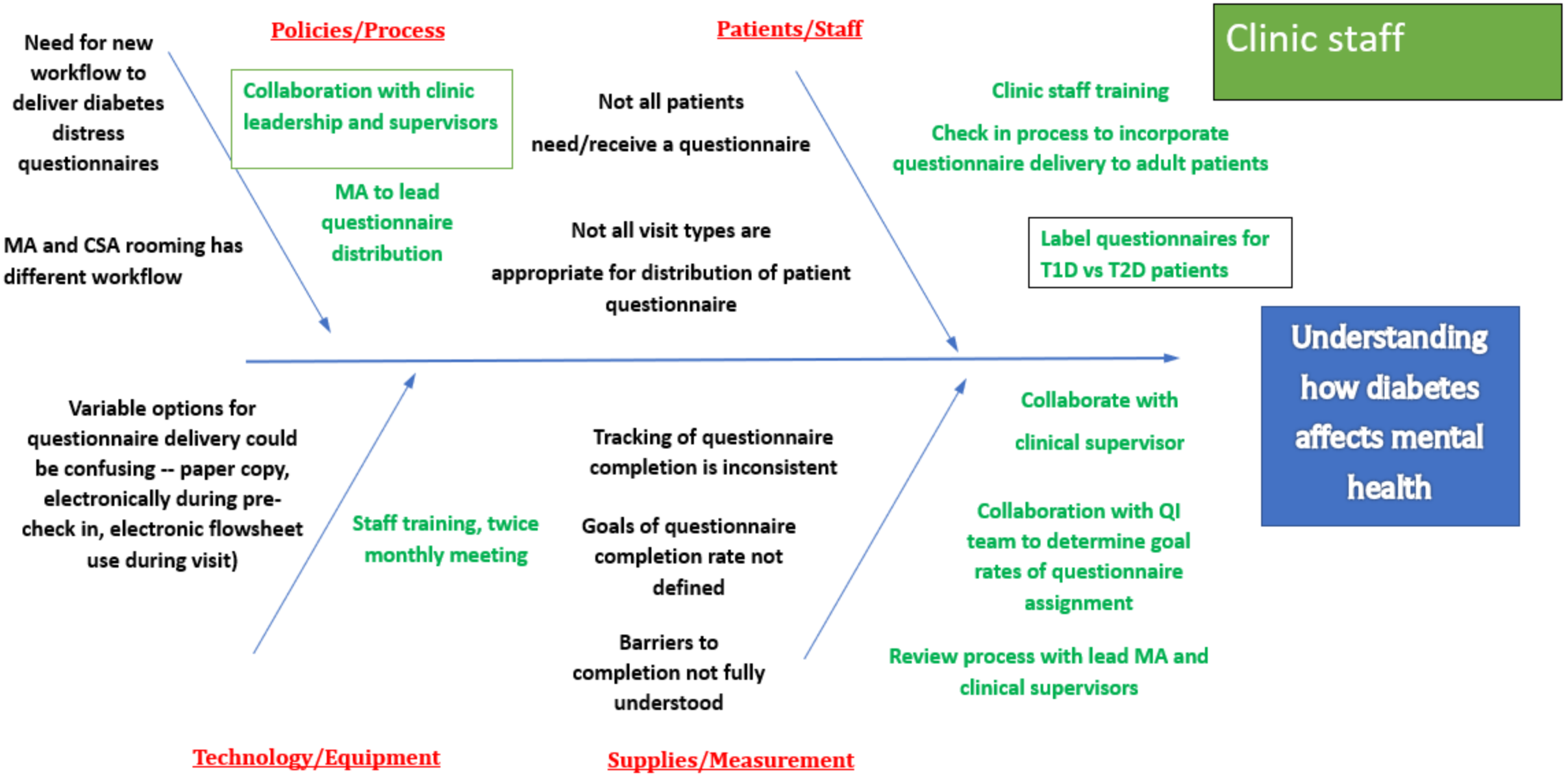
**February 2024**
- Staff changes

**April 2024**
- Farahnaz Joarder, MD, joined T1D Exchange - new lead adult endocrinologist and PI

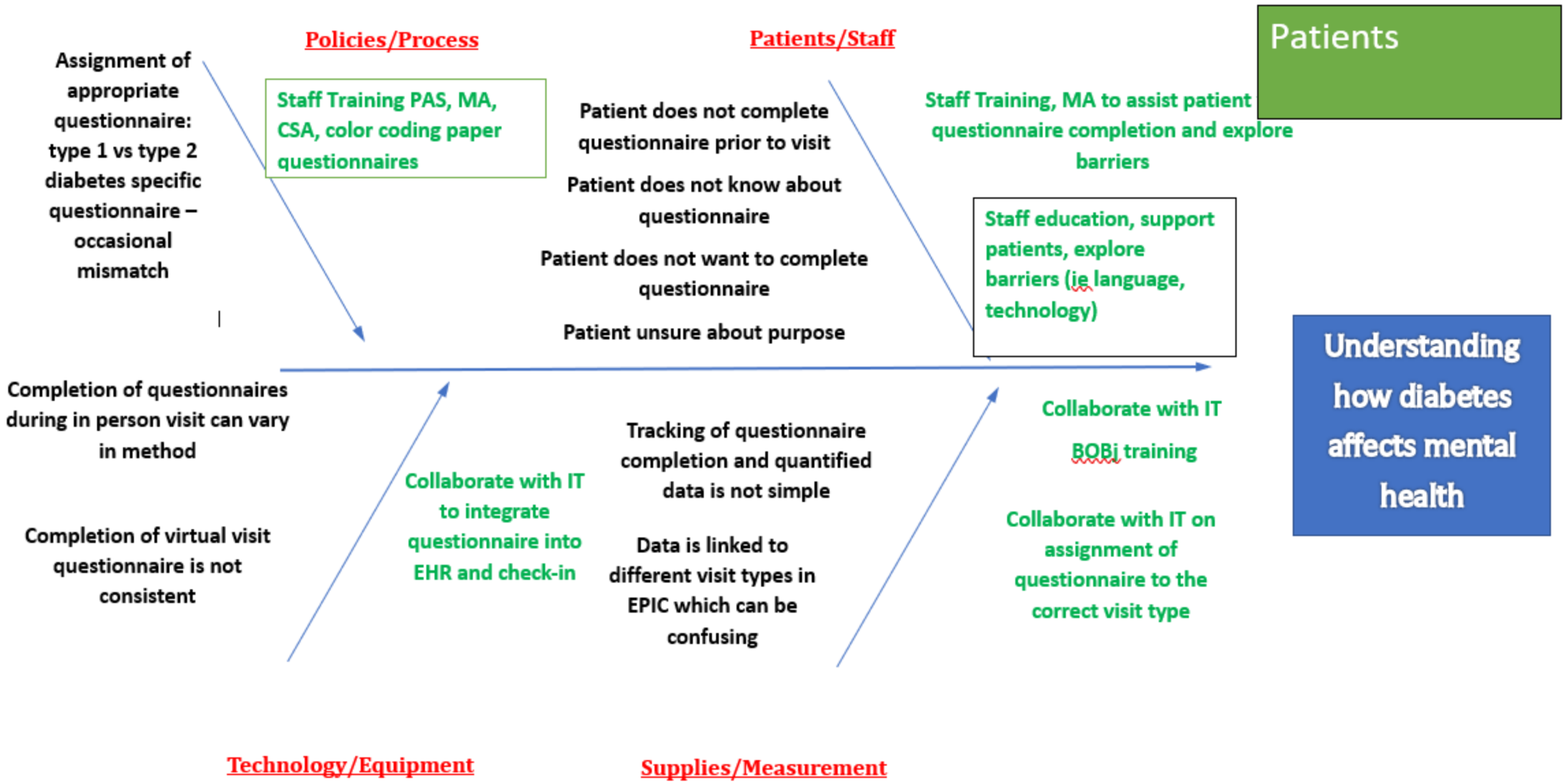
**June 2024**
- June 11th: auto-assignment of questionnaires in EPIC for routine clinical visits with adult diabetes providers

**November 2024**
- Ryan Tweet, PsyD, co-facilitated workshop on diabetes distress screening/intervention at T1D Exchange Learning Session
- DD-ASSIST booster training with Ryan Tweet, PsyD, Larry Fisher, PhD, and Susan Guzman, PhD

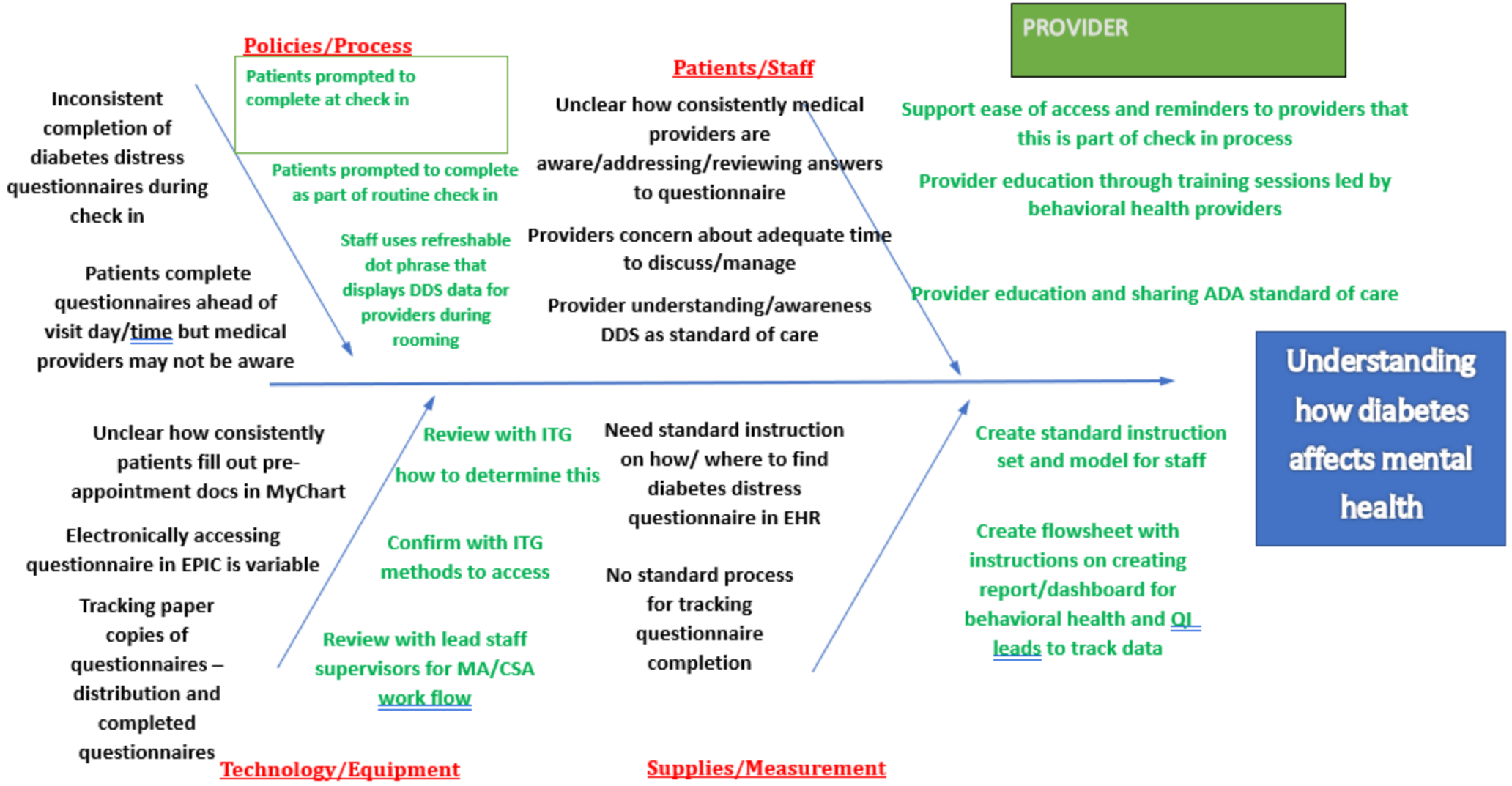
**November 2025**
- Epic Reporting Workbench plus BOBJ analytics linking T1DDAS to descriptive statistics, A1c, and CGM data




**Key Drivers:** People, Processes, Policies, Equipment, Supplies, Measurements

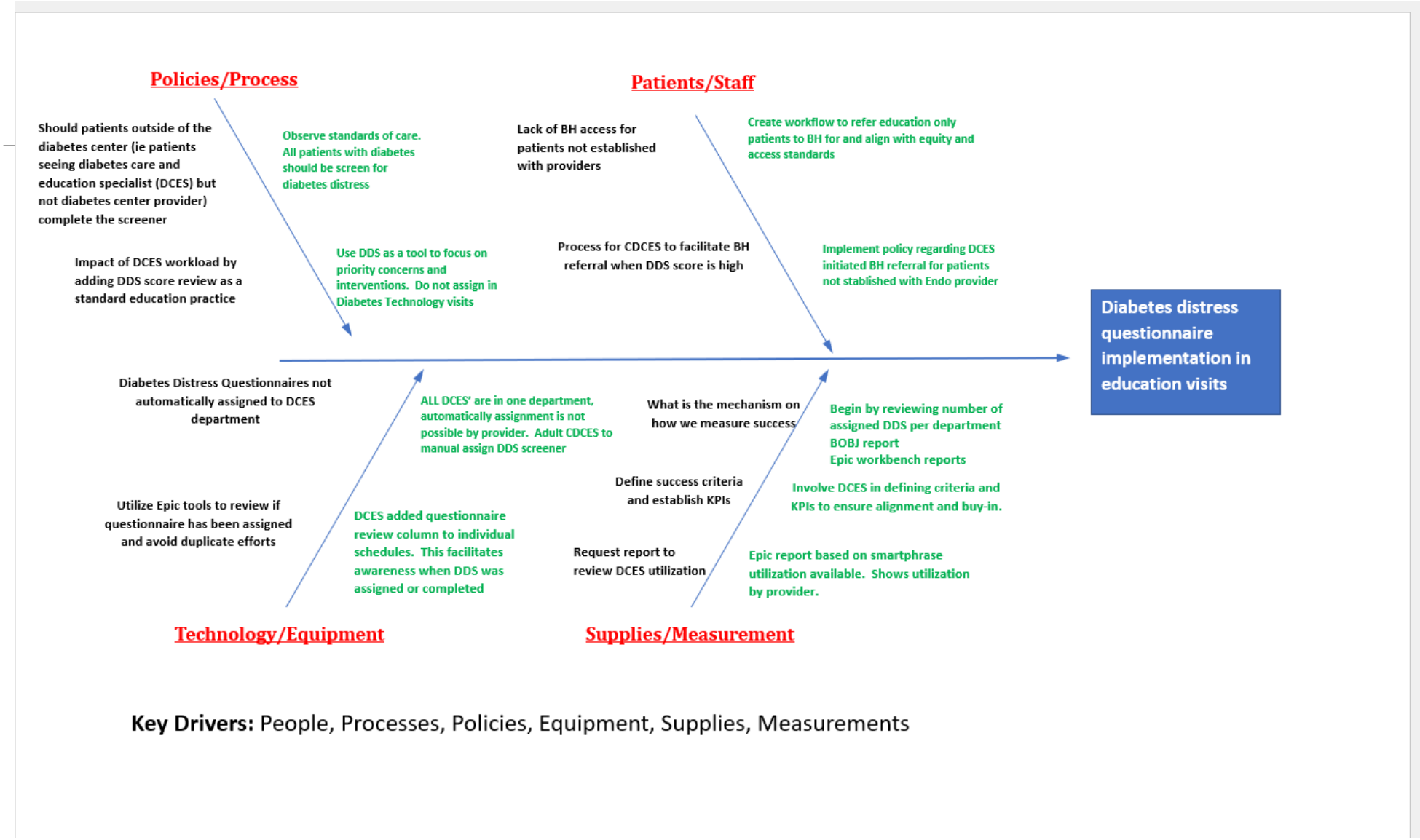



**Key Drivers:** People, Processes, Policies, Equipment, Supplies, Measurements




**Key Drivers:** People, Processes, Policies, Equipment, Supplies, Measurements

# Diabetes Educator use of Diabetes Distress Questionnaire during routine clinical care




**Key Drivers:** People, Processes, Policies, Equipment, Supplies, Measurements

# Typical Clinic Flow in 2024

T1DDAS access through the EHR

## Ambulatory or Virtual Clinic

## T1DDAS questionnaire available in the EHR for completion as part of pre-check

- Adult Type 1 Diabetes Visits
- Diabetes Education Visits

## Day of Clinic – routine diabetes care visit

- **Provider can access the questionnaire**
  - By accessing flowsheet in EHR
  - Summary of data through refreshable smart phrase
- **Provider opportunities when questionnaire data is available**
  - Review questionnaire data
  - Discuss questionnaire with the patient
  - Provide individual counseling based on available data
  - Referral
    - Behavioral health psychologist
    - Social worker
    - RN/RD/CDCES

# Summary of structural changes and intervention

Preparation (IRB approval, consultation with clinical leaders and IT)

Assembled a clinical team (clinical supervisors for MA, CSA, PAS, lead MA, behavioral health specialist, medical provider leads, diabetes educator lead)

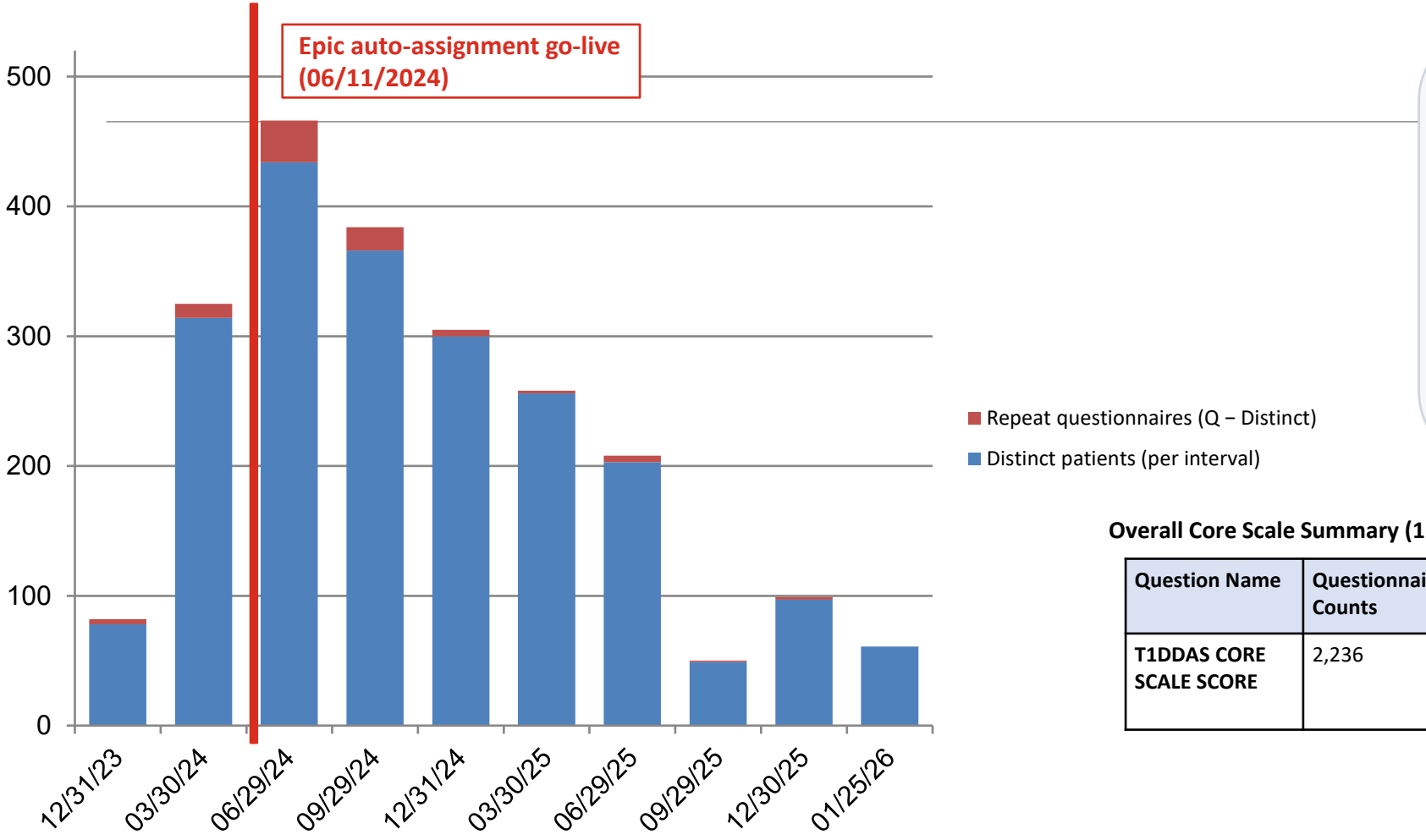
Created a protocol for delivery of questionnaire through PAS/MA/CSA staff

Meetings every 2 weeks to develop clinic plan and assess barriers and facilitators of success with questionnaire distribution

- Provider education and workshop about diabetes distress/ intervention
- Identified lead providers to pilot and share experience with T1DDAS distribution
- Created workflow for distribution of T1DDAS during diabetes education visits
- Continued routine completion of T1DDAS during behavioral health visits
- IT integration of questionnaire into EPIC and auto assignment

# T1DDAS questionnaire completion trends at OHSU

Counts are per interval only (non-cumulative). Top segment indicates repeat questionnaires within the interval.




## Key takeaways

- Workflow changes increased screening volume
- Repeat administrations peaked briefly during rollout
- Distinct and total counts converge as patients enter the yearly cadence

**Overall Core Scale Summary (11/14/2023–01/25/2026)**

| Question Name | Questionnaire Counts | Distinct Patient Counts |
|---|---|---|
| **T1DDAS CORE SCALE SCORE** | 2,236 | 1,459 |

Note: Final interval is partial.

# T1DDAS questionnaire completion trends at OHSU

| Interval (answered between) | Distinct Patient Count | Questionnaire Count | Repeat % |
|---|---|---|---|
| **2023-11-01 to 2023-12-30** | 78 | 82 | 4.9% |
| **2023-12-31 to 2024-03-30** | 314 | 325 | 3.4% |
| **2024-03-31 to 2024-06-29** | 434 | 466 | 6.9% |
| **2024-06-30 to 2024-09-29** | 366 | 384 | 4.7% |
| **2024-09-30 to 2024-12-31** | 300 | 305 | 1.6% |
| **2024-12-31 to 2025-03-30** | 256 | 258 | 0.8% |
| **2025-03-31 to 2025-06-29** | 203 | 208 | 2.4% |
| **2025-06-30 to 2025-09-29** | 49 | 50 | 2.0% |
| **2025-09-30 to 2025-12-30** | 97 | 99 | 2.0% |
| **2025-12-31 to 2026-01-25** | 61 | 61 | 0.0% |

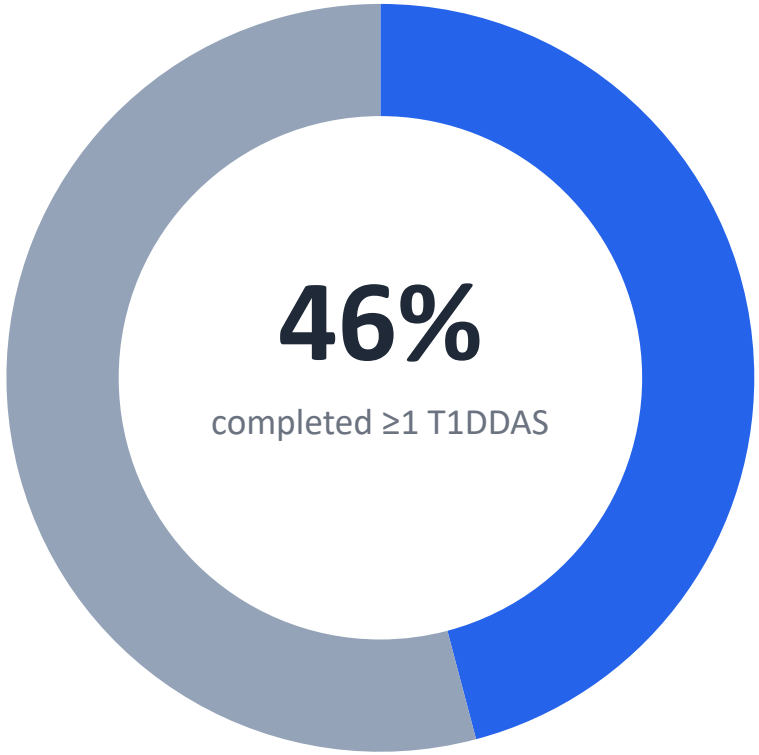
| Question Name | Questionnaire Counts | Distinct Patient Counts |
|---|---|---|
| **T1DDAS CORE SCALE SCORE** | 2,236 | 1,459 |

Counts reflect completed T1DDAS questionnaires and distinct patients within each reporting interval. Epic auto-assignment went live on 06/11/2024.

# Eligible adult T1D patients & T1DDAS reach

11/01/2023–01/25/2026 • Eligibility estimate is approximate (diagnosis coding variability: MODY/LADA/CFRD, etc.)

## Reach among eligible adults




| | |
|---|---|
| Reached (≥1 completion) | 1,459 patients |
| Not reached (no completion) | 1,721 patients |

**1,459 / 3,180**

eligible adults completed ≥1 T1DDAS

**2,236**

total questionnaires completed

**777 (35%)**

repeat questionnaires (beyond first completion)

**1.53×**

avg. completions per reached patient

Note: Eligibility estimate is approximate because diagnoses are not uniformly coded in Epic; some MODY/LADA/CFRD patients may be included/excluded depending on documentation.

# Utilization of T1DDAS in routine diabetes care

Despite increasing incorporation into the EHR, unclear how often providers are

- Aware that the data was collected
- Reviewing the data and incorporating the questionnaire data into their visit
- Discussing the data with patients
- Advising patients based on the data
- Aware of options for management

Limited data on provider barriers in addressing T1DDAS results

Limited data on facilitators of utilization of T1DDAS

Limited data on facilitators of provider satisfaction in use of the T1DDAS

# Provider Experience

- Concerns about not having enough time
- Uncertainty about how to address behavioral health
- Variable integration of BH support by providers
- Limited access to behavioral health support services

# Diabetes Distress Provider Workshops (Past/Upcoming)

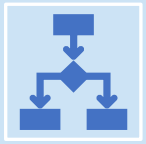
**PAST**

- DD-ASSIST 2023 training Ryan Tweet, PsyD, Larry Fisher, PhD, and Suzan Guzman, PhD
- Ryan Tweet, PsyD, co-facilitated workshop on diabetes distress screening/intervention at T1D Exchange Learning Session
- DD-ASSIST booster training Ryan Tweet, PsyD, Larry Fisher, PhD, and Suzan Guzman, PhD

**Upcoming**

- Decision-support training (DD-ASSIST spinoff): low-lift options, right-sized referrals/interventions
- Educator training + workflow readiness for annual auto-assignment

# 2025 - 2026



Ongoing review of workflow: Ensure questionnaires are reaching the correct patients and at appropriate interval (adult patients, appropriate diagnosis code, annual questionnaire)

Review of diabetes educator workflow and uptake for assignment of questionnaires

Review of clinic staff, patient and provider experience with questionnaire distribution

## Current Research/ QI Projects

- Epic go-live date set for DM educators ~4/2026
- Evaluate relationship of diabetes distress with patient demographic and clinical variables
- Evaluate diabetes distress in different populations
- Evaluate how completion and provider review of T1DDAS scores influence in-session use and patient-provider communication.
- Explore how diabetes distress screening affects engagement — from both patients and providers — and whether it impacts select clinical outcomes.

# Diabetes Distress Collaborative Efforts

- Iyengar JJ, Steenkamp DW, Abdelhadi M, Berman C, Buckingham D, Coulter M, Hannon TS, Joarder F, Rioles N,Semenkovich K, Tweet RD, Vora D, Yardley H, Wolf RM, Roberts A. *It is time to act: Making diabetes distressscreening standard in clinical practice.* Endocr Pract. 2026. **(In Press – AS OF TWO DAYS AGO!)**.
- Iyengar JJ, Steenkamp DW, Abdelhadi M, Buckingham DA Sr, Hannon TS, Joarder F, Rioles N, Semenkovich K, Tweet RD, Vora D, Yardley H, Roberts AJ. *Diabetes distress screening in type 1 diabetes: Are we meeting standards in psychosocial care.* Diabetes. 2025;74(Suppl 1):1942-LB. (Top 10 abstract recognition.)

# Questions? Feedback?

Email: joarder@ohsu.edu tweet@ohsu.edu

Our current Adult Diabetes QI Team:

- Farahnaz Joarder, MD, Endocrinologist
- Ryan Tweet, PsyD, Clinical Psychologist
- Lolis Rocha, RN, CDCES, Diabetes Education Manager
- Melanie Abrahamson-Sommer, MPH, Senior Clinical Research Associate