T1D Exchange

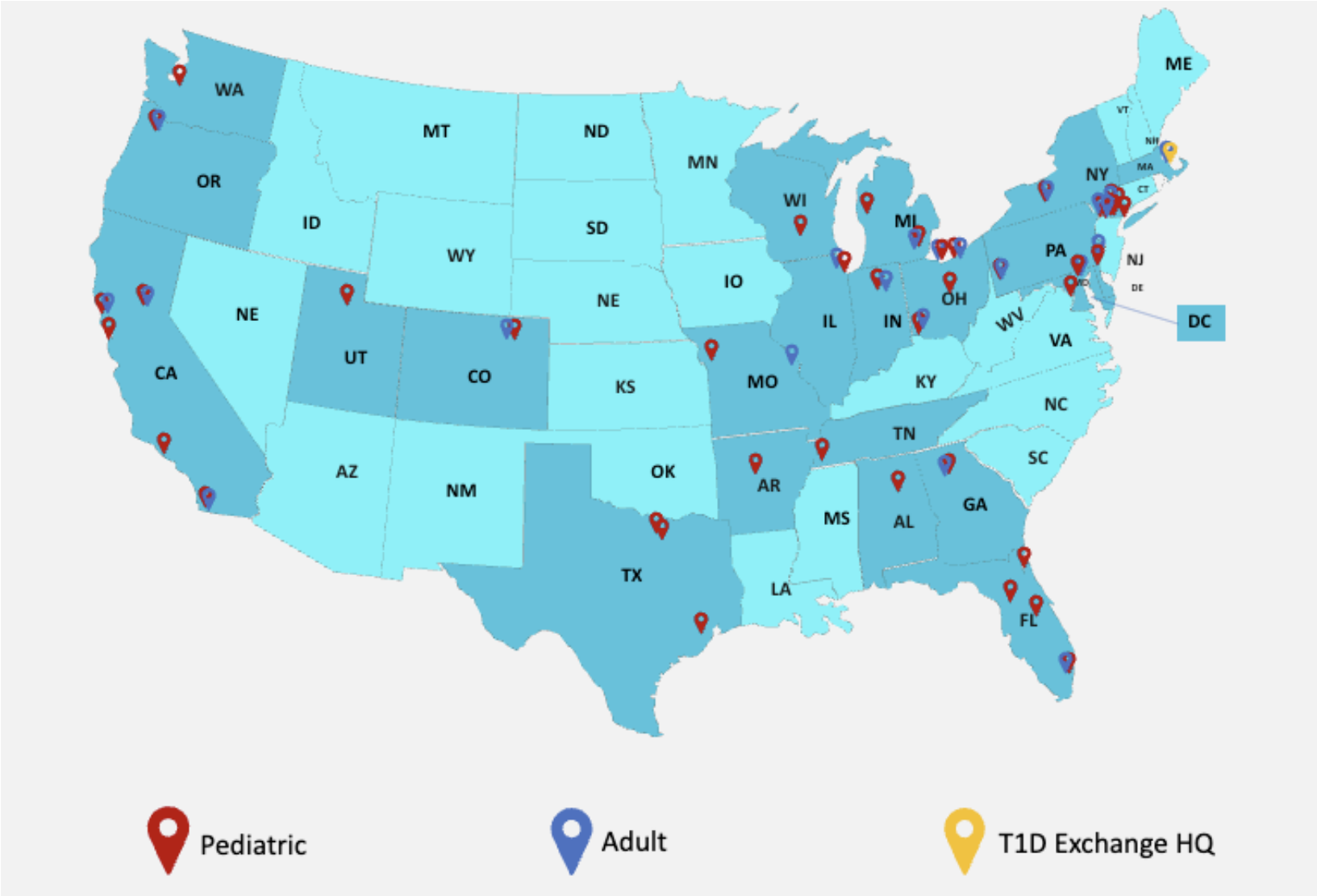
T1DX-QI Collaborative Meeting, Adults

January 27, 2026

Agenda

- Welcome and Introductions
- Updates from the Coordinating Center
- Clinical center presentation: Oregon Health & Sciences, Dr. Joarder
- Clinical center presentation: University Hospitals, Dr. Kelly
- Next meeting: Combined Adult and Pediatrics call, Tuesday April 14th 3:30-5:00pm EST

T1DX-QI Collaborative Centers: 42 Pediatric & 23 Adult



Find information about T1DX-QI on the member website

Find information about T1DX-QI data and benchmarking on the QI Portal.

T1D Exchange

2026 ADA Abstracts

Thank you for your contributions to the ADA Scientific Session Abstracts!

1. Correlation Of Minoritized Ethnicity Representation Between Patients And Staff Of Diabetes Centers Involved In T1DX-QI
2. Emerging T1D Screening And Intervention Programs: Insights From 63 Centers In T1DX-QI
3. Dietician FTE Support
4. Center Staffing and Structure/FTE
5. Practice patterns for CGM initiation after diagnosis of Type 1 diabetes in pediatric and adult settings: A T1DX-QI study
6. Common barriers to health equity and factors actively addressed to improve health equity in T1DX-QI
7. Using The Consolidated Framework For Implementation Research (CFIR) To Identify Barriers And Facilitators To Adoption Of A Digital Quality Improvement Portal Across A National T1D Collaborative
8. Update of the T1DX/DPV Analysis
9. IMPROVAID focus groups
10. Baseline Microalbuminuria Screening Rate: Result from T1D Exchange Pediatric Registry
11. Increasing Adoption Of Diabetes Technology Among Adults With T1D In A National Quality Improvement Collaborative
12. Increasing Adoption Of Diabetes Technology Among Children And Youth With T1D: T1DX-QI
13. Advancing Equity In Diabetes Technology: T1DX-QI Multi-Center QI Project Across Adult And Pediatric Centers
14. Operationalizing Screening for Stage 1 and Stage

Annual Clinic Survey Questions, 2026

We are collecting annual survey question proposals now through Friday, May 1, 2026.

Guidelines:

- Please limit to no more than 8 questions per topic
- Questions should be multiple choice
- Ranking and metric tables are suggested
- Free text is discouraged
- Submitters are expected to create an abstract (ADA, ISPAD, etc) on topic
- We highly encourage the development of manuscripts based on these topics

To submit your topics, please email qi@t1dexchange.org and cc nrioles@t1dexcahnge.org and crainey@t1dexchange.org

Topic areas from 2025, for reference

- Clinical Demographics
- Clinic Staffing and Structure
- Teamwork, Targets, Technology and Tight Glycemia
- Dietician (FTE) Support
- Health Equity
- Healthcare Transition
- GLP-1 Use in Children w/T1D
- Economic Impacts
- T1DX-QI Experience

T1DX-QI Learning Session, Save the Date for 2026!

Thank you for joining us in person in 2025!

- Your abstracts and the commentary for the 2025 LS will be published next month in the *Journal of Diabetes*.
- You can find presentations and posters from 2025 on the LS page of the member website.

2026

- November 9th- welcome reception in the evening
- November 10-11 Learning Session
- We look forward to seeing you in San Diego!
- The conference will be hosted at the Westin Bay View.

T1DX-QI 2026-2028 Measures

New 2026-2028 Measures go live on 1/1/2026

- New Smartsheets for the new measurement period will be shared with teams within the next month.
- Data reporting for the new period is requested by 3/31/2026 to begin reporting data for the 1/1/2026+ period

- You can find updates measures on the Member Website: https://t1dx-qi.t1dexchange.org/measures/

High Priority QI Adult Metrics

2022-2025	2026 - 2028
• A1c <8%; A1c >9% • Median A1c	A1c <7%; A1c >9%; Median A1c
CGM use; AGP: TIR, Hypo, Hyper	CGM use
Insulin delivery method	AID use[1]
Depression screening: PHQ-2; PHQ-9	AGP; TIR >70%; Hypo <4%;Severe Hyper <1%
Food insecurity; Economics; Housing; Transport	Food insecurity
DKA Hospitalization and Events	DKA Hospitalization
SHE Hospitalization and Events	• Severe Hypo Hospitalization • Severe Hypo Events[2]

1. Counting pump use and AID use, combined, assuming that pump is AID use.
2. Events requiring external assistance, including PROs and excluding hospitalizations.

T1D Exchange

QI Adult Metrics: Additional Numerators

2026 - 2028
GMI
Depression screening[1]: PHQ-2; PHQ-9
Diabetes Distress Screening: T1-DDAS
GLP-1/GMI Use
Social Drivers of Health: Economics; Housing; Transportation

1. For the measurement period.

Quality Improvement (QI) Metrics 2026 - 2028

Adult Priority Measures

1) A1c <7%; A1c >9%; Median A1c
2) CGM use
3) AID use
4) AGP; TIR >70%; Hypo <4%;Severe Hyper <1%
5) Food insecurity
6) DKA Hospitalization
7) Severe Hypo Hospitalization
8) Severe Hypo Event

Pediatric Priority Measures

1) A1c < 7%; A1c >9%; Median A1c
2) CGM use
3) AID use
4) AGP; TIR >70%; Hypo <4%;Severe Hyper <1%
5) Food insecurity
6) DKA Hospitalization
7) Severe Hypo Hospitalization
8) Severe Hypo Event
9) Transition Plan

T1D Exchange

Screening and Monitoring Update

T1DX-QI convened a Beta Cell Preservation Workgroup in November 2025. The group has been tasked with identifying how we can operationalize new workflows to:

1) Track and monitor Stage 1, Stage 2, and Stage 3 diabetes
2) Prioritize measures for diabetes screening, monitoring, and prevention and incorporating them into the T1DX-QI data specification
3) Be poised for teplizumab labelling for Stage 3 diabetes use (anticipated this winter/spring.)

Key outcomes from the Workgroup

1) A white paper has been developed and will be available for dissemination by 2/23 on the T1D Exchange website
2) A manuscript, summarizing the elements of the white paper, is in development and will be submitted to JCEM in February
3) New measures for screening and monitoring will be presented to the Data Science Committee for review and incorporation into the data spec in 2026


T1D
Exchange

Center Presentation – Oregon Health and Sciences University

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

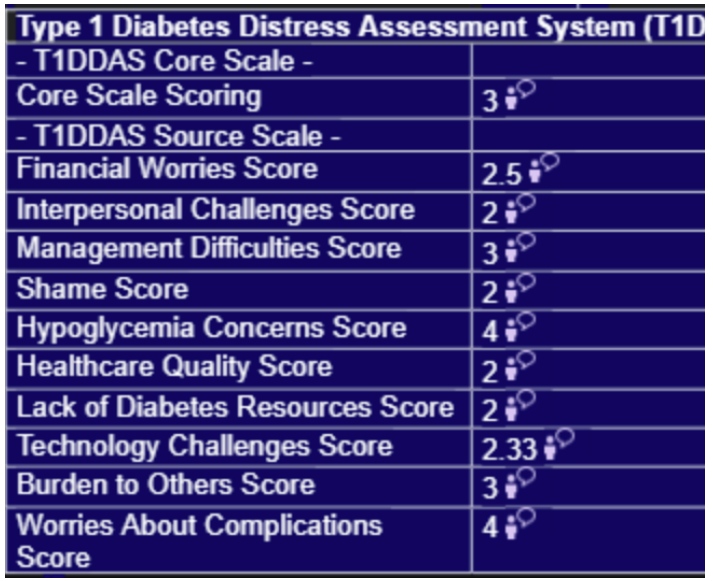
Diabetes Distress

Recommendation

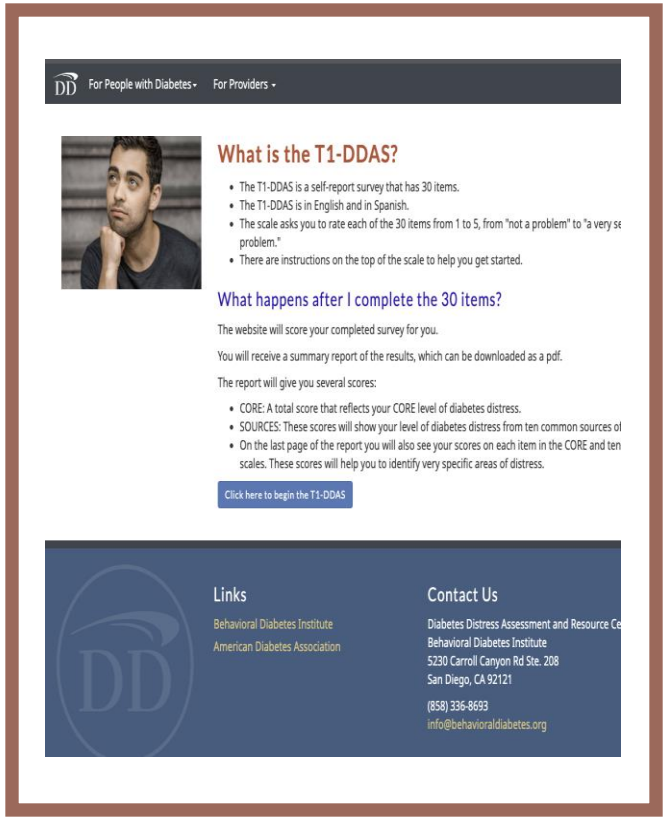
5.48 Screen for diabetes distress at least annually in people with diabetes, caregivers, and family members, and repeat screening when treatment goals are not met, at transitional times, and/or in the presence of diabetes complications. Health care professionals can address diabetes distress and may 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)

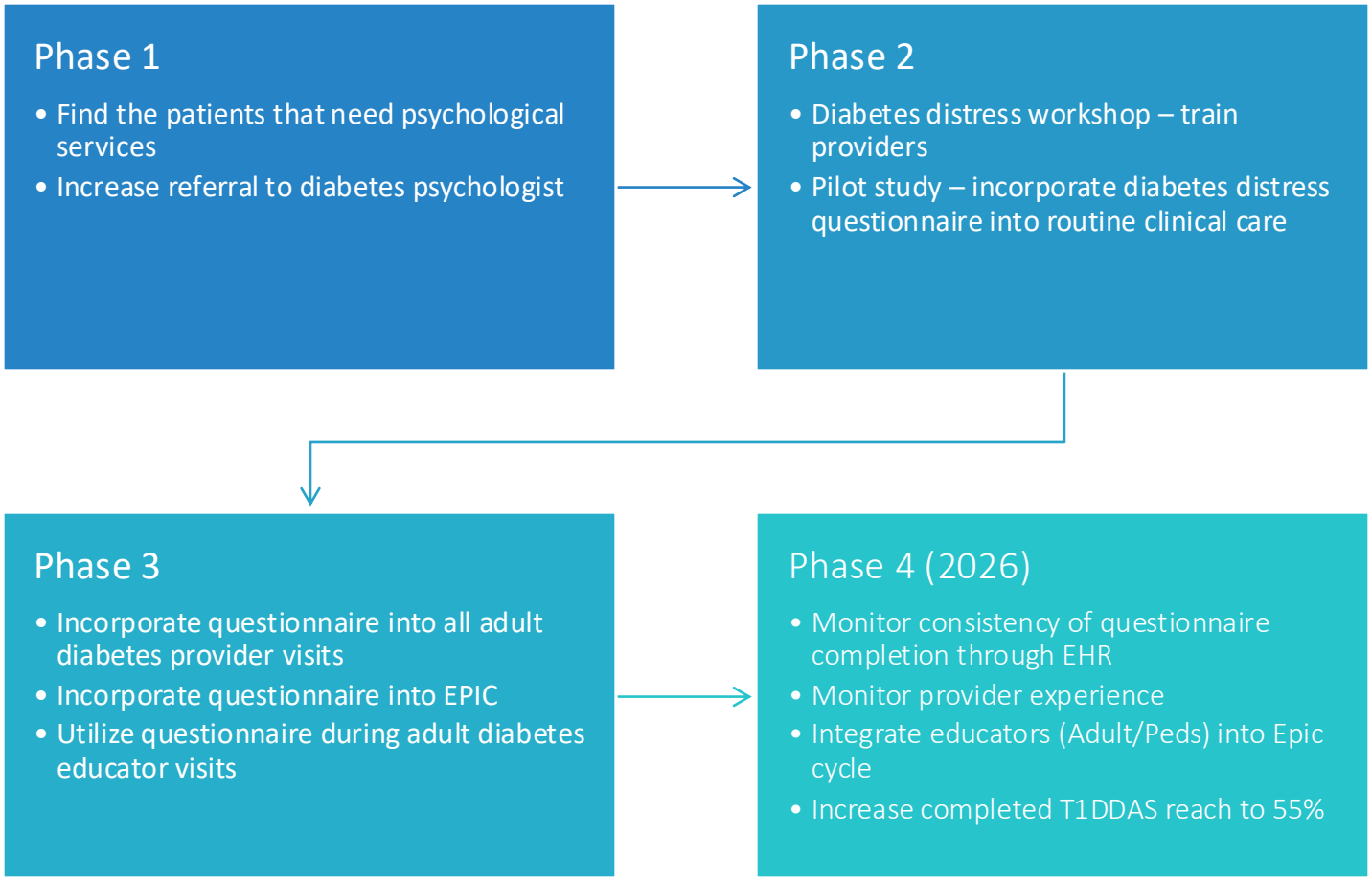
WWW.DIABETESDISTRESS.ORG



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

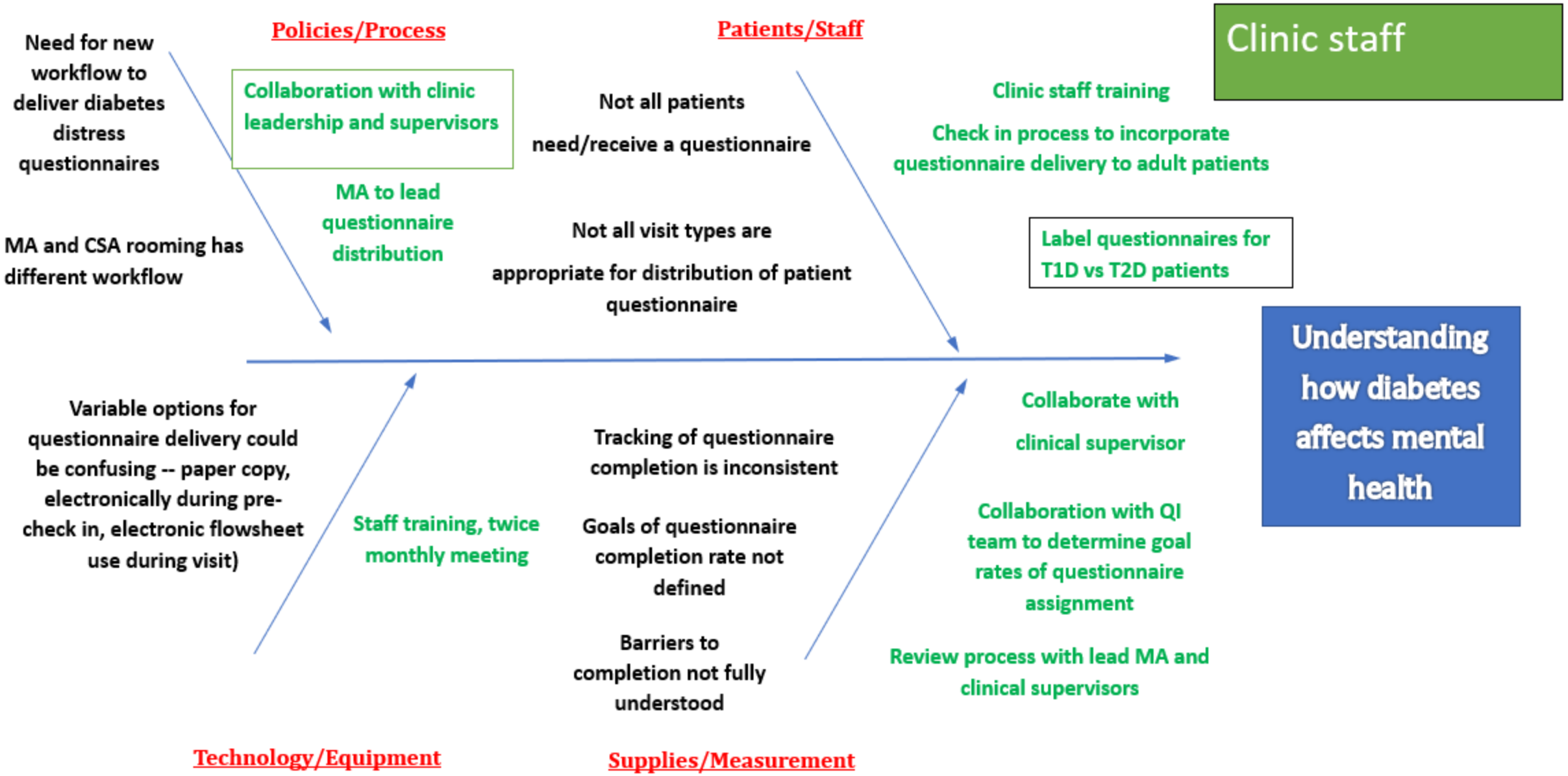
February 2024
- Staff changes

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

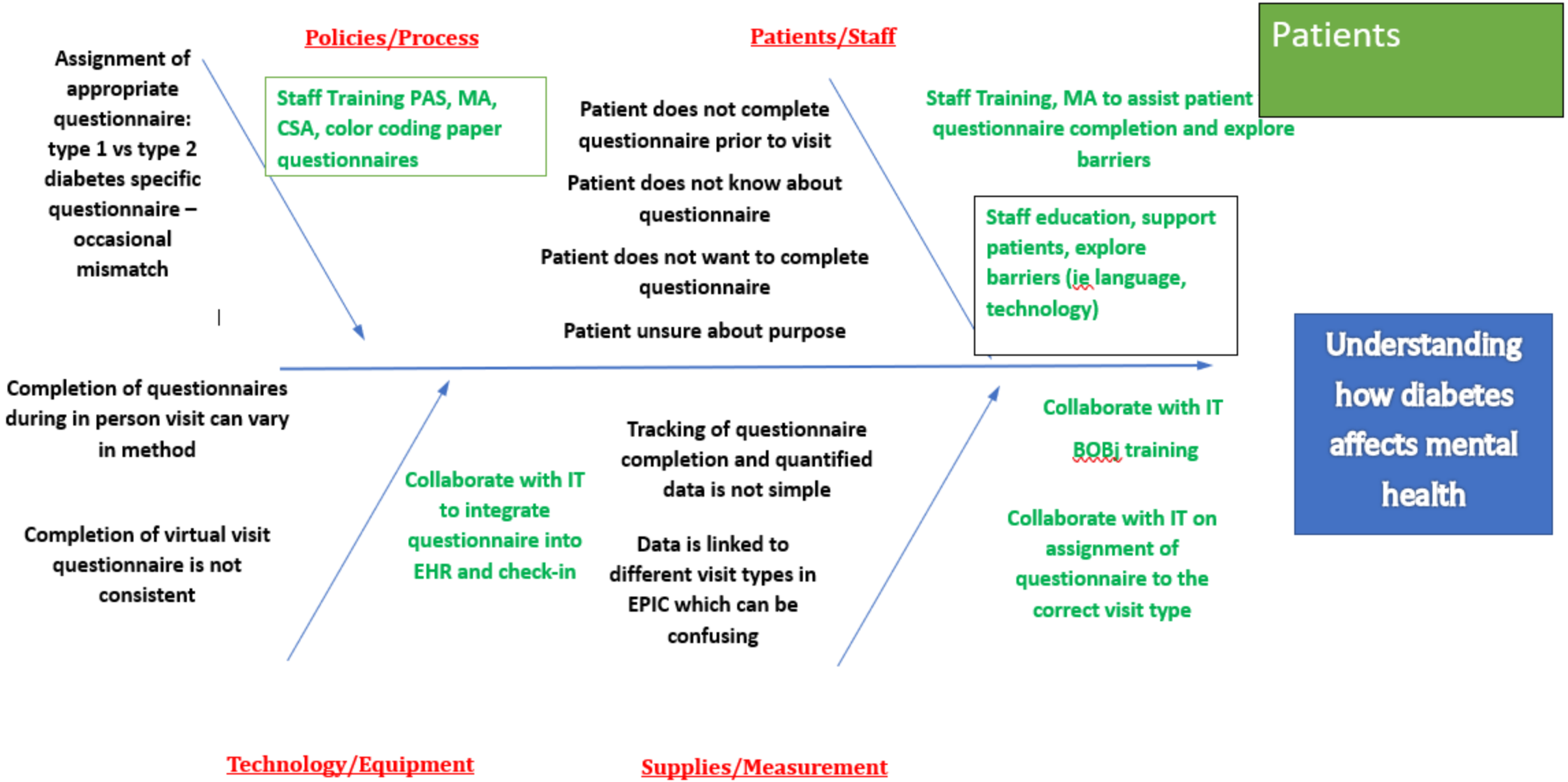
June 2024
- June 11th: auto-assignment of questionnaires in EPIC for routine clinical visits with adult diabetes providers

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

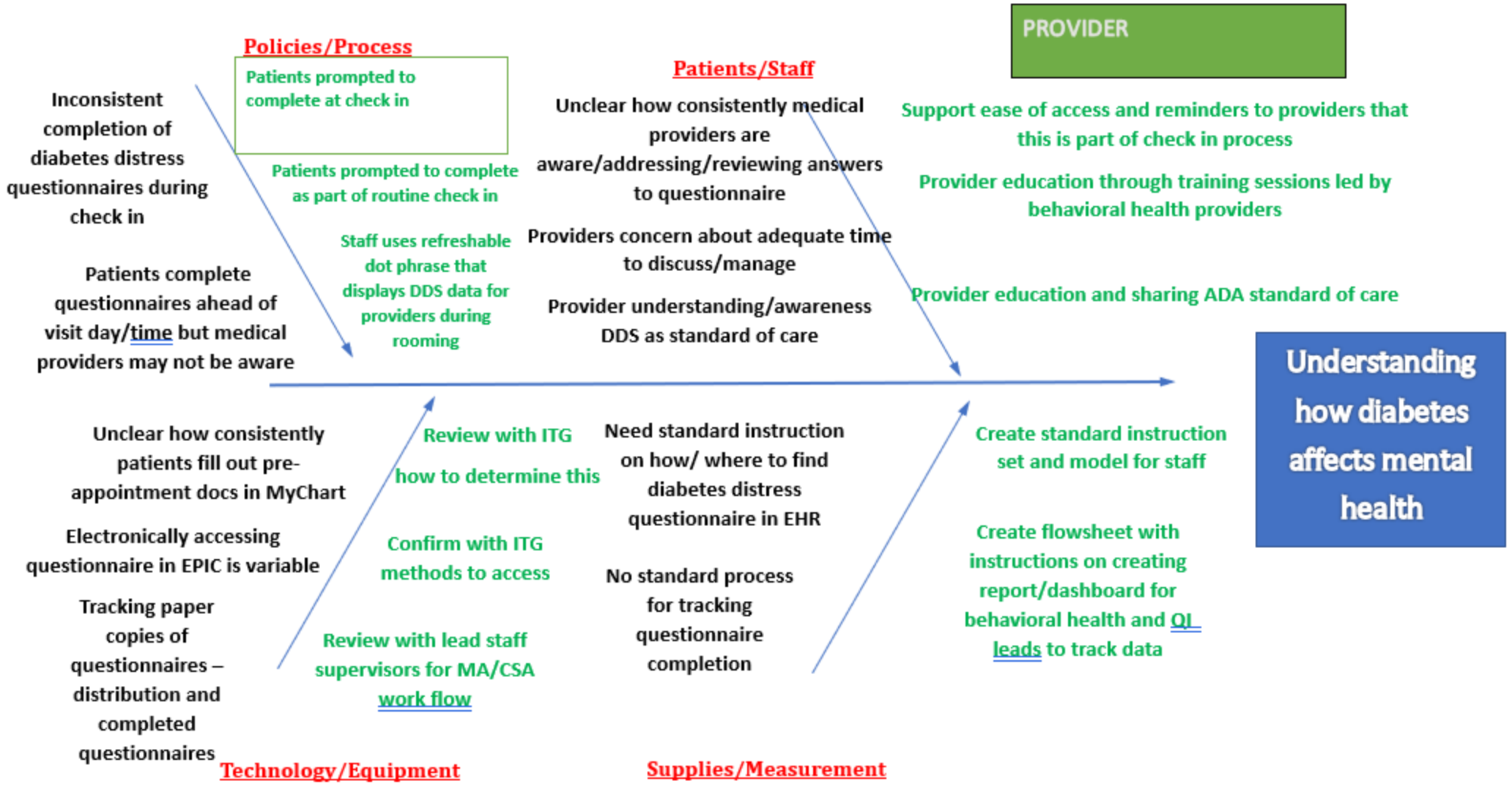
November 2025
- Epic Reporting Workbench plus BOBJ analytics linking T1DDAS to descriptive statistics, A1c, and CGM data



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

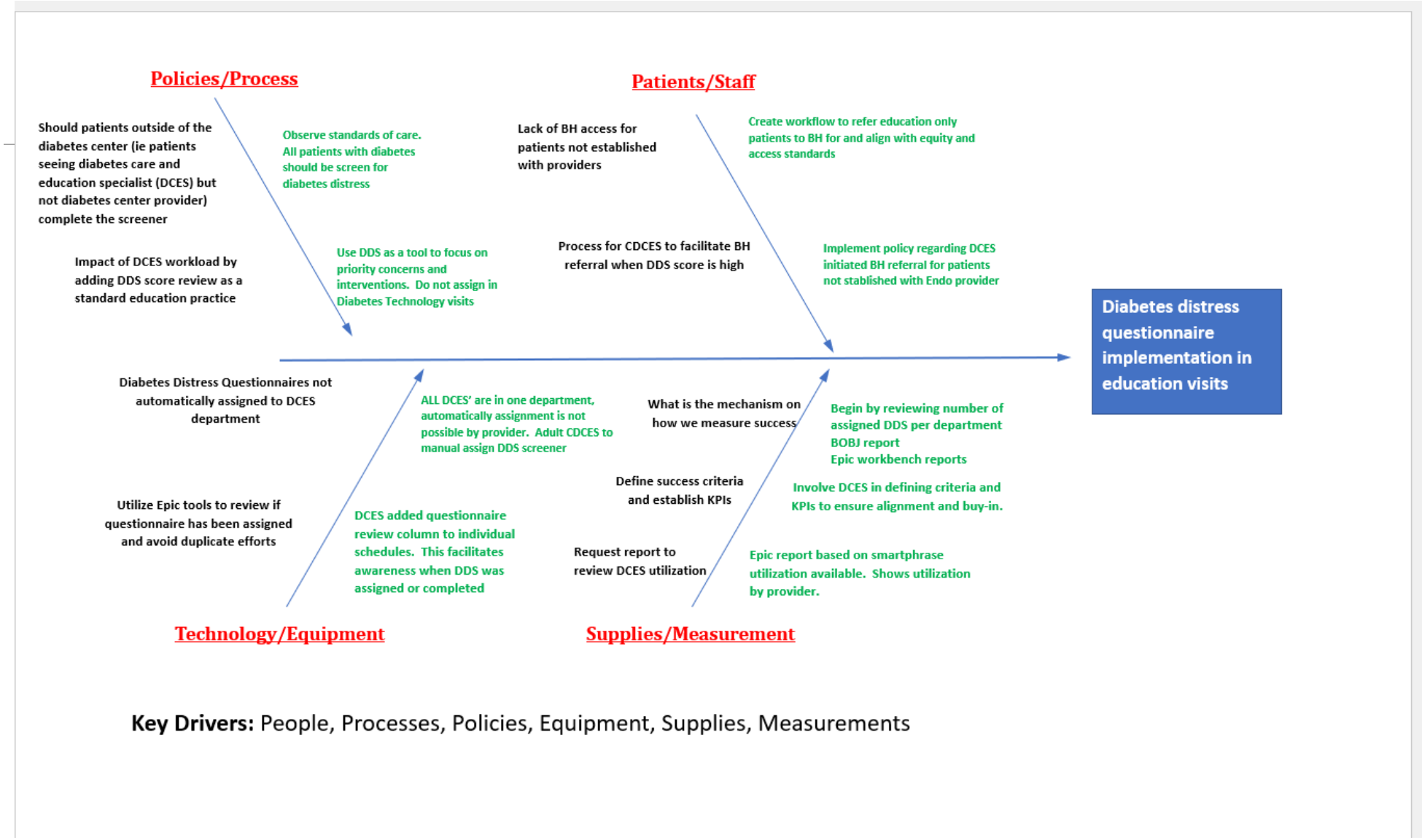


Key Drivers: People, Processes, Policies, Equipment, Supplies, Measurements



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)

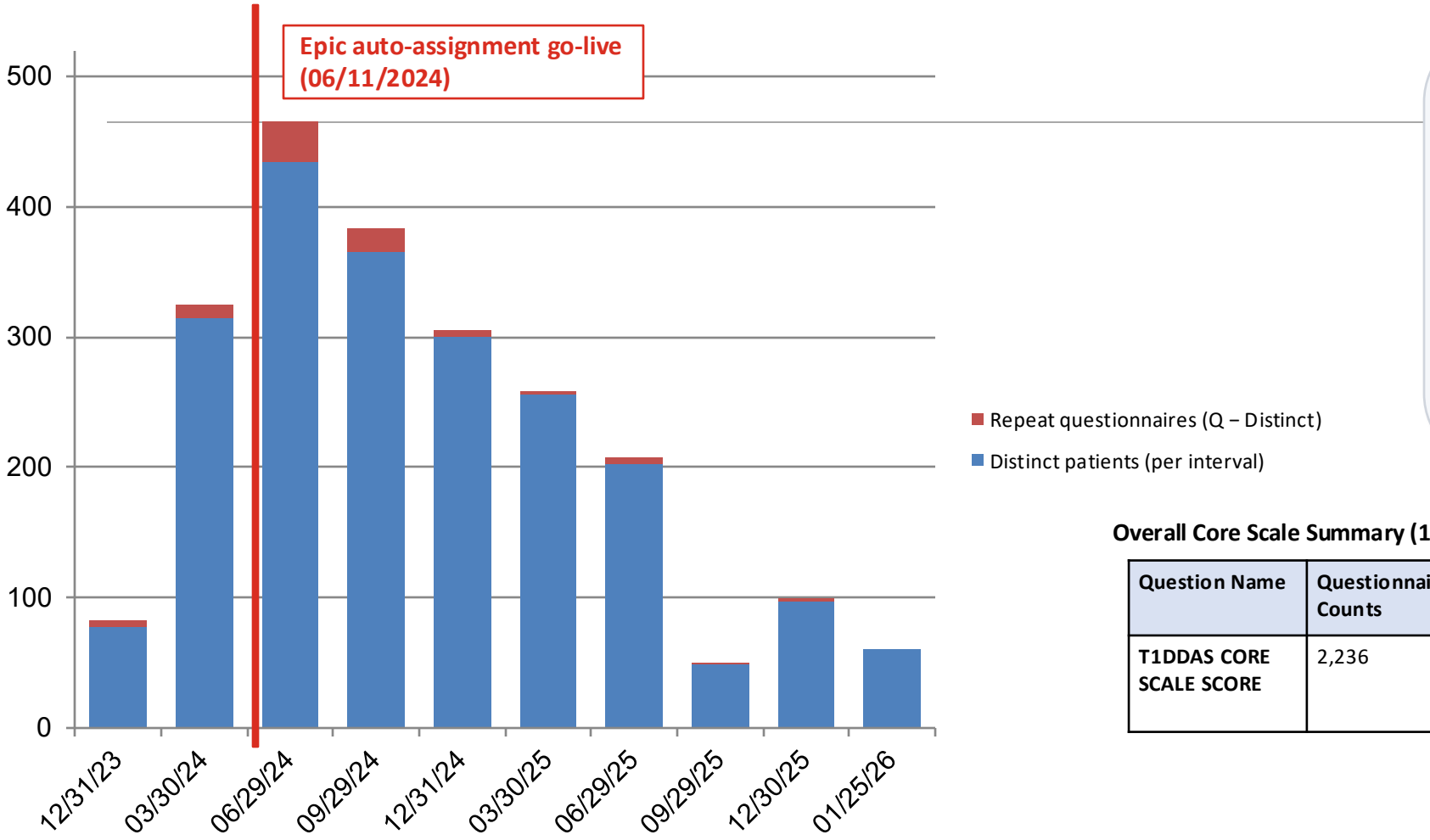
Created a protocol for delivery of questionnaire through PAS/MA/CSA staff

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%

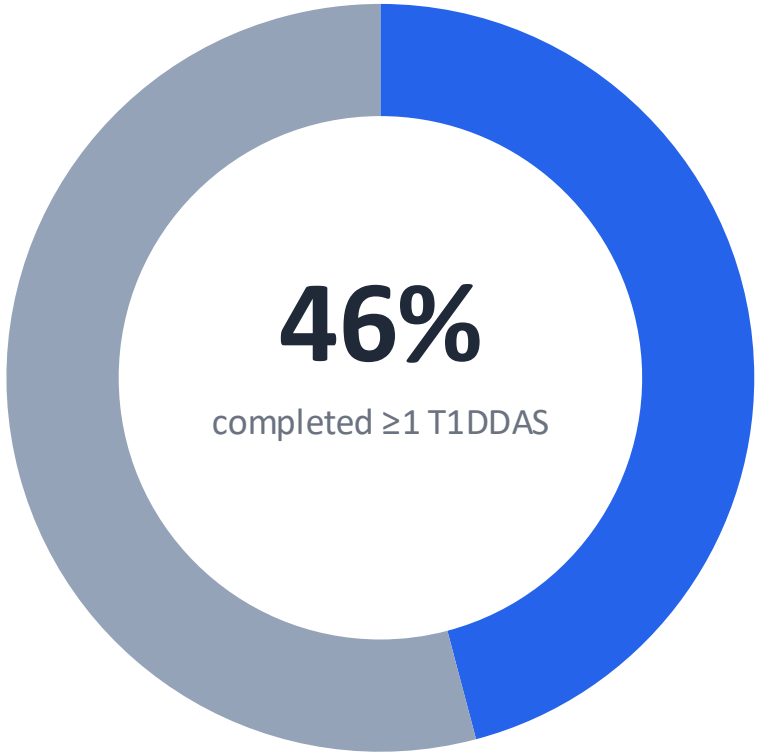
Question Name	Questionnaire Counts	Distinct Patient Counts
T1DDAS CORE SCALE SCORE	2,236	1,459

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)

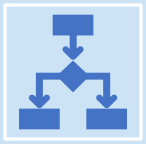
PAST

- 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

Center Presentation – University Hospitals Cleveland Medical Center

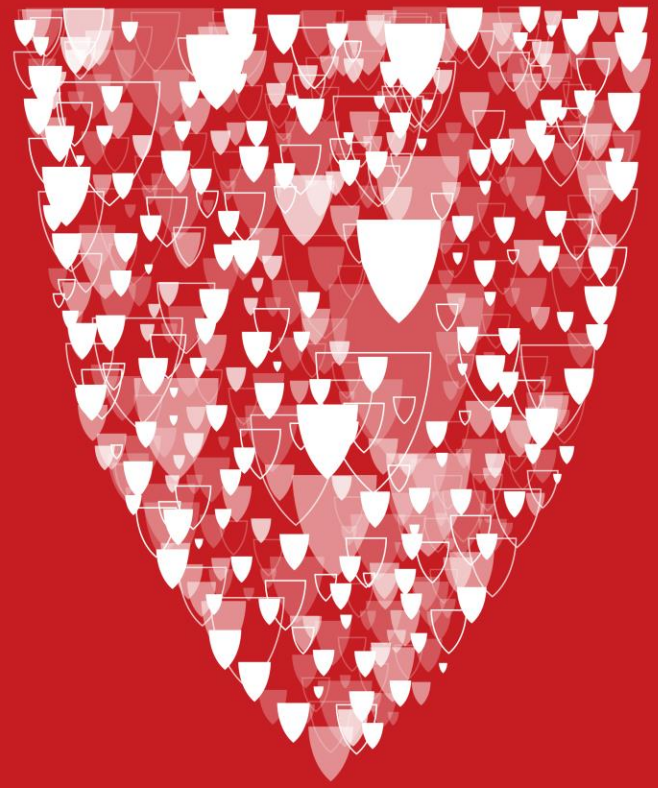
Screening for and Detecting Depression in Diabetes University Hospitals Cleveland Medical Center

Type 1 Diabetes Exchange Quality Improvement Adult Collaborative Call

January 27, 2026

University Hospitals
Cleveland Medical Center

Clare Kelly, MD; Natalie Bellini, DNP, FNP-BC, BC-ADM, CDCES; Julia Blanchette, PhD, RN, BC-ADM, CDCES, FADCES; Quiana Howard, MSN, RN-BC; Betul Hatipoglu, MD



American Diabetes Association 2026 Standards of Care

- Screen for depressive symptoms in all people with diabetes at least annually and more frequently among those with a history of depression. Refer to qualified behavioral health professionals or other health care professional with experience using evidence-based treatment approaches for depression in collaboration with the diabetes care team.
- Rescreen for depression at diagnosis of complications or when there are significant changes in medical status.

Relevance

- One in four diabetes patients are affected by depression
- Rates of depression are significantly higher in the T1DM population than the general population
- In a meta-analysis (n = 19,537), there was a significant positive correlation between depression and HbA1c
- Depressive symptoms are associated with worse outcomes for diabetes patients

Relevance

- Researchers have found a negative correlation between depression and self-care behaviors
- In adults with T1DM depression has been associated with less optimal clinical metrics
- T1D Exchange work regarding depression and clinical outcomes

Starting Points

- Prior to the project, depression screenings were conducted on an as needed basis.
- No established interval at which screening was performed.

Aim of Project

Within six months, implement a routine depression screening protocol, and screen 90% of adult T1D patients during their clinic visit

Interventions

- Staff training:
  - Education session by Research Coordinator
  - Paper/Electronic resources
- PHQ-2 → PHQ-9
- Consistent documentation of depression screening data and other metrics in the Diabetes tab

Interventions

TABLE 3

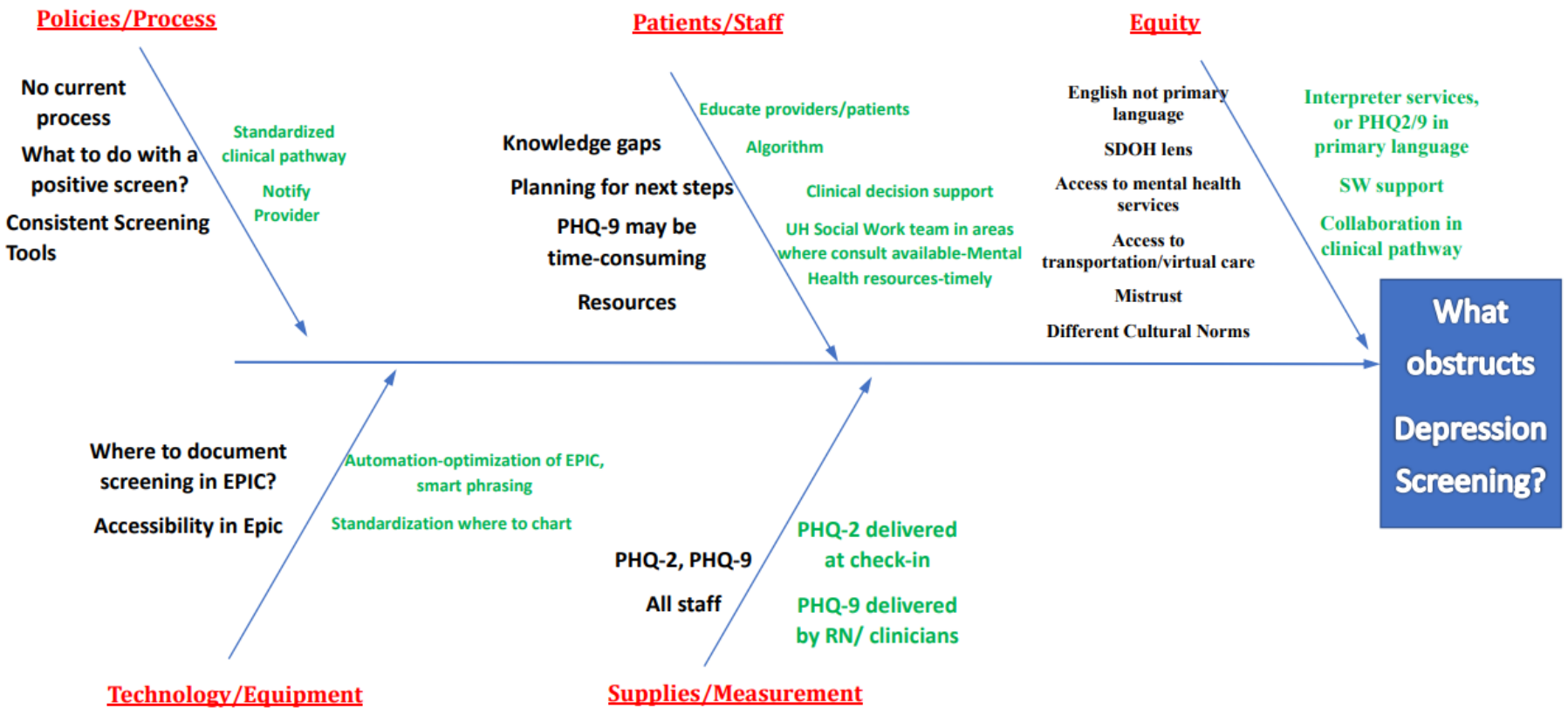
Patient Health Questionnaire-2 (PHQ-2)[11]

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	+1	+2	+3
Feeling down, depressed, or hopeless	0	+1	+2	+3

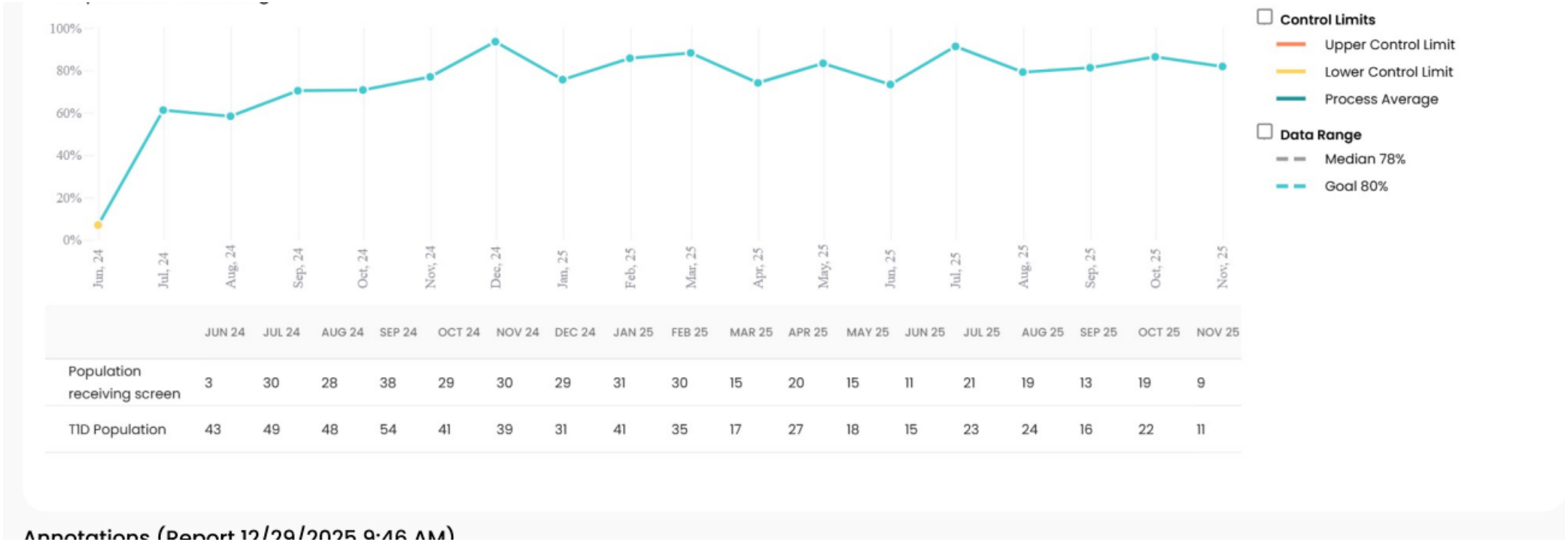
If the score is 3 or greater, the patient should be evaluated further.

Fish Bone



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

Eligible Patients Screened for Depression



	JUN 24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24	JAN 25	FEB 25	MAR 25	APR 25	MAY 25	JUN 25	JUL 25	AUG 25	SEP 25	OCT 25	NOV 25
Population receiving screen	3	30	28	38	29	30	29	31	30	15	20	15	11	21	19	13	19	9
T1D Population	43	49	48	54	41	39	31	41	35	17	27	18	15	23	24	16	22	11

Annotations (Report 12/29/2025 9:46 AM)

Impact of a positive PHQ-9

If patients scored a 7 or above on the PHQ-9 the following clinical scenarios were possible:

- Referral to Behavioral Health/Psychology
- Contact PCP or mental health provider if already managing mental health issues
- Referral to our own psychologist within Endocrinology who is specifically trained in assisting diabetes patients
- Referral to Blue Circle Health in Ohio

Key Learnings

What worked:

- Interdisciplinary agreement to screen at each visit supported consistent identification of depressive symptoms in adults with T1D.
- Staff were engaged in shaping the clinic workflow, which increased ownership and follow-through.
- Brief education session, paired with low-cost stress relief items for staff (e.g., stress balls, pens, notebooks), supported staff engagement and buy in.

What required adjustment:

Ongoing education was needed to maintain consistency with routine staff turnover.

Practical Insights for Replication:

- Include frontline staff in workflow design early to build investment.
- Build screening education into onboarding + refresher huddles.
- Use simple, low burden supports to reinforce adoption (quick tip sheets + small engagement items).

Rationale for Visit Based Screening

- Annual screening represents the minimal standard
- The team elected to screen at each visit to better reflect fluctuating psychosocial needs.
- Ohio's mental health burden and access gaps supported opportunistic, visit based screening.

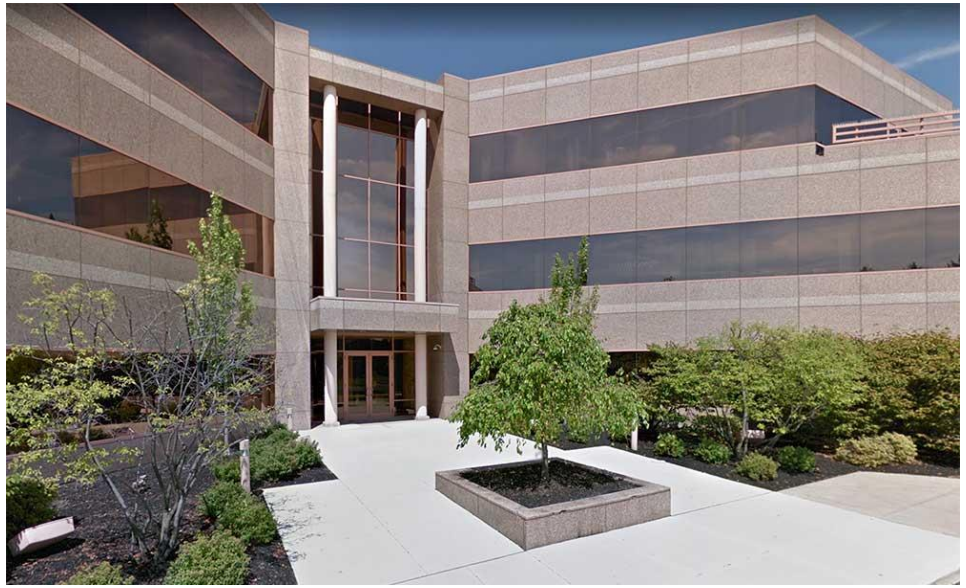
Data from the Health Policy Institute of Ohio indicate that nearly one in four Ohio adults report an unmet need for mental health treatment, and approximately five Ohioans die by suicide each day, highlighting the regional mental health burden that informed our screening approach (Health Policy Institute of Ohio, 2023).

Health Policy Institute of Ohio. (2023). Mental health in Ohio.
https://www.healthpolicyohio.org/our-work/facts-figures/mental-health-in-ohio/

Health Policy Institute of Ohio. (2023). Suicide in Ohio.
https://www.healthpolicyohio.org/our-work/facts-figures/suicide-in-ohio/

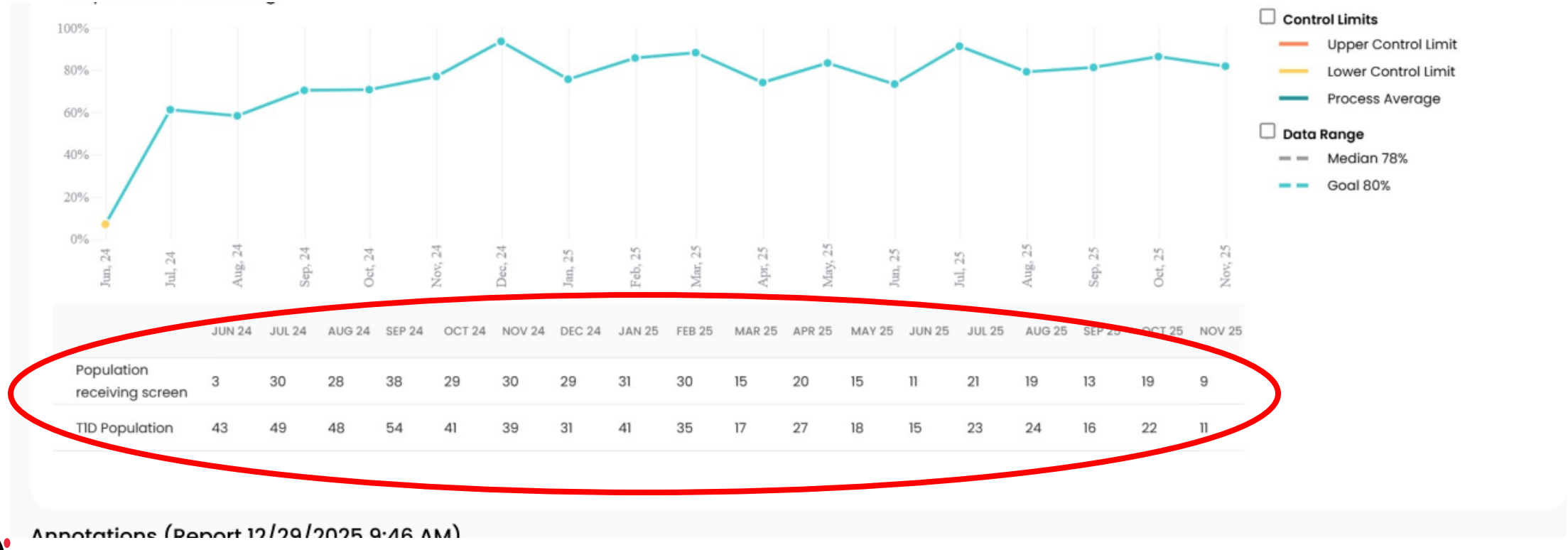
Future Directions

- Within Depression Screening QI project:
  - Expansion to other clinical sites (3 other academic sites included within the UHCMC Diabetes Center that we can expand to)
  - Increased collaboration with our clinical partners in mental health



Future Directions

- Outside of the Depression Screening QI project
  - Data collection/Diabetes Tab completion



	JUN 24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24	JAN 25	FEB 25	MAR 25	APR 25	MAY 25	JUN 25	JUL 25	AUG 25	SEP 25	OCT 25	NOV 25
Population receiving screen	3	30	28	38	29	30	29	31	30	15	20	15	11	21	19	13	19	9
T1D Population	43	49	48	54	41	39	31	41	35	17	27	18	15	23	24	16	22	11

Annotations (Report 12/29/2025 9:46 AM)

University Hospitals
Cleveland Medical Center

Resources

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