Overview of Changes to T1DX-QI Measures:

What it Means for your Center

This document is intended for PIs and key diabetes center personnel who have a hand in reporting T1DX-QI data to T1D Exchange monthly. Our intent is to show you what's changed, what you need to do, and who you can go to for questions.

Please note, the core denominator we are using for 2026-2028 **has NOT changed** and continues to follow the same definition as before: Patients 18-75 years of age with type 1 diabetes (minimum duration >= 12 month) with at least 1 HbA1c value in the preceding 12 months and an endocrinology related visit (in-person or telemedicine) from the reporting month.

Modifications to existing measures: see notes on actions for you	New measure for 2026: Pay attention to action needed

2023-2025 Measures	2026-2028 Measures	What's changed and why?	What do you need to do to make sure your data is mapped correctly?
Number of patients using insulin pumps at least 14 days in the reporting month	Number of patients using **AID** at least 14 days in the reporting month at the most recent clinic encounter.	We are combining the "pump use" and "hybrid closed loop" measures to simplify things. Most pumps by default are becoming more automated and are increasingly falling into this category.	No change. Data previously mapped as "hybrid closed loop" will now be mapped as "AID," assuming users on an HCLS pump with CGM are operating as AID users. This may overestimate AID use when pumps and CGMs are used independently.

Adult Version

2023-2025 Measures	2026-2028 Measures	What's changed and why?	What do you need to do to make sure your data is mapped correctly?
DKA Hospitalization: Number of patients with at least one DKA hospitalization in the reporting month	DKA Hospitalization*: Number of patients with at least one DKA hospitalization* in the reporting month *not patient reported, date pulled from EMR date	Since DKA events will be collected from the EMR, they will be captured on the date they occurred (instead of as a PRO reported on the visit date).	An additional row has been added to the spec to accommodate this change. IT analyst will need to rename the variable and pull actual event date.
Severe Hypoglycemia Hospitalization: Number of patients with at least one SH hospitalization in the reporting month	Severe Hypoglycemia requiring medical care: Number of patients with at least one SH hospitalization* in the reporting month including ED visits and urgent care visits *not patient reported, date pulled from EMR date	The definition is similar, but events will now be tied to EMR event dates. This prevents SH events reported as PROs from being incorrectly captured on the visit date rather than the actual occurrence date. Definition also includes ED AND urgent care visits if possible	An additional row has been added to the spec to accommodate this change. IT analyst will need to rename the variable and pull actual event date. ED, hospitalization, and urgent care visits may be reported separately but will be combined here.
Measure wasn't included previously	Severe Hypoglycemia Event (SHE) where PWD required assistance or treatment (but did not result in subsequent ED/hospitalization)	Many SHE do not result in hospitalization, so this is an additional way to capture them. "Requiring assistance" will be defined as an event where someone had to administer glucagon.	An additional row has been added to the spec to accommodate this change. New field in our Data Spec v040= sh_events_assistance_pro_dt
Measure wasn't included previously	Median Glucose Management Indicator (GMI) for those using CGM	With more opportunities for remote patient monitoring, GMI is a viable alternative to having patients come in for a HbA1c lab draw. It's also commonly featured on AGP reports.	An additional row has been added to the spec to accommodate this change. New field in our Data Spec v040= glucose_management_indicator -

2023-2025 Measures	2026-2028 Measures	What's changed and why?	What do you need to do to make sure your data is mapped correctly?
Measure wasn't included previously	Number of patients screened for diabetes distress in the reporting month using the T1-DDAS in the past year	This is a priority focus for us, and we want to encourage centers to screen for this routinely.	There's a new field on our data spec capturing this: t1ddas8
Measure wasn't included previously	Number patients who screened positive for diabetes distress using the T1-DDAS	We want to be able to capture how many PWDs are experiencing diabetes distress.

A cutoff score of >3.0 will classify someone as having moderate distress | There's a new field on our data spec capturing this: t1ddas8 |
| Measure wasn't included previously | Number of patients prescribed an incretin mimetic drug | We want to understand the landscape of prescribing. We recognize that this isn't a standard of care. We are not setting any outcomes goals for this. | We will identify patients who are prescribed these drugs if they are prescribed any of the following:
Tirzepatide (Mounjaro or Zepbound), Semaglutide (Ozempic, Rybelsus, or Wegovy), Dulaglutide (Trulicity), Liraglutide (Victoza or Saxenda), Exenatide (Byetta, Bydureon, Bydureon BCise) or Lixisenatide (Adlyxin) |
| Measure wasn't included previously | Depression screening performed in period: Number of patients seen in the reporting month who have been screened for depression (PHQ-2, 4,8,9 or PROMIS) in the past 12 months. | This differs from our original measure, which excluded patients screened in the past 12 months. The new measure captures all screenings, including multiple per patient, while the old measure may unintentionally omit higher-risk patients and primarily tracks | There is no additional work that needs to be done on your end, but we will no longer exclude people based on prior screenings. |

		annual compliance. We also added PROMIS as an additional screener for this measure.	
Measure wasn't included previously	Number of patients who screened positive for depression (PHQ8/PHQ-9 score above 10 or PROMIS score >55) in the past 12 months	This will represent how many patients tested positive from the PHQ cohort.	There is no additional work that needs to be done on your end, but we will no longer exclude people based on prior screenings.

Appendix

Here's a list of all the measures that are staying the same and not changing for 2026-2028. A few of these have slight modifications in how they will be named, but don't require any further action from you. Pay attention to any of the yellow highlighted boxes.

> **Slight change to the measure:**
> see notes on rationale

2023-2025 Measures	Any slight changes?	Rationale
Number of patients in (A) with HbA1c <7% (Most recent HbA1c)	No. We have, however, removed HbA1C <8% measure.	HbA1c<8% doesn't align with a particular standard of care.
Number of patients in (A) with HbA1c >9% (Most recent HbA1c)	No	N/A
Median HbA1c value from all patients	No	N/A
Number of patients using CGM at least 14 days in the reporting month at the most recent clinical encounter.	No	N/A
Number of patients with Time in Range greater than 70%	No. We have, however, removed the TIR > 50% measure.	TIR>50% doesn't align with a standard of care.
Number of patients below Time in Range <70 mg/dL (Hypoglycemia)	No	N/A

2023-2025 Measures	Any slight changes?	Rationale
Number of patients with Time in Severe Hypoglycemia (<54 mg/dL)	Number of patients with Time in **Significant** Hypoglycemia (<54 mg/dL)	We kept the same definition but changed the wording to "significant" because "severe hypoglycemia" is a specific clinical term that means the event requires assistance from someone else for recovery.
Social Determinants of Health measures (Food insecurity + economic + transportation + housing)	Social **Drivers** of Health. Priority focus is "food insecurity" defined as: Number of patients who have been screened for Hunger Vital Signs/Food insecurity in the past year	We changed "determinants" to "drivers" to align with advocacy language and made the other two SDOH categories secondary due to capture challenges, though centers may still report them if data are available.
Number of patients seen in the reporting month who have been screened for depression (PHQ-2, 4, 8 or 9) in the past 12 months.	Depression Screening (annual)	The definition will remain the same, but the measure will be renamed to include "annual" to distinguish it from the more inclusive depression screening measure. This measure tracks whether the average patient receives an annual screen.
Number of patients who screened positive for depression (PHQ8/PHQ-9 score above 10) in the past 12 months	Screened positive for depression screen (annual)	The definition for a positive screen will stay the same, but we will affix "annual" at the end to distinguish it from the more inclusive measure looking at all positive screens performed in a period.