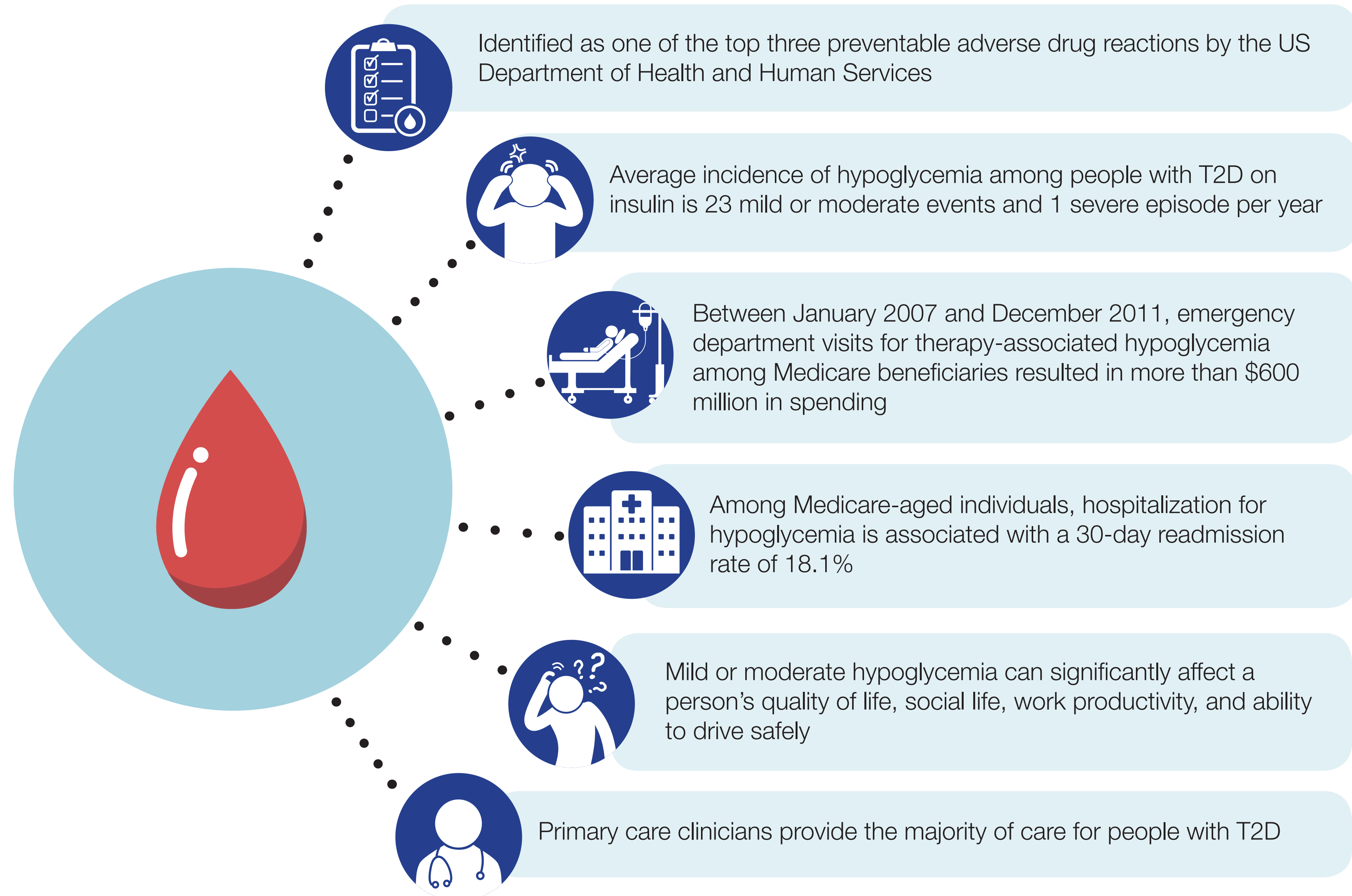


HYPOGLYCEMIA PREVENTION INITIATIVE

WHY FOCUS ON HYPOGLYCEMIA?



WHAT IS THE HYPOGLYCEMIA PREVENTION INITIATIVE?

The Hypoglycemia Prevention Initiative is a multi-year joint effort of the Endocrine Society and Avalere Health to determine best practices in primary care to reduce the impact of hypoglycemia on older (65+) people with type 2 diabetes (T2D) who use insulin and/or sulfonylurea, have a recent A1c <7%, and are at increased risk of hypoglycemia. The initial effort of this initiative is the Hypoglycemia Prevention Study (HypoPrevent), an implementation research and quality improvement (QI) study designed to test an intervention in primary care settings to identify older people with T2D at risk of hypoglycemia and a clinical decision support tool designed to facilitate risk reduction. This study assesses various methods to decrease the risk of hypoglycemia on an individual basis through shared decision making (SDM), individualized A1c goals and/or changes to their glucose-lowering medications regimen. The diabetes educator, who is also the practice coordinator for this study, plays a key role with annual assessments and education on glucose-lowering medications and their mechanism of action.

References and Resources

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INNOVATIVE ROLES OF DIABETES EDUCATORS IN HYPOPREVENT

This case example, though not by original intent, reflects how diabetes educators can embrace opportunities to drive awareness of the value of diabetes educators and diabetes education and expand boundaries to carve out innovative roles. To date, diabetes educators have been involved in the design, recruitment, and implementation of this QI study. (See below for details on additional roles.) These innovative roles reflect 3 of the 6 pillars of AADE's Project Vision

- **Drives Integration** of the CDE into clinical workflow and QI initiatives
- **Promotes person-centered** care by encouraging SDM between the provider and person, supported by the CDE
- **Drives toward achieving the quadruple aim** by identifying a population of patients with T2D at risk of hypoglycemia, providing individualized and improved care and quality of life for these persons, reducing burden and enhancing the experience of the care team by identifying those at risk.



STAGES OF HYPOPREVENT AND ROLES OF DIABETES EDUCATORS

Stages 1-4 of HypoPrevent have been completed or are in process Stages 5-6 will be completed in the future Present day

STAGE 1

Study Design: In designing the study, a steering committee of endocrinologists, primary care physicians, a diabetes educator (AADE representative), payer, and patient was established. The steering committee contributed input and expertise to study protocol design, development of a patient education toolkit, site recruitment, and site training materials. AADE's representative provided input in all of these areas as well as continually raising awareness of the value of diabetes educators.

STAGE 3

PMSI Decision to Engage: The practice's CDE became aware of the QI initiative through the aforementioned AADE newsletter that highlights projects and initiatives that are of relevance to CDEs. Knowing the medical director's approach to working with people with diabetes as individuals with their own values and preferences, the CDE discussed the beneficial impact participation in this study could have on PMSI. Following completion of the recruitment survey that assessed a practice's ability to participate in a QI initiative focused on diabetes, the CDE attended the recruitment webinar. Based on what she learned, she felt that the study would fit with PMSI's mission to empower people with T2Ds with the self-care management skills to improve their quality of life.

STAGE 5

Patient Enrollment and Implementation of Shared Decision-Making Intervention:
The Practice Coordinator will continue to serve as the liaison between the study team and the participating practices throughout study enrollment and conduct of the study.

STAGE 2

Site Recruitment: The study team utilized various means to recruit an initial study site including a steering committee member's connection with AADE. An announcement of the study was in AADE's e-newsletter distributed to the nearly 900 Diabetes Education Accredited Programs (DEAP) quality coordinators. Recruitment efforts resulted in multiple organizations and/or individual reaching out with interest in participating in the study, including the eventual study site: Pottstown Medical Specialists (PMSI).

STAGE 4

Training, Implementation of Intervention, Patient recruitment: The Practice Coordinator, a CDE, serves as a resource to providers and supports the execution of HypoPrevent in day-to-day practice as follows: as primary point of contact with research team, supporting practice staff and provider training activities, identifying and enrolling patients at risk, and coordinating the capture and transmission of data.

STAGE 6

Analysis and Dissemination: Once the study is complete, the study team will interview the Practice Coordinator to understand barriers and facilitators to implementation of the interventions. There will also be several opportunities for dissemination via diabetes educators, including within AADE communication channels to potentially disseminate both the results of the QI study and describe expanded and innovative roles of diabetes educators.

PRESENT DAY

ABOUT PMSI AND THE ROLE OF THE CDE

PMSI is a physician-owned multispecialty group practice with offices in Berks and Montgomery Counties in Southeastern Pennsylvania. They are committed to delivering the highest quality medical healthcare through the coordination of properly planned, managed and utilized medical services. With respect, compassion, and consideration, their providers deliver appropriate healthcare to their patients, providing for all of their healthcare needs.

The CDE provides group and individual education and support services to people with diabetes and their support systems as needed, for a six-office network of family providers and one multi-specialty group practice. PMSI has accreditation as a Diabetes Self-Management Support and Education (DSMES) service through AADE and is a recognized provider of the CDC's National DPP. The CDE collaborates with other members of the multidisciplinary team on treatment plans, selection and training for devices including insulin pump therapy and continuous glucose monitoring. She develops and delivers staff training on diabetes and other health-related topics to clinical support staff.

For more information, please visit

ENDOCRINE.ORG/HYPOPREVENT



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