HYPOGLYCEMIA PREVENTION INITIATIVE

PREPARING FOR IMPROVEMENT:

IMPLEMENTING POPULATION MANAGEMENT AND RISK SCREENING INTO ROUTINE DIABETES WORKFLOW

DESCRIPTION

The HypoPrevent study uses a population-level approach to identify patients with type 2 diabetes at risk of hypoglycemia using EHR data in primary care practice.

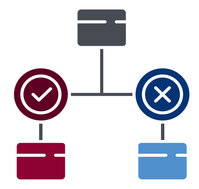
During the implementation of this intervention and after providing comprehensive training to office, nursing, and provider staff on the study and methods to reduce the risk of hypoglycemia, the site uncovered gaps in patient identification. This finding resulted in the post-implementation development of a real-time process incorporated in daily workflow to prospectively identify as many at-risk patients as possible.

PROJECT AIM

Multi-faceted approach to optimize identification of at-risk patients who would benefit from a clinical intervention.

THE HYPOPREVENT INTERVENTION INCLUDES TWO STEPS:

1



A screening algorithm to identify at-risk patients using EHR data

2

A clinical decision support tool for use during a patient visit to support shared decision-making to set an individualized hemoglobin A1c goal and modify medications and/or monitoring of blood glucose levels accordingly

TWO GOALS ARE:

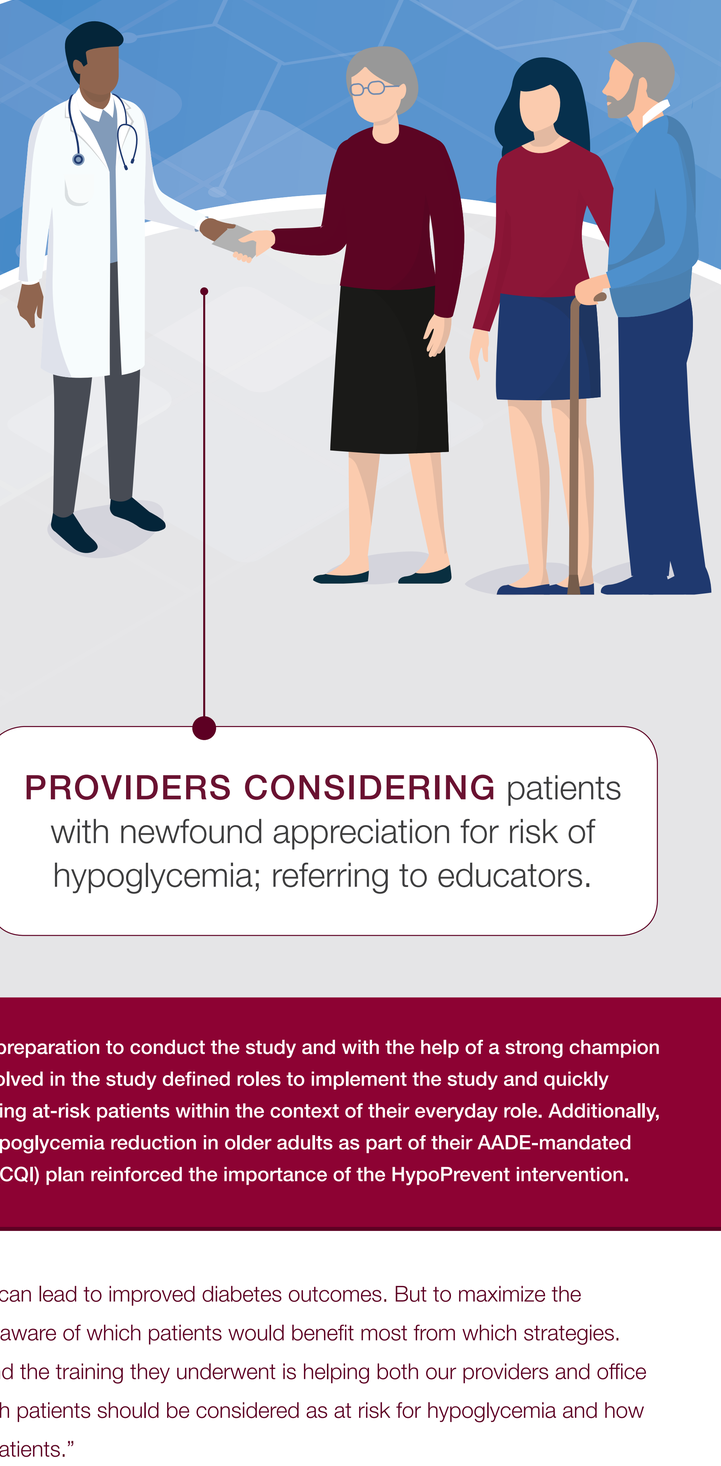
1. Making screening for hypoglycemia risk usable/feasible to use in daily workflow
2. Identifying as many at-risk patients as possible who would benefit from a clinical intervention and shared decision-making on ways to reduce their hypoglycemia risk

ACTION TAKEN

DATA ANALYSTS AGGREGATING disparate data elements to create initial EHR report.

OFFICE STAFF REVIEWING medical record as visits are scheduled; identifying patients using screening criteria.

EDUCATORS UTILIZING accreditation dataset to assess most recent lab values.



PROVIDERS CONSIDERING patients with newfound appreciation for risk of hypoglycemia; referring to educators.

SUMMARY

Through targeted training coupled with staff commitment to and understanding of the overall goals of the study, a care team approach to using multiple methods to increase the number of patients identified as at-risk of hypoglycemia by 7% over the ensuing 2 months after the initial population-level report was created.

153	+	12	=	165	7%
PATIENTS identified as at-risk in initial EHR Report		PATIENTS identified by staff in first 2 months of Enrollment Period		**TOTAL PATIENTS** identified as at-risk*	**PATIENTS AT RISK IDENTIFIED** after initial population-level report was created

*As of September 2019; number of identified patients expected to increase

Through systematic training and preparation to conduct the study and with the help of a strong champion in the study coordinator, staff involved in the study defined roles to implement the study and quickly integrated the concept of identifying at-risk patients within the context of their everyday role. Additionally, an organization-wide focus on hypoglycemia reduction in older adults as part of their AADE-mandated continuous quality improvement (CQI) plan reinforced the importance of the HypoPrevent intervention.

“It’s well known that quality improvement strategies can lead to improved diabetes outcomes. But to maximize the efficiency of providers and office staff, they must be aware of which patients would benefit most from which strategies. PMSI’s implementation of the HypoPrevent study and the training they underwent is helping both our providers and office staff learn, more completely and quickly, about which patients should be considered as at risk for hypoglycemia and how using the shared decision-making tool can benefit patients.”

—Debbie Zlomek, RN, PMSI Certified Diabetes Educator and HypoPrevent Study Coordinator

For more information, please visit
ENDOCRINE.ORG/HYPOPREVENT

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