Are You Interested in Advancing T2D Hypoglycemia Care at Your Organization? Join the Hypoglycemia Prevention Study!

The Endocrine Society and Avalere Health are enrolling participants for the Hypoglycemia Prevention Study (HypoPrevent) and invite you to join us in improving patient safety by reducing the risk and burden of hypoglycemia in patients with Type 2 diabetes (T2D). This QI and research study provides progressive primary care practices the exciting opportunity to be among the first to implement and assess a patient-centered intervention to improve the quality of care for patients with T2D.

A Valuable Opportunity for Your Practice & Your Patients / Benefits of Participation at a Glance

For Patients…
- Patient-focused resources to help reduce and manage hypoglycemia
- Increased patient safety with individualized glycemic goals and medication modification
- Increased patient-provider engagement regarding hypoglycemia

For Practices…
- Opportunity to be recognized as a leader and early adopter in hypoglycemia quality improvement
- Opportunities to publish and present on your practice’s experience and results
- Technical assistance with collection of performance data to track and monitor implementation progress

For Providers…
- Access to screening strategies to identify individuals at risk of hypoglycemia and help them reduce their risk
- Improve your ability to effectively engage patients on the topic of hypoglycemia through easy to use resources
- Provider-focused resources to help facilitate shared-decision making and medication changes designed to maximize patient engagement
- Access to educational resources and training to implement guidelines into practice
- Opportunities for educational activities that may include CME, MOC Part IV, and assistance meeting MIPS Improvement Activities reporting requirements
- Have input on developing new quality measures for diabetes to improve patient safety

24 Events per year among patients on insulin, ranging from mild to severe

300K ER visits for T1D and T2D patients in 2009 due to severe hypoglycemia

3.4X increased risk of death five years after self-reported hypoglycemia

18% 30-day readmission rate following a hospitalization for hypoglycemia

Is your practice looking for new tools to identify and care for patients at risk for hypoglycemia?

Are you interested in better identifying patients at risk of hypoglycemia and better engaging patients on the topic?

Then HypoPrevent may be right for you!
Tools for Success Incorporated Throughout Your Clinical Workflow

HypoPrevent includes an intervention designed to impact the care of patients with Type 2 Diabetes at risk of hypoglycemia. By implementing all the intervention components and taking advantage of available resources, participants will be well positioned for success!

Hypoglycemia Prevention Study Workflow

Screening
- Identify patients at-risk for hypoglycemia
- Conduct patient outreach
- Enroll consenting patients
- Schedule office visit

Assessment
- Review comorbid conditions that increase the risk of hypoglycemia and general health status
- Assess frequency and results of self-glucose monitoring
- Assess history of episodes of hypoglycemia
- Review patient survey results
- Assess additional factors including nutritional status and medication use

Care Plan
- Determine and discuss agreements to individualize A1c and SMBG goals
- Review and discuss modifications to avoid hypoglycemia
- Review patient access to self-treatment (e.g. Rx for Glucagon, glucose tablets, snacks)
- Provide educational resources
- Make referrals as needed
- Schedule a follow-up visit

Monitoring & Ongoing Evaluation
- Conduct follow-up visits and assess current status
- Order lab tests for A1c as appropriate

Instruments Used in Each Phase

1. Enrollment Log
2. Screening Algorithm
3. Patient Panel Report

Validated tools to assess and address hypoglycemia (including an innovative clinical decision support tool).

1. Clinical Decision Support Tool
2. Toolkit
3. Patient & Provider Education Materials

Learn more about the Hypoglycemia Prevention Study at
https://www.endocrine.org/hypoprevent

References:


ii Number of emergency department visits (in thousands) with hypoglycemia as first-listed diagnosis and diabetes as secondary diagnosis, adults aged 18 years or older, United States, 2006-2009. (October 15, 2014). Retrieved from https://www.cdc.gov/diabetes/statistics/hypoglycemia/fig1.htm
