

Use of Clinical Pharmacy Specialists (CPS) in Choosing Wisely - VA Hypoglycemia Safety Initiative (HSI)

Many Patient Aligned Care Team (PACT) panels include a Clinical Pharmacy Specialist (CPS) who can independently manage patients' medication therapy for a variety of disease states. Specific to diabetes management, given their vast knowledge on medications, as well as the disease state as a whole, CPS are well-situated to be directly involved with the Hypoglycemia Safety Initiative (HSI).

Listed in this document are some points to consider regarding the utilization of CPS when implementing HSI within your clinic/PACT, facility, or VISN.

- **Before contacting patients, discuss the HSI and your role with the PACT Team you are working with. It is important for everyone on the team to be aware of the interactions in order to provide a “consistent message” to patients.**
- PACT CPS often participate in ‘population management’ activities in the course of their patient care duties, identifying and intervening on patients that meet certain criteria (e.g., uncontrolled diabetes). The HSI complements this role well as the CPS can use the HSI Corporate Data Warehouse (CDW) reports to retrieve lists of patients at risk.
- These reports are available at:
https://spsites.dwh.cdw.portal.va.gov/sites/QSV_CW/Pages/HSI.aspx
- Access must be obtained as these reports contain Protected Health Information (PHI)

Access

Access to reports containing PHI/PII requires approval through a specific access request process. If you have not yet been granted access:

Local access (i.e., facility or VISN) is requested through the [Local Security Process](#)

• For Local access requests, [check access request status & current permissions](#)

- Once a CPS has these lists, they can contact the patients (telephone encounters work well for this) and evaluate them for hypoglycemia. The CPS should allow 10-15 minutes per patient for calls in order to ensure they're able to adequately discuss the information with patients, answer any questions, and enter a note accordingly.
 - CPRS templates have been created to assist in the standardized documentation of these encounters.
 - Information on obtaining this CPRS tool is available at
https://spsites.dwh.cdw.portal.va.gov/sites/QSV_CW/Pages/HSI_CPRSTools.aspx

Reminder Dialog Template: Hypoglycemia Screening

VA (A1C):
Collection DT Spec HGB Alc
11/25/2011 11:13 BLOOD 4.5
Outside (A1C)

No data available

In the past few months, how often did the patient/caregiver report that the patient had a low blood sugar?

- None reported
- 2-3 times per month
- Once a week
- Daily

In the past few months, how often did the patient/caregiver report that the patient had a low blood sugar serious enough that the patient felt they might pass out?

- None reported
- 2-3 times per month
- Once a week
- Daily

Did the patient/caregiver report that the patient passed out or fell because of a low blood sugar?

- No
- Yes

Did the patient/caregiver report that the patient required a visit to a clinic/ED/hospital because of a low blood sugar?

- No
- Yes

Comment:

- Discuss any concerns in PACT Huddle and document any changes in therapy
- Consider addressing any relevant Clinical Reminders

Shared Patient Centered Plan

- No change in glycemc management at this time.
- Relax glycemc treatment

Comment:

Visit Info

Finish

Cancel

In the past few months, how often did the patient/caregiver report that the patient had a low blood sugar?

Daily

In the past few months, how often did the patient/caregiver report that

Health Factors: FAINTNESS (DAILY) (Historical), HYPOGLYCEMIA (DAILY) (Historical), HYPOGLYCEMIC MANAGEMENT-RELAX (Historical), HYPOGLYCEMIC RELATED VISIT (YES) (Historical)

* Indicates a Required Field

- Because these are ‘cold calls’ the CPS wants to be sure to take the time to explain the purpose of the call. For the CPS, here are some points to consider and an example call dialogue:
 - Introduction: Let the patient know who you are & why you are calling.
 - Avoid saying anything to the effect of being on ‘a list’ or being on a dangerous medication.
 - Use this opportunity to perform a medication review for diabetes medications and confirm compliance with medication(s) and self-monitoring of blood glucose.
 - Use open-ended questions.
 - Counsel on hypoglycemia management, even if not currently an issue.
 - Remind the patient to contact clinic in between visits if low blood glucose readings start to occur.
 - Example dialogue:
 - CPS: Hello Mr./Mrs._____. I work with Dr/NP/PA_____, your primary care provider at the VA Clinic. I am a pharmacist and I am making some follow-up calls to our patients taking diabetes medications to make sure you are still doing OK on them.
 - Veteran: Oh, yes, I still take them exactly as directed.
 - CPS: To be sure we have the correct information, do you mind if I review them with you?
 - Veteran: Sure
 - CPS: I see one prescription for Glipizide 5mg tablets. Can you tell me how you take this medication?
 - Veteran: Yes, I take 1 tablet 2 times a day, before breakfast & dinner.
 - CPS: Great! And I also see a prescription for Metformin 1000mg tablets. Can you tell me how you take this medication?
 - Veteran: Yes, I take that twice a day too. At the same time as the glipizide.
 - CPS: Perfect. And are you still checking your blood sugars at home on a regular basis?
 - Veteran: I check it on occasion.... When I do check, it’s first thing in the morning and usually runs about 70-100.
 - CPS: Ok... is it ever below 70 when you check it?
 - Veteran: Not that I have seen.
 - CPS: Do you ever have symptoms of low blood sugar, such as feeling light-headed, dizzy, or shaky?
 - Veteran: I do find that I feel that way sometimes when I’m out working in the yard and miss my lunch.
 - CPS: And how often does this happen?
 - Veteran: At least once a week.
 - CPS: This is helpful information. Your most up to date lab work shows that your A1c, the average of your blood sugars, was 6.1%, which means on average your blood sugars are in the 120’s. As with any condition, we are constantly learning more and more about diabetes management and its complications. In the past, we have used an A1c goal of <7% for almost everyone; however, recently we are learning that, for patients >65 years of age, controlling your sugars that tightly might not add the same benefits and could, in fact, put you at higher risk for getting low sugars. That is the main reason we are making these calls. We want to reach out and see if any

of our patients were having low sugars and potentially consider relaxing some of your medications.

- Veteran: But I've always been told 'the lower the better'. Does that mean my primary provider is wrong?
 - CPS: I know, it is a big change. Your provider isn't wrong. As I mentioned, this is newer information that we have after years of studying patients with diabetes.
 - Veteran: Well, what should I do – stop the glipizide & metformin?
 - CPS: Only certain medications increase your risk for low blood sugars. Metformin is still OK to use. We can consider reducing your glipizide down to 2.5mg twice daily, then you can check your blood sugars for a few weeks and we can follow-up again by phone to see how you are doing. How does that sound to you?
 - Veteran: That sounds all right.
 - CPS: Great. Then continue your metformin as you are. Reduce your glipizide to 2.5mg, which is one half tablet, twice daily with breakfast and dinner. Check your fasting blood sugar, before breakfast, at least 2-3 times a week and record them. If you can, please also check your blood sugars whenever you feel those symptoms we mentioned. Record those as well. I will call you again in 4 weeks to review the numbers and see how you are feeling and we'll go from there.
 - Veteran: Sounds like a plan. Thank you.
**As this is just an example, it doesn't include all the possible scenarios or responses; however, it does give an idea of what may be encountered during a hypoglycemia screening call.
- Not all patients will be willing to change medications, even after you elaborate on the data. In these cases, just be sure to counsel the patient on the symptoms and management of low blood sugar and if possible, ensure they have PCP follow-up at scheduled (recalled) for an appropriate interval.
 - Other scenarios you may come across are patients who have stopped checking their blood glucose all together or patients who are taking their glipizide at inappropriate intervals. These could lead to good interventions and general counseling as well.