Therapeutic Inertia

How to Create a Proactive Primary Care Practice

What is therapeutic inertia?

Failure of health care professionals to **initiate, intensify, or de-intensify** therapy in a **timely** manner according to evidence-based clinical guidelines[1]

Prevalence of therapeutic inertia

Only **23%** of adults with diabetes achieve **all 3 goals**[2]

HbA1c	Blood pressure	Cholesterol
<7%	<130/80 mm Hg	<100 mg/dL

Potential consequences of therapeutic inertia in diabetes[3,4]

MICROVASCULAR COMPLICATIONS

- Nephropathy
- Neuropathy
- Retinopathy

MACROVASCULAR COMPLICATIONS

- Myocardial infarction
- Heart failure
- Stroke

DECREASED QUALITY OF LIFE

INCREASED HEALTH CARE COSTS[5]

Factors contributing to therapeutic inertia

PATIENTS

- Denial of disease
- Too many medicines
- Adverse effects
- Lack of education about diabetes
- Poor engagement

HEALTH CARE PROFESSIONALS

- Lack of awareness
- Make assumptions about their patients
- Perception of patient inability to access treatment

HEALTH CARE SYSTEM

- Lack of alignment among health systems and payor guidelines and standard of care guidelines
- Patient support systems fragmented and not utilized

Building an inertia-free practice

Engage the team to identify and overcome inertia in your practice setting

- Front desk
- Medical assistants
- Advanced practice providers (physician assistants and nurse practitioners)
- Certified Diabetes Educators and registered dietitians
- Pharmacists

Utilize "inertia-busting" steps

- Remind patients that this is a **diabetes-focused appointment** and that other issues should be discussed separately
- Send **reminders** to bring a list of medications and any technology from glucose meters/logs
- Schedule **follow-up appointment** based on current HbA1c target before patient leaves
- **Commit to changing** therapy at every visit when improvement in HbA1c is not achieved

Schedule a diabetes-focused appointment[6]

Follow-up appointment time interval

- Every 6 months if HbA1c is ≤7% on 2 occasions
- Every 2-3 months if HbA1c is ≤9% and not at target
- Every 1-2 months if HbA1c >9%, until first HbA1c target is reached

Consider point-of-care HbA1c

Download diabetes management technology

Review medication adherence and potential adverse effects

Conclude with an action plan and schedule the next appointment

Engage and educate the patient

- Act as a coach for your patients, not like a referee
- Keep your patients motivated, comment on their positive achievements
- Be aware of, and honest about, the barriers you place on your own practice

- Often there is a significant disconnect between what patients believe and what clinicians think patients believe
- Educate patients on the progressive nature of the disease
- Don't assume anything, ask the right questions, allow the patient to be honest

REFERENCES

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5. Strain WD, et al. *Diabetes Ther*. 2014;5(2):347-354.
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