



# 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<sup>1</sup>

### Prevalence of therapeutic inertia



Only **23%** of adults with diabetes achieve **all 3 goals**<sup>2</sup>

#### HbA1c



<7%

#### Blood pressure



<130/80 mm Hg

#### Cholesterol



<100 mg/dL

### Potential consequences of therapeutic inertia in diabetes<sup>3,4</sup>

#### MICROVASCULAR COMPLICATIONS

Nephropathy    Neuropathy    Retinopathy

#### MACROVASCULAR COMPLICATIONS

Myocardial infarction    Heart failure    Stroke

#### DECREASED QUALITY OF LIFE



#### INCREASED HEALTH CARE COSTS<sup>5</sup>



### 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

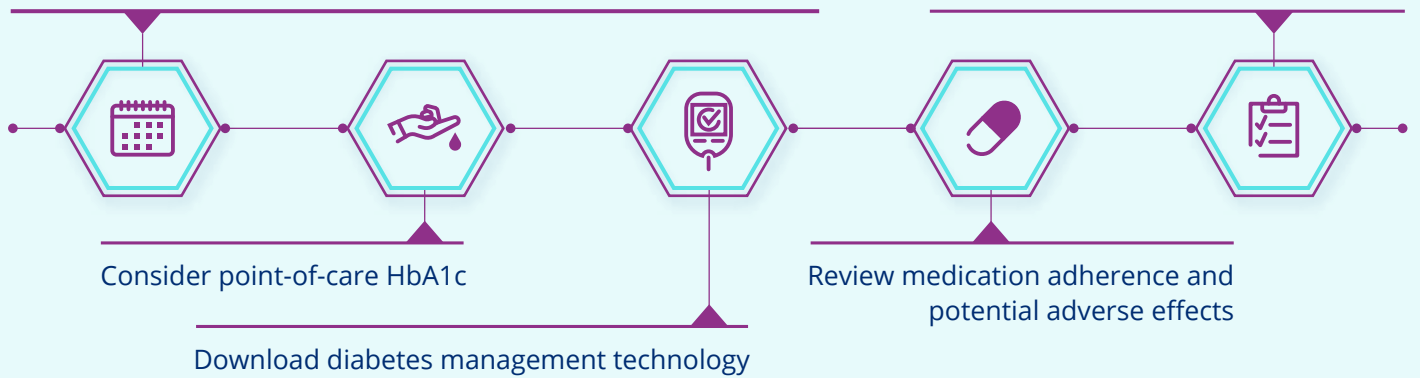
- Remind patients that this is a **diabetes-focused appointment** and that other issues should be discussed separately
- Send **reminders** to bring a list of medications and any technology from glucose meters/logs
- Schedule **follow-up appointment** based on current HbA1c target before patient leaves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

### Schedule a diabetes-focused appointment<sup>6</sup>

#### 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

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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