Action steps to help patients with diabetes overcome therapeutic inertia

Once your patient has diabetes, it's easy to succumb to therapeutic inertia. The American Diabetes Association (ADA) defines therapeutic inertia as "failure to initiate or intensify therapy when therapeutic goals are not reached."

In This Issue

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Diabetes care is more than medications. It also includes health checks, education, nutrition therapy, exercise, and emotional support. In particular, not enough people with type 2 diabetes receive education and nutrition therapy. Following ADA best practices can help improve patient outcomes.

Identify at-risk patients

The ADA recommends a team approach to optimize care for your patient population with type 2 diabetes. Start by using your electronic health record to identify:

Learn about the HEDIS® measure Comprehensive Diabetes Care, which assesses care management for adults with diabetes.

- How many have an A1C of 9% or higher with no recent visit or therapy change
- How many have an A1C of 7% – 8.9% with no recent visit or therapy change
- How many have never had diabetes education or nutrition therapy

Engage each patient in diabetes care and self-management

Help your patient understand the disease—and the importance of proactively managing it. Consider “diabetes-only” patient visits that allow you to focus solely on diabetes management. Then, during each regularly scheduled visit, go over lab results and what they mean, and review the glucose log together. Discuss the patient’s treatment and medication adherence, and talk about any problems they may be having, such as side effects or concerns about paying for medications.

Develop a plan for reaching the treatment target as quickly as possible. Discuss target goals for A1C and daily blood sugar, taking into account your patient’s unique needs and concerns. It helps to provide patients with the ADA’s personalized care and management plan and a fillable diabetes care summary.

More frequent visits are needed when A1C is not at goal. Consider:

- Every 6-8 weeks if A1C is 9% or higher
- Every 2-3 months with A1C between 7% and 8.9%
- Every 3-6 months if A1C is 7% or at personal goal

Be flexible: Review the plan on a regular basis, adjust treatment, and schedule more frequent office or telehealth visits if necessary to help your patient meet A1C and other goals.

Factor in social determinants of health as well as gaps in health education. Gaining knowledge and practical skills will help your patient stay healthier, reduce the risk of developing diabetes complications, and improve their quality of life. In addition to specific therapy goals, discuss the importance of following a healthy eating plan and staying physically active.

Also, be sure to ask if your patient is experiencing diabetes distress or depression, or other challenges. Screening may be helpful for identifying patients who need a referral for additional support.

Access helpful tools for your staff

Visit the ADA’s Overcoming Therapeutic Inertia webpage to learn more and get access to fact sheets, archived webinars, and other professional resources.