

ACCELERATING DIABETES CARE **FOR LIFE**



American
Diabetes
Association®

Overcoming
**Therapeutic
Inertia**

ARLINGTON, VA • NOVEMBER 28, 2018



HealthPartners®

Approach to Diabetes Care: Therapeutic Inertia

Beth Averbeck, MD

Senior Medical Director, Primary Care



Overcoming
**Therapeutic
Inertia**



- » **Consumer-governed, non-profit**
- » **Integrated health care delivery and financing**
 - Clinics and hospitals
 - Health plan
- » **Twin Cities & surrounding communities (MN & Western WI)**

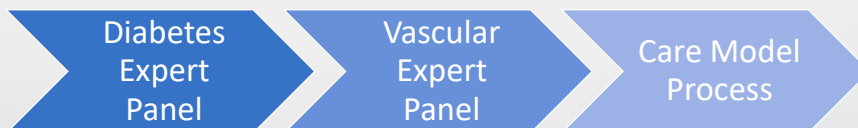
HealthPartners Medical Group – Primary Care:

- 500,000+ patients
- 39 locations
- 425+ physicians
- Mixed payer population



Comprehensive Approach

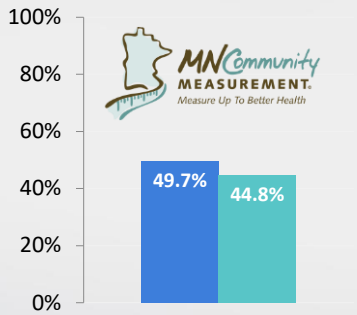
- “Diabetic” vs. patient with diabetes
- Focus on whole patient
 - Most adults with diabetes have at least one comorbid chronic disease and up to 40% have at least three. Up to 75% of adults with diabetes also have hypertension.
- Patients come when there is a perceived need



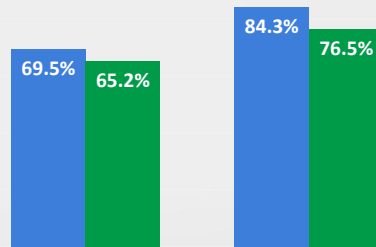
Process/Outcome

Optimal Diabetes Care (2017)

- Statin use or LDL < 70 (patients > 40 years)
- A1c with a value less than 8.0
- Blood pressure less than 140/90
- Documented non-tobacco user
- Aspirin use (vascular disease)

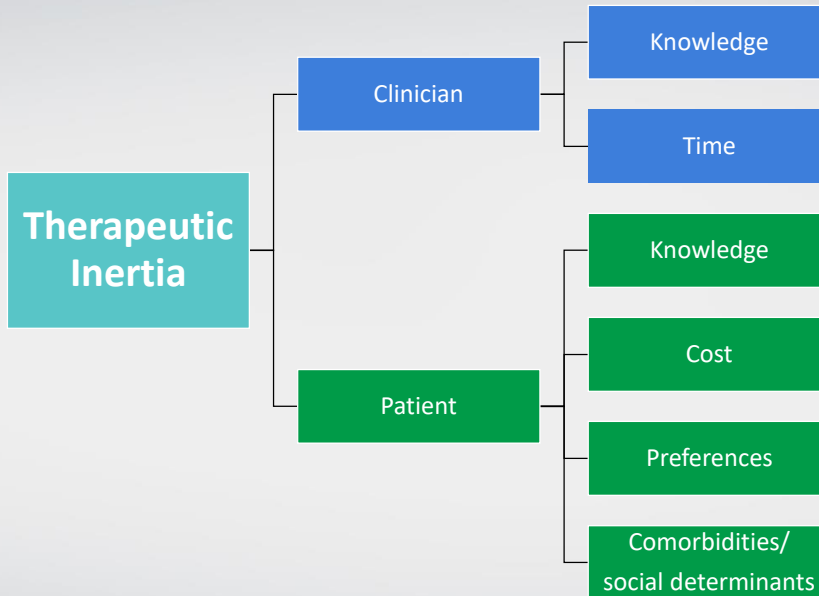


% A1c < 8.0 % Blood pressure < 140/90



HealthPartners MN Average HEDIS 90th %tile (2017)

American Diabetes Association. Overcoming Therapeutic Inertia



American Diabetes Association. Overcoming Therapeutic Inertia

Addressing Therapeutic Inertia

Clinician

- Care team & reliable workflows
- ECHO model
- Health coaching
- CV Wizard

Patient

- Pharmacists
- Cultural humility
- Diabetes educators

Endocrinology Support

Move knowledge,
not patients



- Share expertise and best practices through the use of tele-video
- Discuss difficult diabetes cases with experts and other providers
- Build relationships with colleagues

CV Wizard - Clinician View

CV Wizard Print All & Close

Provider
Patient
Feedback

Name: EPICTEST,RESEARCH **Age:** 59 **Gender:** M **ASCVD 10 Year Risk:** 24.5%

Relevant problems: Diabetes

Lipids	Priority	Blood Pressure	Priority	Glucose/A1c	Priority
CV Risk Reduction: 8%	2	CV Risk Reduction: 2%	6	CV Risk Reduction: 2%	5
Goal: Consider statin initiation. Labs: LDL (mg/dl) 94 9/16/14 HDL (mg/dl) 46 9/16/14 Recommendations to consider: <ul style="list-style-type: none"> If patient is an appropriate candidate, high intensity statin therapy is recommended the ACC/AHA guideline for patients with diabetes and 10-year ASCVD risk > 7.5%. Other Considerations: <ul style="list-style-type: none"> Baseline ALT measurement is recommended by many experts prior to statin therapy initiation. 		Goal: BP < 140/90 Labs: BP (mm Hg) 143/93 10/29/14 Last BP (mm Hg) 143/93 10/29/14 Recommendations to consider: <ul style="list-style-type: none"> Patient meets hypertension criteria but hypertension is not on the problem list. Consider starting a thiazide diuretic. Consider starting an ACE inhibitor or ARB (e.g. lisinopril 10 mg or losartan 50 mg per day). Consider home BP monitoring. 		Goal: A1c <= 6.9 Labs: A1c (%) 7.4 9/16/14 Medications: <ul style="list-style-type: none"> Insulin Glargine Recommendations to consider: <ul style="list-style-type: none"> Consider increasing basal insulin. Consider starting a sulfonylurea (e.g. glimepiride). Consider starting insulin with one or meals (e.g. aspart). Type 2 diabetes is identified on the problem list. Other Considerations: <ul style="list-style-type: none"> Consider monthly visits and/or interim phone calls until A1c goal achieved. Urinary albumin excretion test (e.g. UNAC3) may be due. Diabetes educator and/or dietitian support is suggested. 	
BMI : 37.31	Priority 4	Smoking : YES	Priority 1	Aspirin or Blood Thinner Use : NO	Priority 3
CV Risk Reduction: 6%		CV Risk Reduction: 10%		CV Risk Reduction: 6%	
Recommendations to consider: <ul style="list-style-type: none"> Discuss advantages of reducing weight by 10-20 lbs. Potential actions are listed on patient interface. Based on BMI and/or other comorbid conditions, consider discussing bariatric surgery. 		Recommendations to consider: <ul style="list-style-type: none"> Tobacco use is identified. Assess readiness and consider varenicline (Chantix), bupropion (Zyban), or nicotine patch, gum, lozenge, or inhaler. Type "tip connect" in Epic orders for smoking cessation counseling referral. Additional options listed on patient interface. 		Recommendations to consider: <ul style="list-style-type: none"> Clinical indication for ASA: Yes Benefit outweighs risk based only on age, gender and heart disease risk. 	

Disclaimer: The CV Wizard suggestions are based on electronically available data and are not intended to be a substitute for clinical judgment. Alternative actions to those that Wizard suggest may be indicated. Exercise independent clinical judgment, review allergies, and follow product labeling instructions before choosing Wizard prescribing suggestions. Copyright 2014 HealthPartners. All rights reserved. In the absence of lipid values, risk is based on the BMI Framingham equation.

Overcoming
Therapeutic
Inertia

CV Wizard - Clinician View

CV Wizard Print All & Close

Provider
Patient
Feedback

Name: EPICTEST,RESEARCH **Age:** 59 **Gender:** M **ASCVD 10 Year Risk:** 24.5%

Relevant problems: Diabetes

Lipids	Priority	Blood Pressure	Priority	Glucose/A1c	Priority
CV Risk Reduction: 8%	2	CV Risk Reduction: 2%	6	CV Risk Reduction: 2%	5
Goal: Consider statin initiation. Labs: LDL (mg/dl) 94 9/16/14 HDL (mg/dl) 46 9/16/14 Recommendations to consider: <ul style="list-style-type: none"> If patient is an appropriate candidate, high intensity statin therapy is recommended the ACC/AHA guideline for patients with diabetes and 10-year ASCVD risk > 7.5%. Other Considerations: <ul style="list-style-type: none"> Baseline ALT measurement is recommended by many experts prior to statin therapy initiation. 		Goal: BP < 140/90 Labs: BP (mm Hg) 143/93 10/29/14 Last BP (mm Hg) 143/93 10/29/14 Recommendations to consider: <ul style="list-style-type: none"> Patient meets hypertension criteria but hypertension is not on the problem list. Consider starting a thiazide diuretic. Consider starting an ACE inhibitor or ARB (e.g. lisinopril 10 mg or losartan 50 mg per day). Consider home BP monitoring. 		Goal: A1c <= 6.9 Labs: A1c (%) 7.4 9/16/14 Medications: <ul style="list-style-type: none"> Insulin Glargine Recommendations to consider: <ul style="list-style-type: none"> Consider increasing basal insulin. Consider starting a sulfonylurea (e.g. glimepiride). Consider starting insulin with one or meals (e.g. aspart). Type 2 diabetes is identified on the problem list. Other Considerations: <ul style="list-style-type: none"> Consider monthly visits and/or interim phone calls until A1c goal achieved. Urinary albumin excretion test (e.g. UNAC3) may be due. Diabetes educator and/or dietitian support is suggested. 	
BMI : 37.31	Priority 4	Smoking : YES	Priority 1	Aspirin or Blood Thinner Use : NO	Priority 3
CV Risk Reduction: 6%		CV Risk Reduction: 10%		CV Risk Reduction: 6%	
Recommendations to consider: <ul style="list-style-type: none"> Discuss advantages of reducing weight by 10-20 lbs. Potential actions are listed on patient interface. Based on BMI and/or other comorbid conditions, consider discussing bariatric surgery. 		Recommendations to consider: <ul style="list-style-type: none"> Tobacco use is identified. Assess readiness and consider varenicline (Chantix), bupropion (Zyban), or nicotine patch, gum, lozenge, or inhaler. Type "tip connect" in Epic orders for smoking cessation counseling referral. Additional options listed on patient interface. 		Recommendations to consider: <ul style="list-style-type: none"> Clinical indication for ASA: Yes Benefit outweighs risk based only on age, gender and heart disease risk. 	

Disclaimer: The CV Wizard suggestions are based on electronically available data and are not intended to be a substitute for clinical judgment. Alternative actions to those that Wizard suggest may be indicated. Exercise independent clinical judgment, review allergies, and follow product labeling instructions before choosing Wizard prescribing suggestions. Copyright 2014 HealthPartners. All rights reserved. In the absence of lipid values, risk is based on the BMI Framingham equation.

Overcoming
Therapeutic
Inertia

CV Wizard - Patient View

Provider Patient Feedback

Can you reduce danger of heart attack and stroke?

Yes, you can if you want to reduce your chance of a stroke or heart attack, talk to your doctor about what you can do about the things with the signs. The things with the are ok.

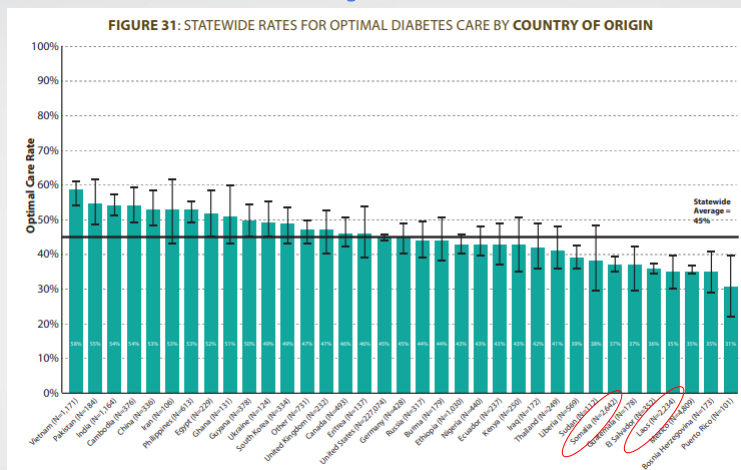
Cholesterol	Blood Pressure	Blood Sugar
 Recommendations: Talk to your doctor about your statin dose.	Goal: BP < 140/90 Your BP: (138/84) 	
Weight	Smoking	Aspirin
Your Weight : 250 Recommendations: For support with weight management contact: HP Nutrition Services (952-967-5120), or visit www.healthpartners.com/public/health/ , or call your clinic.	Non Smoker 	Not on Aspirin Recommendations: Aspirin allergy or intolerance has been found. Check with your provider before considering aspirin.

Talk to your doctor about anything with one or more symbols. Take notes here about what you can do to improve your heart health:

For more information on health and wellness, visit <http://www.healthpartners.com/public/health/>

Overcoming Therapeutic Inertia

Cultural Humility



Examples from our population:

Hmong – Rice based diet

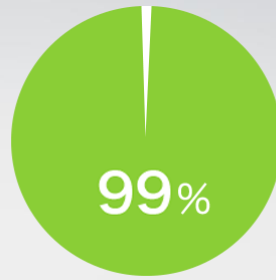
Somali – Hope of preservation vs. fear of loss

American Diabetes Association

Overcoming Therapeutic Inertia

Other Stakeholders

- Cost relief
- Patients environment
 - Community
 - Workplace



Thank You!