

ACCELERATING DIABETES CARE **FOR LIFE**



American
Diabetes
Association®

Overcoming
**Therapeutic
Inertia**

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Therapeutic Inertia: Accelerating the Pace to Better Outcomes

Health System Perspective – Parkland Health & Hospital System

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UT SOUTHWESTERN
MEDICAL CENTER



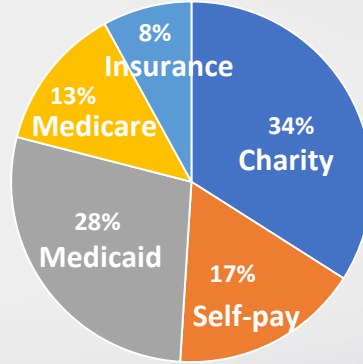
Parkland

What is Parkland?

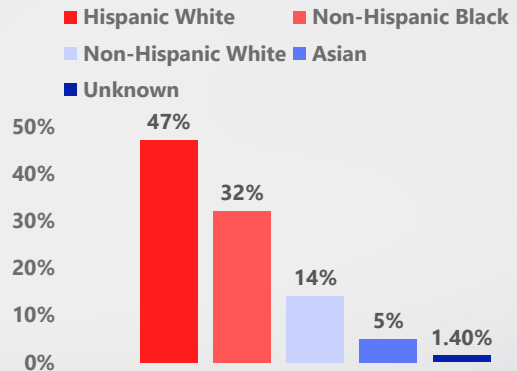
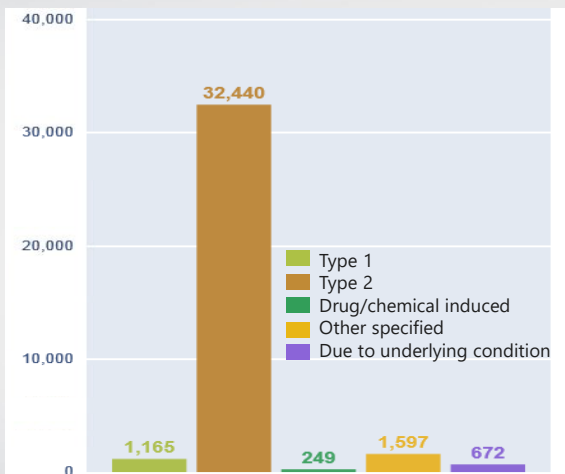
Dallas County Hospital District – d/b/a Parkland Health & Hospital System:

- “Safety net” provider
- Primary teaching hospital for UT Southwestern Medical Center
- Major regional resource in the event of a disaster
- Operating:
 - 1 million patient visits a year
 - 700 adult beds & 65 neonatal beds
 - A Level I Trauma Center
 - Regional Burn Center
 - Network of community-based primary care clinics (12 adult)
 - Dallas County Jail health system

Health Coverage of patient population

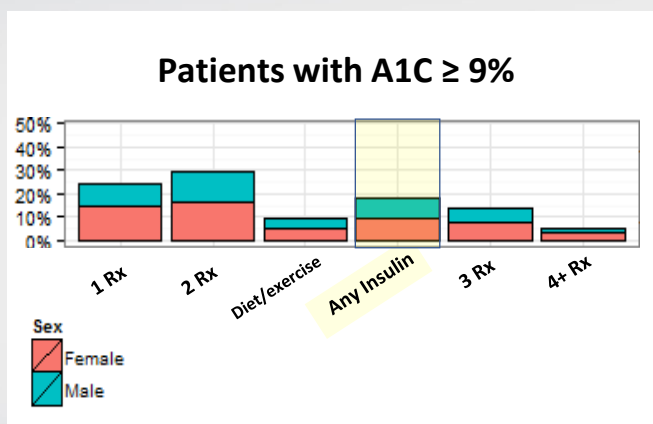


Diabetes within the PHHS



How is therapeutic inertia impacting the PHHS?

Diabetes Treatment by HbA1c Level



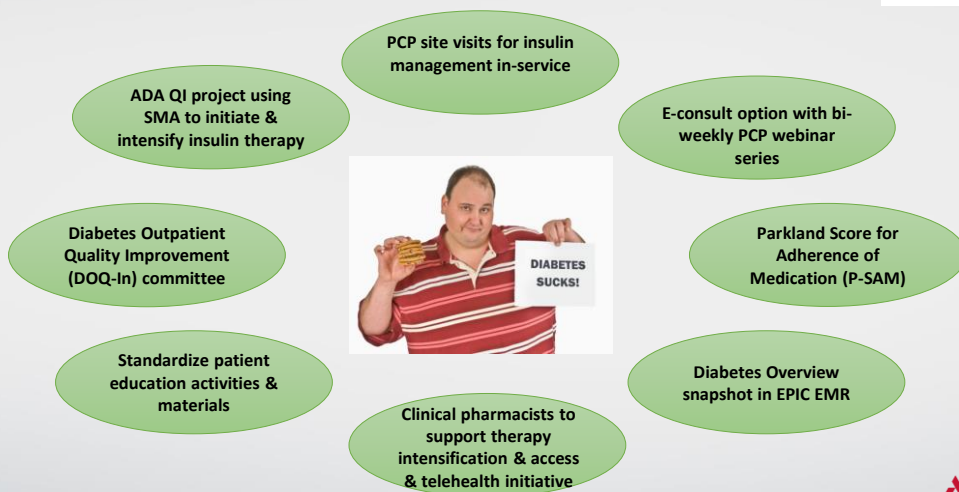
- Percent of 7,840 patients on indicated therapy stratified by HbA1c ranges
- NQF 0059, Poor Diabetes Control (A1C>9%)
 - **27% of our patients are > 9%**
 - 10% on diet/exercise alone
 - 25% on monotherapy
 - **82% are not on any insulin**

US mean
~ 16%

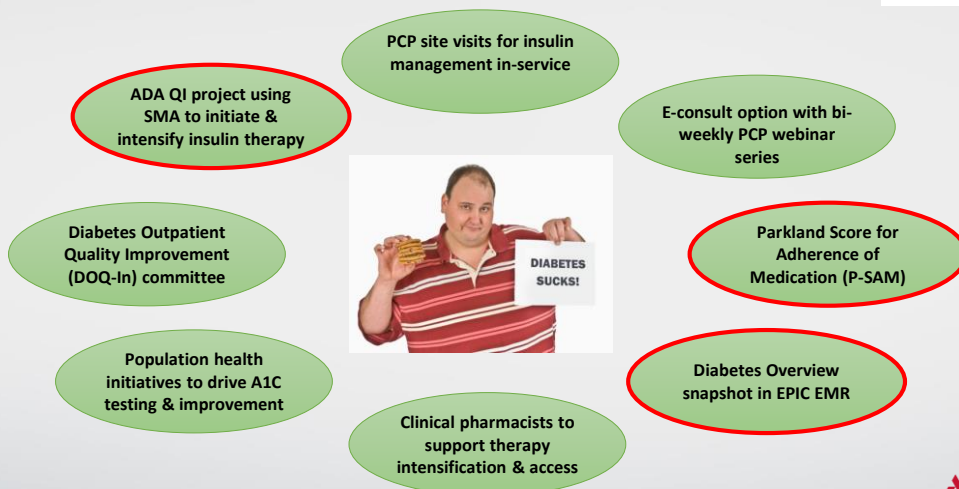
Therapeutic inertia — significant numbers of high-risk patients are undertreated

What is the PHS doing to address therapeutic inertia?

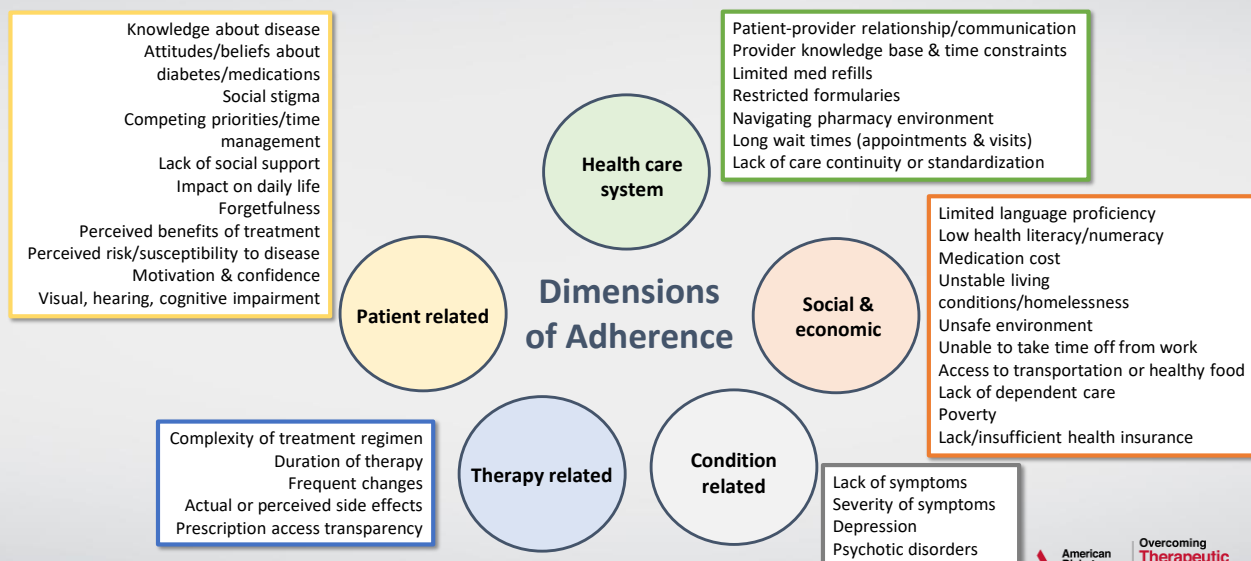
Targeting primary care education, practice change, information access and workflow support



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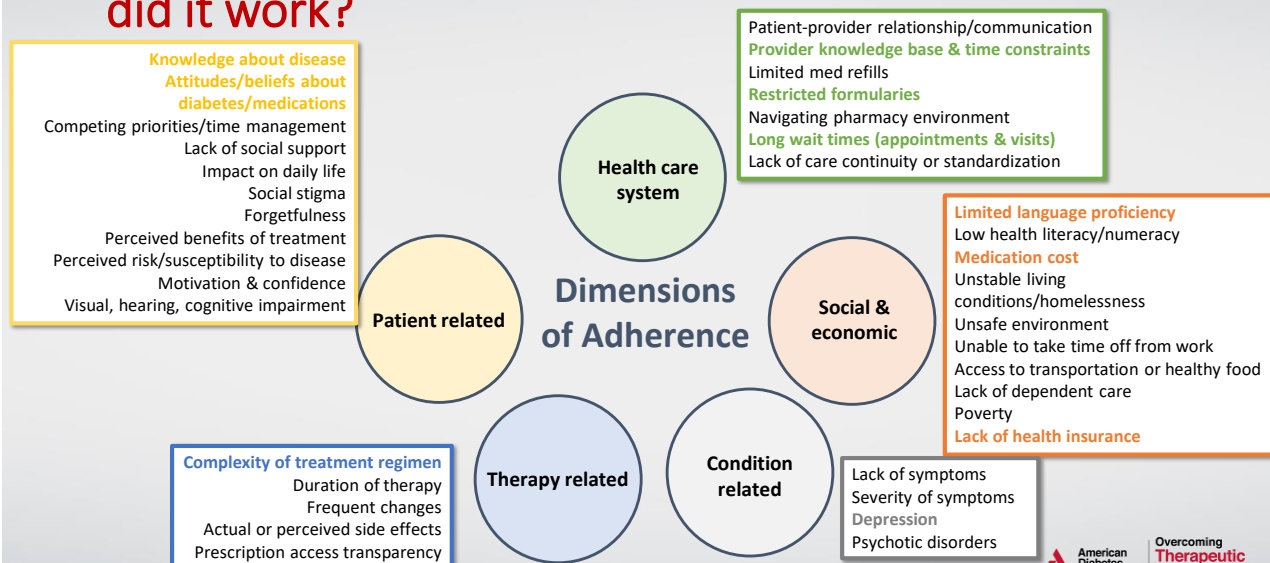
What are the barriers in the PHHS?



Adapted from Sabaté, E. Adherence to long-term therapies: Evidence for action. WHO 2003



What has been successful? What was done, why did it work?



Adapted from Sabaté, E. Adherence to long-term therapies: Evidence for action. WHO 2003



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What has not been successful? What was done, why did it not work?

- More effective community engagement (community health workers as extensions to HCP teams)
- Addressing social determinants of health such as housing instability, homelessness, unsafe environments, poverty
- More effective patient engagement approaches
- More efficient/transparent access to approved therapies on insurance formularies



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What does the PHS need from other stakeholder groups to address therapeutic inertia?

- Patients
 - Greater accountability & transparency
- Payors/insurance
 - Transparency with regards to available medications, alternatives and cost
 - Less red tape for Prior Authorization process
- Industry
 - Support for demonstration projects, pragmatic trials &/or registry efforts
 - Lower costs for certain therapies
- Primary care physicians
 - Willingness/openness to consider different processes and approaches assuming no increase in work load
 - More real-time clinical dashboards with process and outcome reports
- More effective data sharing processes

