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## Act Now—Therapeutic Inertia in Clinical Practice: Self-Assessment

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**Problem to address:** Therapeutic inertia, also called clinical inertia, occurs when a patient has uncontrolled blood glucose and therapy is not intensified in a timely manner.

Therapeutic inertia is one of the most common factors contributing to uncontrolled diabetes. Issues leading to therapeutic inertia include uncertainty about a patient’s “true” blood glucose control, competing priorities during a visit, uncertainty about a patient’s medication adherence, patient resistance to intensifying therapy and simply being unaware that therapeutic inertia exists. Clinicians and quality improvement leaders often object to this term because it can be perceived as unfairly blaming clinicians for a multifactorial problem. Although we agree with this sentiment, we use the term “therapeutic inertia” in this tool because it is the term used in scientific literature.

### What you may need?

- EMR or charts from office visits for 24 patients with diabetes that occurred eight to 10 weeks prior to self-assessment
- EMR analyst
- Diabetes registry
- Staff to support outreach and follow up (i.e. care coordinator, medical assistant, case manager)

**Instructions:** Use this tool to measure how often therapeutic inertia occurs in your practice and to identify contributing factors. This tool can also be used to help detect therapeutic inertia between visits.

1. Use your practice’s schedule to identify approximately 24 patient encounters with a diagnosis of type 2 diabetes that occurred eight to 10 weeks earlier. This can be done for each provider.
2. Exclude new patient encounters, type 1 diabetes, or if patient is pregnant.
3. Check for recent A1C and for A1C taken during that previous visit. Also check for any other A1Cs taken within the last 12 months.
4. Review the A1C in the vitals section from these patient encounters to identify eight (8) records where the A1C was  $\geq 8\%$  (i.e., encounters with uncontrolled diabetes and possible therapeutic inertia).
5. Use each patient’s medical record to complete the “Act Now –Therapeutic Inertia in Clinical Practice: Self-Assessment” tool.
6. Consider, as you review the cases, that therapeutic inertia is a matter of timely intensification. Timing really matters in terms of leveraging the legacy effect and supporting improved outcomes over time.

## Act Now – Therapeutic Inertia in Clinical Practice: Self-Assessment

A	B	C	D	E	F
Visit date from 8 to 10 weeks ago	Patient identifier (DOB / MR#)	A1C at visit from column A	Action taken from visit in column A (select all that apply)	Is diabetes currently controlled if action was taken at visit? (select one)	Reason for no action taken at visit from column A (select all that apply)
____/____/____		Also check for any other A1Cs in the last 12 months.  How long has A1C been high?	<input type="checkbox"/> Intensified current meds <input type="checkbox"/> Added new med <input type="checkbox"/> De-intensified therapy – lack of control due to hypoglycemia/side effects <input type="checkbox"/> Referred to DSMES <input type="checkbox"/> Referred to pharmacist <input type="checkbox"/> Referred for nutritional counseling or weight management <input type="checkbox"/> Referred for endo consult <input type="checkbox"/> Set follow in one month to monitor adherence and barriers <input type="checkbox"/> Prescribed professional CGM <input type="checkbox"/> Scheduled “diabetes-only” visit  NOTE: If history of ASCVD or CKD, were correct meds prescribed	<input type="checkbox"/> YES <input type="checkbox"/> Unknown (no follow up occurred) <input type="checkbox"/> NO, diabetes still uncontrolled due to... <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing blood glucose <input type="checkbox"/> Other:	<input type="checkbox"/> Clinician did not initiate med change <input type="checkbox"/> Patient refused <input type="checkbox"/> Cost of meds /Insurance coverage <input type="checkbox"/> Co-morbidities or acute illness took priority <input type="checkbox"/> Patients opted for diet and exercise. <input type="checkbox"/> Social determinants <input type="checkbox"/> Emotional challenges <input type="checkbox"/> Diabetes Distress <input type="checkbox"/> Other:
____/____/____		Also check for any other A1Cs in the last 12 months.  How long has A1C been high?	<input type="checkbox"/> Intensified current meds <input type="checkbox"/> Added new med <input type="checkbox"/> De-intensified therapy – lack of control due to hypoglycemia/side effects <input type="checkbox"/> Referred to DSMES <input type="checkbox"/> Referred to pharmacist <input type="checkbox"/> Referred for nutritional counseling or weight management <input type="checkbox"/> Referred for endo consult <input type="checkbox"/> Set follow in one month to monitor adherence and barriers <input type="checkbox"/> Prescribed professional CGM <input type="checkbox"/> Scheduled “diabetes-only” visit  NOTE: If history of ASCVD or CKD, were correct meds prescribed	<input type="checkbox"/> YES <input type="checkbox"/> Unknown (no follow up occurred) <input type="checkbox"/> NO, diabetes still uncontrolled due to... <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing blood glucose <input type="checkbox"/> Other:	<input type="checkbox"/> Clinician did not initiate med change <input type="checkbox"/> Patient refused <input type="checkbox"/> Cost of meds /Insurance coverage <input type="checkbox"/> Co-morbidities or acute illness took priority <input type="checkbox"/> Patients opted for diet and exercise. <input type="checkbox"/> Social determinants <input type="checkbox"/> Emotional challenges <input type="checkbox"/> Diabetes Distress <input type="checkbox"/> Other: