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## Getting to Goal: **Overcoming Therapeutic Inertia in Diabetes Care**

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**What is diabetes therapeutic inertia?** “Therapeutic inertia” is a lack of timely adjustment to therapy when a patient’s treatment goals are not met. In diabetes care, it means being slow to add or change the care plan if a patient’s A1C is too high. The care plan may include medications, health checks, diabetes education, nutrition therapy, exercise, and emotional support.

**How common is diabetes therapeutic inertia?** The American Diabetes Association® (ADA) recommends an A1C target of <7% for most people with diabetes. This goal can be set higher or lower based on each patient’s needs. However, fewer than two-thirds of people with type 2 diabetes get to their A1C goal, and only about half get to an A1C of <7%. Despite a wealth of new medicines, treatment tools, and best-practice guidelines, this number actually dropped over the past 10 years, while the number of patients with an A1C >9% went up.

Delays happen at all stages of diabetes treatment, from starting the first drug to adding more medications, to intensifying insulin therapy. The ADA advises clinicians to advance therapy if a patient doesn’t get to goal within 3 to 6 months. However, studies have shown that it often takes more than a year—and can take *more than 7 years*—to intensify a patient’s treatment. Likewise, elderly patients often remain in danger from overtreatment for too long.

**Why is timely therapy adjustment so important?** Research has shown that managing glucose levels early on leads to better long-term outcomes and reduces a person’s chances of having a heart attack or stroke or of developing other complications such as eye disease, kidney disease, and nerve damage. People who reach their A1C targets soon after finding out they have diabetes are more likely to keep their glucose in their target ranges. On the other hand, not reaching targets early reduces a person’s chances of doing so later on in their treatment. It also deprives patients of a known “legacy effect,” through which good glucose management early on keeps reducing health risks many years later—even if a patient’s A1C eventually creeps up.

**What else should you know about this issue?** Diabetes education and nutrition therapy are key to helping patients share in their care planning and get to their clinical goals quickly. However, far too few people with type 2 diabetes get these services. To reap better outcomes, patients must be engaged in their own care and able to carry out daily diabetes self-management.

Hastening the pace of diabetes treatment also requires a team effort from all types of diabetes care providers and from the systems in which they practice. Advocacy groups, policymakers, payers, and the drug and medical technology industries also have roles to play by improving patients’ access to the best possible diabetes care.

**How can you tell if therapeutic inertia is a problem in your practice?** Many clinicians are surprised to learn that therapeutic inertia affects their own patients. That’s why it’s important to check at your clinic, find patients who may be having needless delays, and take action to get their diabetes care plan back on track.

## Assess Your Entire Patient Population.

As a starting place, use your electronic health record. Look at all patients with type 2.

- 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?

The answers will show how much therapy delays are keeping your patients from reaping the benefits of hitting their health goals early. Regularly repeating this process will show you if things are improving.

## Engage with Patients in Real Time.

Check with patients one on one during visits for signs that their care is not advancing quickly enough. The box below to the right shows a math formula that can be used to gauge how much a patient's care is affected by therapeutic inertia. Such scores aren't always very helpful in real-world practice, though. You can gain more insight simply by reviewing patients' blood glucose log, A1C, and medications and then talking with them about any problems they may be having, such as cost concerns or worries about side effects. Together, you can then develop plans for reaching their treatment targets as quickly as possible.

### Therapeutic Inertia by the Numbers

One way to calculate therapeutic inertia is:

$$1 - \frac{c}{h}$$

where h is the number of visits with a high A1C and c is the number of visits in which a therapy change was made. So, if a patient, Sarah, has had 4 visits at which her A1C was too high, but you only changed her treatment plan at 2 visits, the calculation would be

$$1 - \frac{2}{4} = 0.5, \text{ or } 50\%$$

Thus, delays are affecting Sarah's diabetes care about half of the time.

## What can you do right now to reduce therapeutic inertia?

Overcoming this problem requires ongoing effort, but there are some steps you can take right away.

- Schedule "diabetes only" visits where you and your patients can focus solely on diabetes. Ask your office staff to remind patients to bring their glucose logs, list of medications, and monitoring devices.
- Check patients for barriers such as diabetes distress, depression, low health literacy, and social determinants of health.
- Develop a care plan with each patient that includes a personal A1C target and takes his or her needs, concerns, and wishes into account. Review and update it regularly.
- Aim to adjust therapy any time a patient's A1C or other targets are not at goal. Consider also making changes between A1C tests based on monitoring results.
- Schedule follow-ups based on patients' A1C: every 6 to 8 weeks for those at 9% or higher, every 2 to 3 months for those between 7 and 8.9%, and every 3 to 6 months for those <7% or at their personal target.
- Refer all patients for diabetes education at least once, and ideally more often as needed.