



Patient-Centered Care: What This Means for PCPs

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Therapeutic Inertia

- The failure to establish appropriate targets and escalate treatment to achieve treatment goals
- Responsible for substantial, preventable complications of diabetes with the associated excess in direct and indirect health care costs



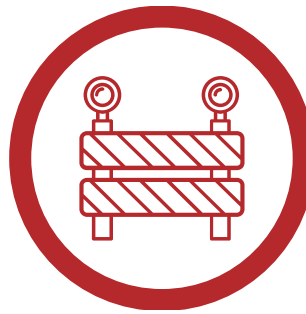
Presenter Disclosure Information

Medical Director, CAMP AZDA (Arizona's largest overnight camp for children with diabetes)

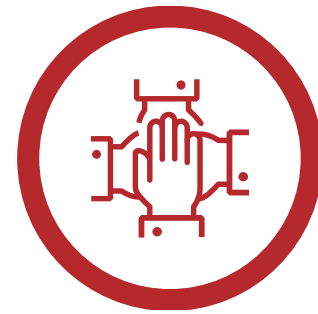
Learning Objectives



Individualize care
based on patient
preferences



Respond to barriers
of care



Demonstrate shared
decision making

Patient-Centered Care

- What is Patient-Centered Care?
- Why is Patient-Centered Care important?
 - What's the data?
- What does Diabetes Patient-Centered Care look like?

“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”

William Osler July 12, 1849 – December 29, 1919

Six Domains of Health Care Quality



Crossing the quality chasm: a new health system for the 21st century BMJ 2001;323:1192

Patient-Centered Care

“Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.”

A photograph showing a doctor in a white lab coat shaking hands with a patient wearing a maroon shirt. The handshake is the central focus, symbolizing trust and care. In the foreground, a desk is visible with a stethoscope, a pen, and some papers, slightly out of focus. The background is a bright, clinical setting with a window. The text "Why is Patient-Centered Care important? What's the data?" is overlaid on the image in white, bold font, with a red horizontal line above the word "Why".

**Why is Patient-Centered Care
important? What's the data?**

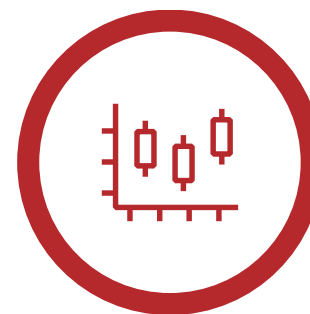
Persistence and medication taking behavior



Mean medication adherence rate $\approx 75\%$, average proportion of patients adherent to medication $< 70\%$.



Adherence slightly varies between orals vs injectable therapy and individual classes



Discontinuation rates range from 10% to 60% (both in observational studies and in clinical trials)

McGovern A, et al. Comparison of medication adherence and persistence in type 2 diabetes: a systematic review and meta-analysis. *Diabetes Obes Metab* 2018;20:1040–1043

Lasalvia P, et al. Pen devices for insulin self-administration compared with needle and vial: systematic review of the literature and meta-analysis. *J Diabetes Sci Technol* 2016;10: 959–966

Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
Air Force (2011) ⁽³⁷⁾	• 14% fewer emergency department (ED) and urgent care visits • Hill Air Force Base (Utah) saved \$300,000 annually through improved diabetes care management	• 77% of diabetic patients had improved glycemic control at Hill Air Force Base	2009–2011	Agency Congressional testimony
Alaska: Alaska Native Medical Center (2012) ⁽³⁹⁾	• 50% reduction in urgent care and ER utilization • 53% reduction in hospital admissions • 65% reduction in specialist utilization		10-year span (years not specified)	Industry report via public presentation

Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
North Carolina: Blue Quality Physician's Program (BCBSNC) 2011(54)	• 52% fewer visits to specialists • 70% fewer visits to the ER		2011	BCBS industry report, press release
North Carolina: Community Care of North Carolina (Medicaid)(55)	• 23% lower ED utilization and costs • 25% lower outpatient care costs • 11% lower pharmacy costs - Estimated cost savings of: • \$60 million in 2003 • \$161 million in 2006 • \$103 million in 2007 • \$204 million in 2008 • \$295 million in 2009 • \$382 million 2010 (56)	Improvements in asthma care: • 21% increase in asthma staging • 112% increase in influenza inoculations	2003–2010	Peer reviewed journals: <i>Health Affairs</i> ; <i>Annals of Family Medicine</i> ; agency report

Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
California: BCBS of California ACO Pilot (2012) (40)	• 15% fewer hospital readmissions • 15% fewer inpatient hospital stays • 50% fewer inpatient stays of 20 days or more • Overall health care cost savings of \$15.5 million		2010	BCBS industry report
Colorado: Colorado Medicaid and SCHIP (41)	• \$215 lower per member per year for children	• Increased provider participation in CHIP program from 20% to 96% • Increased well-care visits for children from 54% in 2007 to 73% in 2009	2007—2009	Peer-reviewed article: Health Affairs

Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
<i>Pennsylvania: UPMC(68) (Pittsburgh, PA) 2011</i>	• 13% fewer hospitalizations by 2009 • Medical costs nearly 4% lower	Improved patient outcomes for diabetics: • Increases in eye exams from 50% to 90% • 20% long-term improvement in control of blood sugar • 37% long-term improvement of cholesterol control	2009	Press interview
<i>Pennsylvania: Independence Blue Cross—Pennsylvania Chronic Care Initiative (Southeast Pennsylvania) 2012(51)</i>	• \$215 lower per member per year for children	Better diabetes care: • Increased diabetes screenings from 40% to 92% • 49% improvement in HbA1c levels • 25% increase in blood pressure control • 27% increase in cholesterol control • 56% increase in patients with self-management goals	2008–2011	BCBS industry report

Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
Texas: WellMed Inc.(70) (San Antonio, Tex.)		Improved disease management: • Increased control of HbA1C levels from 81% to 93% of diabetes patients • Increased LDL levels under control, from 51% to 95%, for heart disease patients • Increased control of BP levels from 67% to 90% Improved preventive care • Increased screening rates for mammography from 19% to 40% • Increased screening rates for colon cancer from 11% to 50% • Improved diabetes HbA1c testing from 55% to 71% • LDL screenings for all patients increased from 47% to 70% • LDL screenings for diabetic patients increased from 53% to 78% • LDL screenings for ischemic heart disease patients increased from 53 to 76%. • BP screening rates for all patients increased from 38 to 76% • BP screenings for high BP patients increased from 46 to 88%.	2000–2008	Peer review journal: Journal of Ambulatory Care Management

What Does Diabetes Patient-Centered Care Look Like?

The ADA 2020 Standards of Care

Putting the Patient at the Center of Care



Balancing Risks and Benefits for Personalized A1C Goals

More Stringent A1C Goal <6.5%

- Low hypoglycemia risk
- Less complexity/polypharmacy
- Lifestyle or metformin only
- Short disease duration
- Long life expectancy
- No CVD

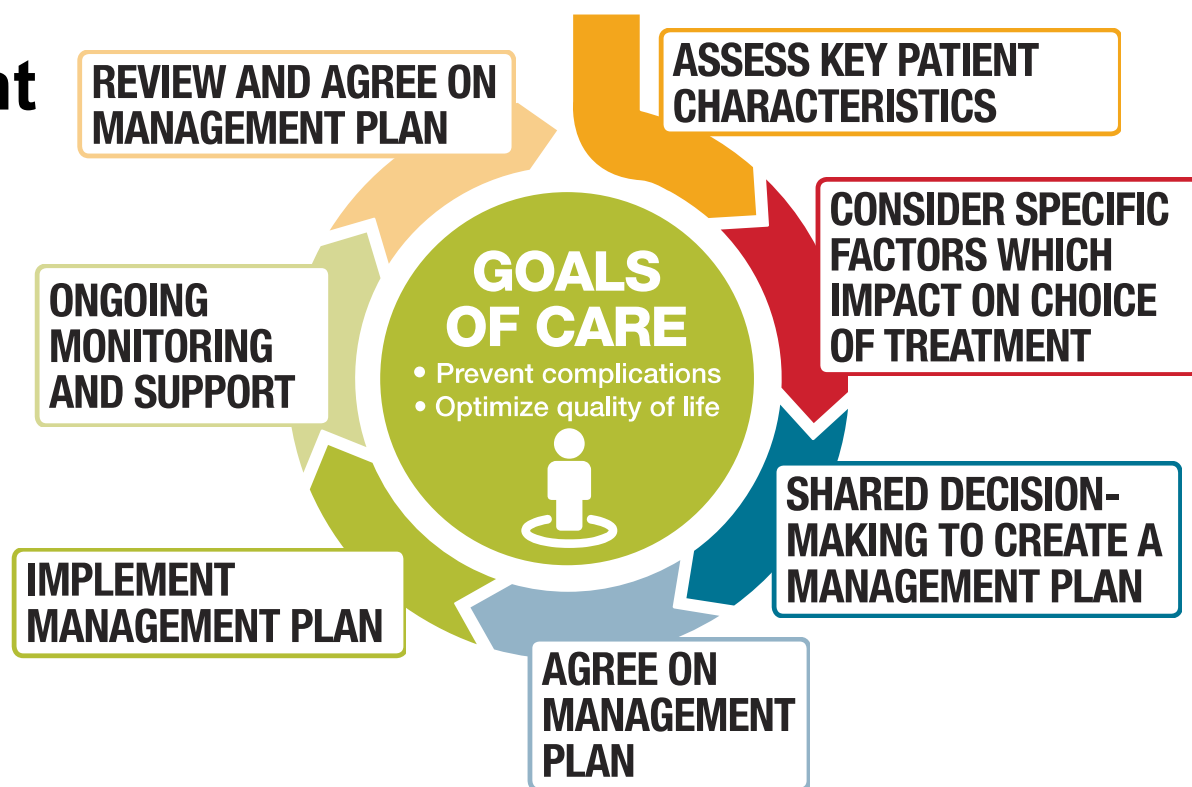
<7%



Less Stringent A1C Goals <8%

- History of severe hypoglycemia
- High burden of therapy
- Longer disease duration
- Limited life expectancy
- Extensive co-morbidity
- CVD

Decision Cycle for Patient-Centered Glycemic Management

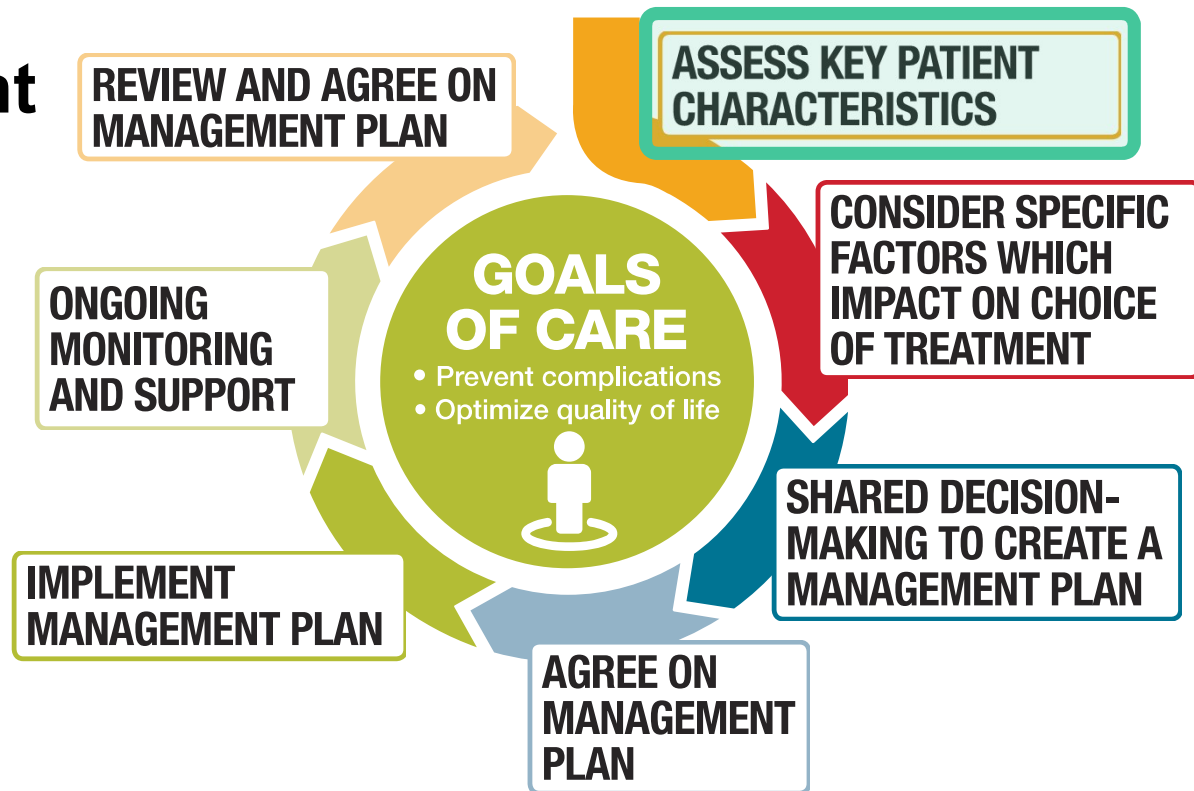


Davies MJ, D'Alessio DA, Fradkin J, et al. Management of hyperglycemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes Care 2018;41:2669–2701

Decision Cycle for Patient-Centered Glycemic Management

ASSESS KEY PATIENT CHARACTERISTICS

- Current lifestyle
- Comorbidities i.e. ASCVD, CKD, HF
- Clinical characteristics i.e. age, HbA_{1c}, weight
- Issues such as motivation and depression
- Cultural and socio-economic context

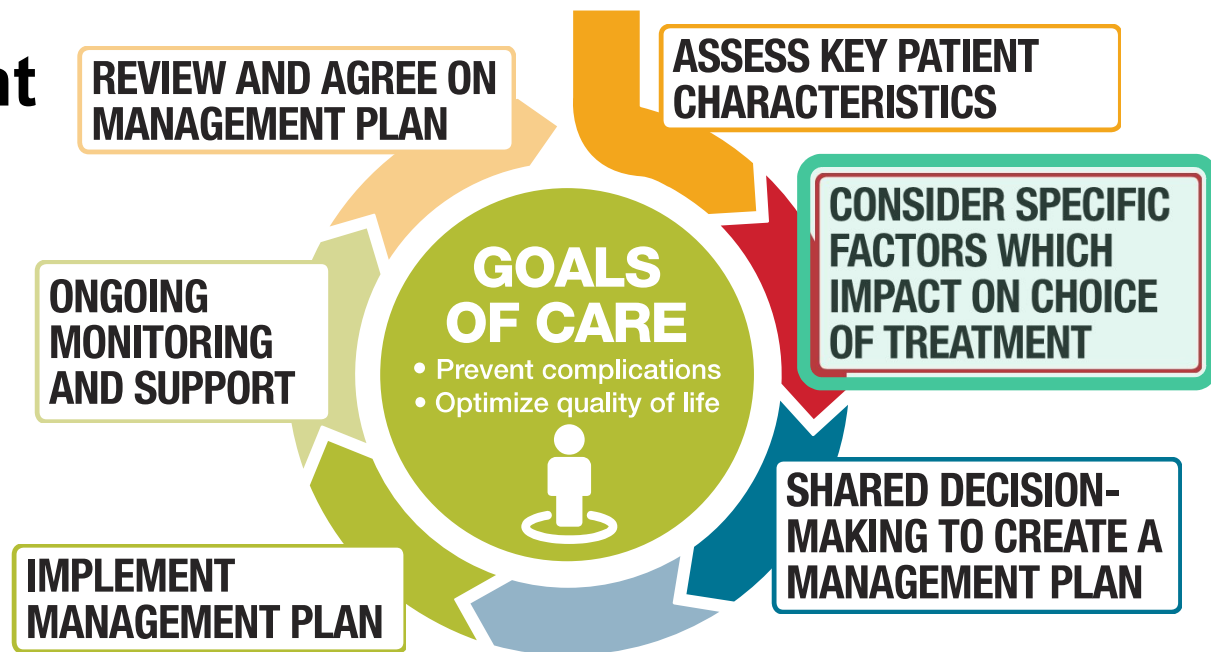


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Decision Cycle for Patient-Centered Glycemic Management

CONSIDER SPECIFIC FACTORS WHICH IMPACT CHOICE OF TREATMENT

- Individualized A1C target
- Impact on weight and hypoglycemia
- Side effect profile of medication
- Complexity of regimen
- Choose regimen to optimize adherence and persistence
- Access, cost and availability of medication



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Shared decision making in type 2 diabetes

- SDM can improve
 - decision quality
 - patient knowledge
 - patient risk perception

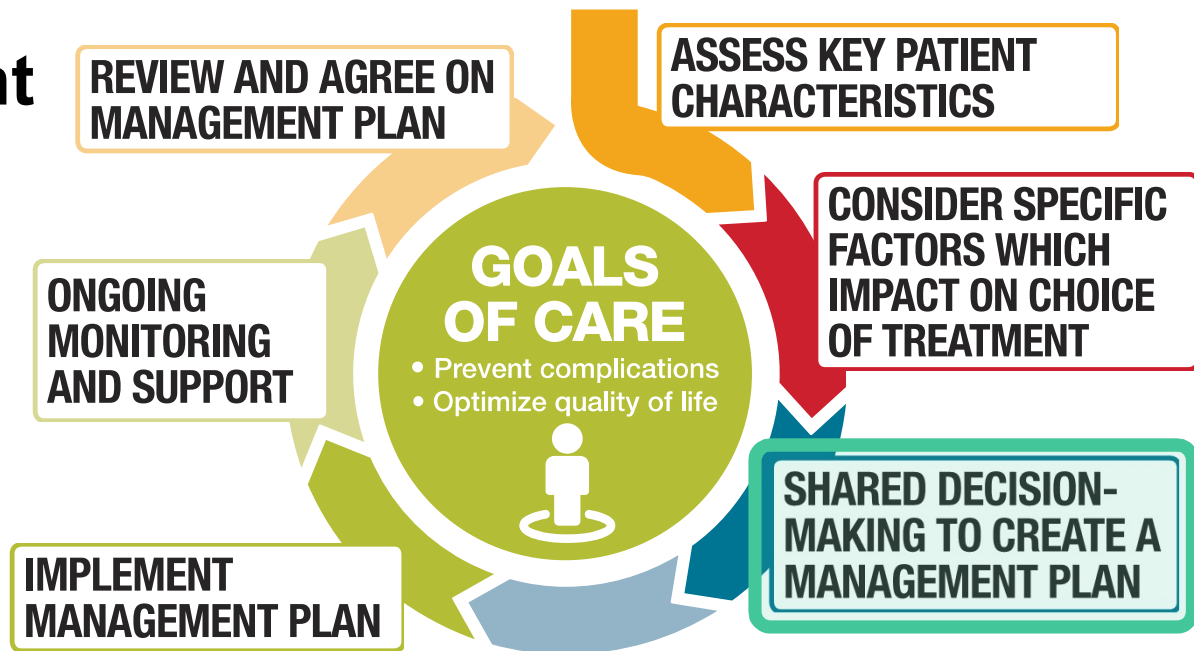
Inzucchi SE, Bergenstal RM, Buse JB, et al. Management of hyperglycemia in type 2 diabetes, 2015: a patient-centered approach: update to a position statement of the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes Care 2015;38:140–149



Decision Cycle for Patient-Centered Glycemic Management

SHARED DECISION-MAKING TO CREATE A MANAGEMENT PLAN

- Involves an educated and informed patient
- Seeks patient preferences
- Effective consultation to empowers the patient

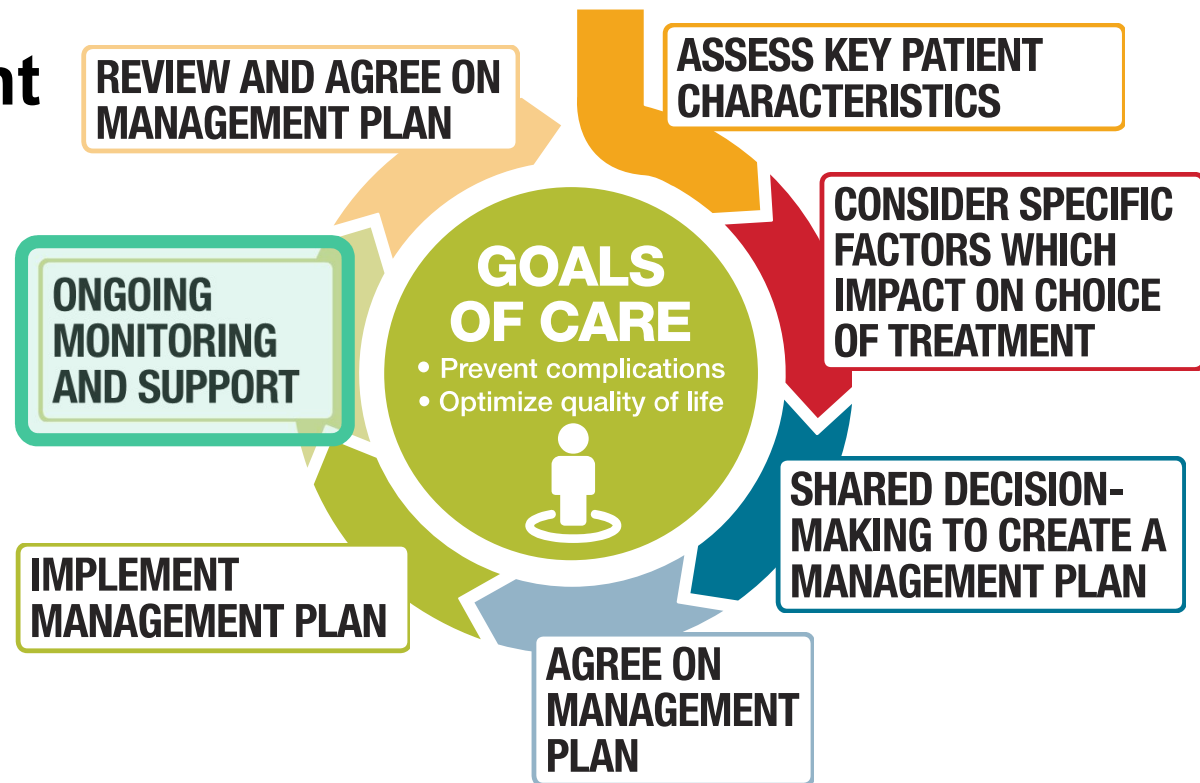


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Decision Cycle for Patient-Centered Glycemic Management

ONGOING MONITORING AND SUPPORT

- Emotional well-being
- Check tolerability of medication
- Monitor glycemic status

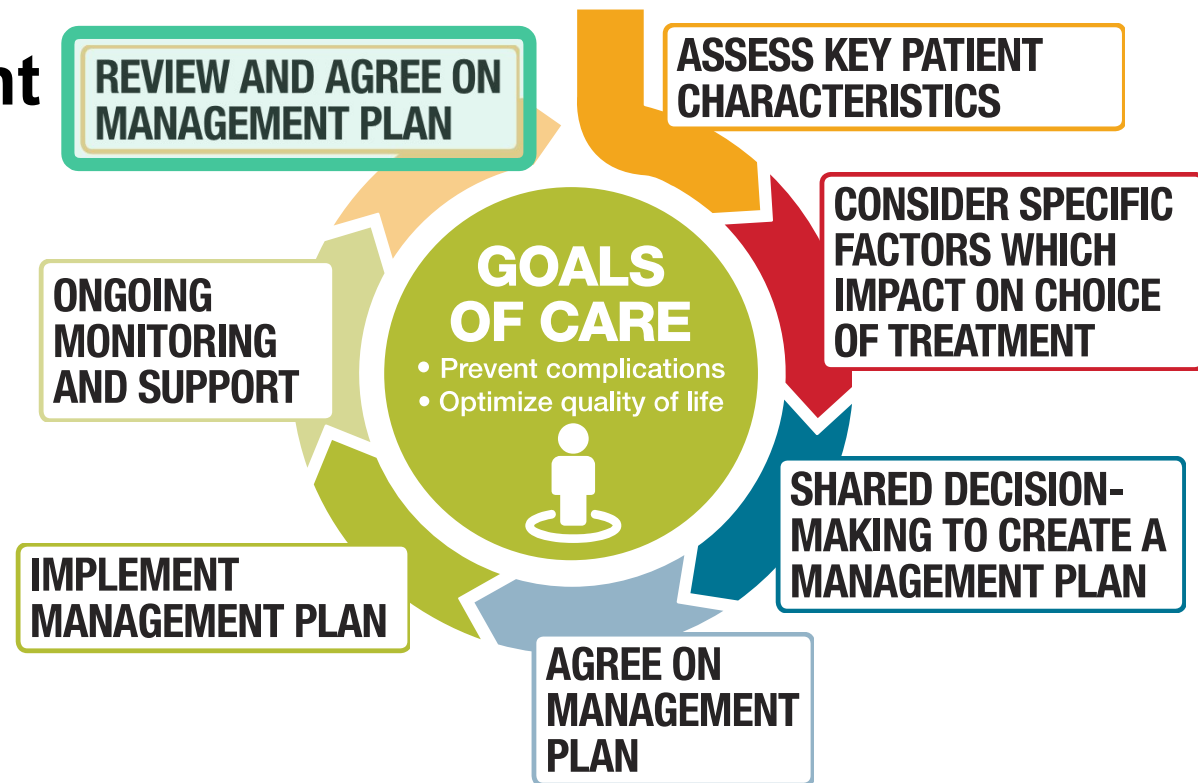


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Decision Cycle for Patient-Centered Glycemic Management

REVIEW MANAGEMENT PLAN

- Mutual agreement on changes
- Ensure agreed modification of therapy is implemented to avoid therapeutic inertia
- Decision cycle undertaken regularly



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Use of Empowering Language

Five key consensus recommendations for language use:

1. Use language that is neutral, nonjudgmental, and based on facts, actions, or physiology/biology;
2. Use language that is free from stigma;
3. Use language that is strength based, respectful, and inclusive and that imparts hope;
4. Use language that fosters collaboration between patients and providers;
5. Use language that is person centered (e.g., “person with diabetes” is preferred over “diabetic”).

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Key Take-Aways

- Treat the patient before treating the disease.
- The best medication for the patient is the one they will take.
- We were born with two ears and one mouth and if we use them in that proportion we would be well served.



