

# Make a Difference:

## Achieve Glycemic Goals Early in Patients with Type 2 Diabetes

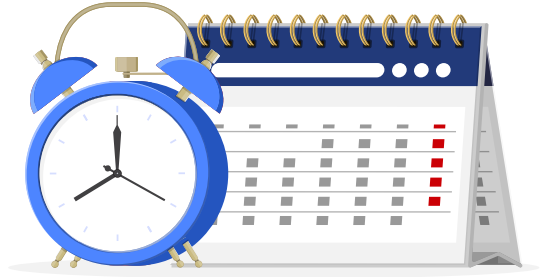


With These Best Practice Strategies

### Intensify Treatment of Newly Diagnosed Patients and Patients with A1C Above Target

**Early and appropriate therapy improves patients' chances of reaching A1C goals.**

The Legacy Effect: Landmark clinical trials and research studies show that reaching A1C targets in the first year of treatment results in sustained, long-term health improvements even when control waned over time<sup>1-7</sup>.



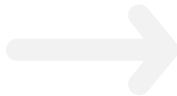
Achieve glycemic goals in < 6–12 months

### Create Personalized Diabetes Care Plans



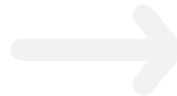
**Assess patient's:**

- Health literacy and numeracy
- Attitudes and beliefs regarding medication therapy
- Social determinants of health



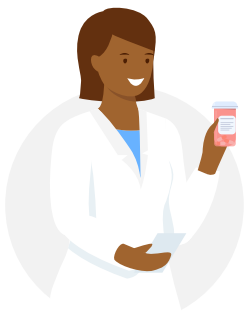
**Have ongoing conversations about the progressive nature of type 2 diabetes and management options.**

- Diabetes changes over time and therefore their treatment plan will change too



**Use shared decision making to determine individual glycemic targets and how to achieve glycemic targets within 3–6 months.**

### Implement a Team-Based Approach



**Empower the appropriate team members to independently initiate and adjust medications.**

- Use medication algorithms and protocols for therapeutic changes
- Effective team communication

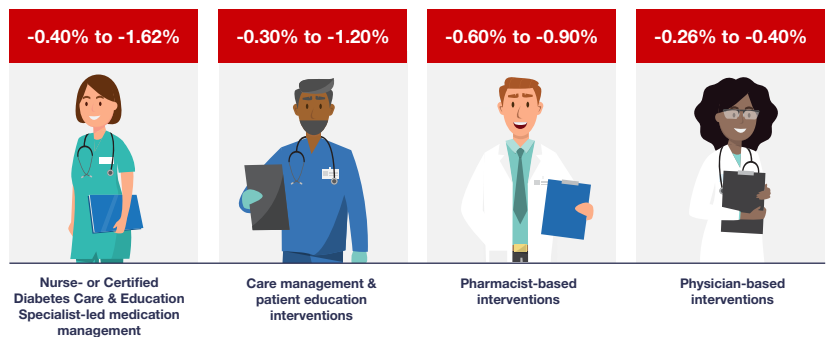
**Refer to:**

- Diabetes self-management education and support specialist
- Registered dietitian
- Pharmacist
- Behavioral health specialist
- Trained community health worker
- Other diabetes care team members

#### Improve A1C by leveraging the multidisciplinary team

A recent systematic review and meta-analysis<sup>8</sup> found that, compared to usual care, interventions where non-physician providers initiate and intensify treatment, with support from guidelines, had greater reductions in A1C.

**Reductions in A1C compared to usual care<sup>8</sup>:**



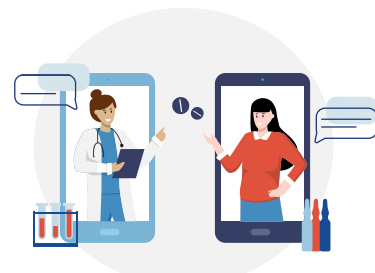
Results may be less dependent on who intensifies therapy but rather how they intensify. Frequency of contact and delivery methods matter. Nearly all care management and patient education interventions resulting in statistically and clinically significant reduction in A1C used technology to communicate with patients.<sup>8</sup>

### Leverage Tools and Technology



**Use technology for glycemic assessments to adjust therapy before/between 3-month A1C checks.**

- Blood glucose monitoring data
- Continuous glucose monitoring data
- Patient self-tracking tools and support apps
- Use electronic health records to identify high risk patients and implement guidelines



**Communicate frequently with patients.**

- Patient-provider portals
- HIPAA-compliant texting modalities
- Telehealth visits where appropriate
- Schedule diabetes-only visits
- Use team members to increase touchpoints
- Utilize patient registries and chronic care coordinators



**Take Action to Bust Therapeutic Inertia!**

Therapeutic inertia is the inaction of the clinician to intensify or de-intensify treatment when A1C goals are not met.

**Learn more and access tools to implement these strategies from the Overcoming Therapeutic Inertia initiative from the American Diabetes Association at [therapeuticinertia.diabetes.org](http://therapeuticinertia.diabetes.org)**