

## OVERCOMING THERAPEUTIC INERTIA

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

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

Therapeutic inertia is one of the most common factors contributing to ongoing high blood glucose. Issues leading to therapeutic inertia include uncertainty about a patient’s “true” blood glucose management, 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:

- Electronic health record (EHR) or charts from office visits for 24 patients with diabetes that occurred 8 to 10 weeks prior to self-assessment
- EHR 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 8 to 10 weeks earlier. This can be done for each provider.
- 2.** Exclude new patient encounters, patients with type 1 diabetes, or pregnant patients.
- 3.** Check for recent A1C and for A1C taken during the 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 records where the A1C was  $\geq 8\%$  and no diabetes medication changes were made (i.e., encounters with ongoing high blood glucose 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.

# Self-Assessment

<b>(A) Visit date from 8–10 weeks ago</b>		
<b>(B) Patient Identifier (DOB/MR#)</b>		
<b>(C) A1C at visit from row A</b>		How long has A1C been high?
<b>(D) Action taken from visit in row A</b> <input type="checkbox"/> Intensified current meds <input type="checkbox"/> Referred to DSMES <input type="checkbox"/> Referred for endo consult <input type="checkbox"/> Added new med <input type="checkbox"/> Referred to pharmacist <input type="checkbox"/> Set follow in one month to monitor adherence and barriers <input type="checkbox"/> De-intensified therapy—lack of control due to hypoglycemia/side effects <input type="checkbox"/> Referred for nutritional counseling or weight management <input type="checkbox"/> Prescribed professional CGM <input type="checkbox"/> Scheduled “diabetes-only” visit		
<b>NOTE:</b> If history of ASCVD or CKD, were correct meds prescribed		
<b>(E) Is the diabetes currently managed if action was taken at visit?</b> (select one)		<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:_____
<b>(F) Reason for no action taken at visit from row A</b> <input type="checkbox"/> Clinician did not initiate med change <input type="checkbox"/> Co-morbidities/acute illness took priority <input type="checkbox"/> Emotional challenges <input type="checkbox"/> Patient refused <input type="checkbox"/> Patient opted for diet and exercise <input type="checkbox"/> Diabetes distress <input type="checkbox"/> Cost of meds/insurance coverage <input type="checkbox"/> Social determinants <input type="checkbox"/> Other:_____		
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