



Overcoming Resistance to Therapy Intensification in Type 2 Diabetes:

Conversation Guide for Patient Self-Assessment Tool





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OVERCOMING THERAPEUTIC INERTIA

Using this Guide

You know that early blood glucose management leads to better health outcomes for people with type 2 diabetes. But therapeutic inertia—or delays in advancing treatment—can keep people from reaching their A1C goals.

Having the right conversations during clinical visits can help you overcome this inertia and get your patients' A1C where it needs to be.

This provider guide is a companion to the patient self-assessment tool, **Your Type 2 Diabetes Treatment: Get Ready for Your Visit** (see appendix for sample tool). Use this guide to quickly scan for patient answers that need a timely response—and find tips to help you respond effectively.

We know you have limited time with patients, so try to:

- Talk about A1C at every visit
- Cover one or two additional timely topics at each visit—for example, make sure the patient understands their treatment plan and can afford their medications
- Assess for hypoglycemia at every visit

Remember, you can always refer your patients to **diabetes self-management education and support (DSMES) services**, a certified form of diabetes education that is usually reimbursed by Medicare and other insurance plans. During these sessions, they can meet with a diabetes educator that may be a **certified diabetes care and education specialist (CDCES)** and receive other resources for additional help. And use this tool again at future visits to facilitate more of these important conversations.

Therapeutic Inertia at a Glance

In diabetes care, therapeutic inertia means a delay in advancing the treatment plan when A1C is too high.

For example, waiting too long to intensify insulin therapy or add an additional medication can be signs of therapeutic inertia.

The American Diabetes Association® (ADA) recommends advancing treatment if a patient doesn't reach their A1C goal within three to six months.

OVERCOMING THERAPEUTIC INERTIA

Response Guide

1 How long have you had diabetes?

Action tips	Talking Points
For any answer :	
<ul style="list-style-type: none"> - Keep in mind that therapeutic inertia can happen at any time in your patient's journey. 	<ul style="list-style-type: none"> - "Managing diabetes is a journey. Sometimes it may feel like one step forward and two steps back. That's okay. My job is to help you stay on track and meet your goals."

2 How do you think your diabetes treatment is going?

Action tips	Talking Points
If answered Great—I'm totally on top of it :	
<ul style="list-style-type: none"> - Celebrate their successes. - Remind them that you can help if anything changes. 	<ul style="list-style-type: none"> - "I'm glad to hear that! And you know I'm always here to support you and help you meet your goals."
If answered Okay—but it could be better , or Not so good—something needs to change :	
<ul style="list-style-type: none"> - Remind them that you can help. 	<ul style="list-style-type: none"> - "Thanks for being honest about how you're feeling. Managing diabetes is hard, but I'm here to help. Let's take a closer look at what's going on."

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Response Guide

3 Many people take more than one medication to treat their diabetes. Are you okay with the idea of taking more than one medication?

Action tips	Talking Points
<p>If answered Yes:</p> <ul style="list-style-type: none"> • Remind them that diabetes changes over time and most people need more than one diabetes medication to meet their goals. 	<ul style="list-style-type: none"> • “I’m glad you’re okay with this. Diabetes changes over time, so it’s common to change medications or to need a combination of medications.”
<p>If answered No:</p> <ul style="list-style-type: none"> • Ask why they feel this way and listen to their concerns. • Remind them that diabetes changes over time and most people need more than one diabetes medication to meet their goals. • If cost is an issue, refer them to diabetes assistance programs in their area for low-cost medications. 	<ul style="list-style-type: none"> • “Adding a new medication—like insulin or a new pill—doesn’t mean your treatment plan is failing. Adjusting your medications is one of the best tools we have to successfully manage your diabetes.” • “It’s normal for your medications to change over time and we’ll work together to find the right combination for you.” • “Many diabetes medications have other benefits besides treating diabetes. There are medications that can help you lose weight, prevent heart/kidney disease, etc.”

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Response Guide

4 Do you take your medications on schedule and as prescribed?

Action tips	Talking Points
<p>If answered Yes:</p> <ul style="list-style-type: none"> • Ask them to explain their medication schedule and confirm they're taking each medication at the right time. • Ask if they ever take less medication than they should, even if they do take it on schedule. 	<ul style="list-style-type: none"> • "Can you tell me when and how you take each of your medications?"
<p>If answered No or Sometimes:</p> <ul style="list-style-type: none"> • Ask what gets in the way and work together to find solutions. • Ask if they ever cut down on a dose to make it last longer. • Remind them that taking their medications helps keep their diabetes in check. • Refer them to diabetes self-management education services (DSMES) or a pharmacist in their area. • If cost is an issue, refer them to diabetes assistance programs in their area for low-cost medications. 	<ul style="list-style-type: none"> • "Can you tell me what gets in the way of taking your medications?" • "What would help you take your medications as recommended?" • Even if you feel healthy now, it's important to keep taking your medications. That's the way to stay healthy and prevent problems down the road." • "How do you feel about working with a diabetes care and education specialist who can help you come up with a plan that works for you?"

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OVERCOMING THERAPEUTIC INERTIA

Response Guide

5 Do you check your blood glucose on schedule?

Action tips	Talking Points
<p>If answered Yes:</p>	
<ul style="list-style-type: none"> ▪ Ask to see their blood glucose log and confirm they've been checking at the right times. 	<ul style="list-style-type: none"> ▪ "Tell me about checking your blood glucose. Do you think you're getting all the information you need to manage it? Let's look at your log together."
<p>If answered No or Sometimes:</p>	
<ul style="list-style-type: none"> ▪ Ask them to explain their current schedule for checking their blood glucose. ▪ Ask what gets in the way and work together to find solutions. ▪ Remind them why checking blood glucose is important and review their log together. ▪ If a blood glucose meter isn't working for them, talk about different options, like switching to a continuous glucose monitor (CGM). ▪ If cost is an issue, refer them to diabetes assistance programs in their area for low-cost medications. 	<ul style="list-style-type: none"> ▪ "What's making it hard to check your blood glucose?" ▪ "Blood glucose testing helps guide the treatment decisions we make together. The numbers tell us what's working well and what we need to change. Let's take a look."

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Response Guide

6 The last time you got your A1C checked, were you meeting your goal?

Action tips	Talking Points
<p>If answered Yes, my A1C was where it needs to be:</p>	
<ul style="list-style-type: none"> • Ask to see their blood glucose log and confirm that their daily numbers align with their targets and A1C results. • If they're hitting their A1C goal, celebrate their success and make a plan for their next A1C test. • Check for frequent low blood glucose using log or meter/CGM data. Sometimes lots of low blood glucose readings can cause misleading A1C results. 	<ul style="list-style-type: none"> • "Let's take a look at your blood glucose log to make sure your daily numbers match your A1C." • "I'm so glad to see your A1C is on target— that means your treatment plan is working! Let's talk about when we should check your A1C next."
<p>If answered No, my A1C was too high:</p>	
<ul style="list-style-type: none"> • Ask if they're having trouble following their plan and work together to find solutions. • If their A1C or daily blood glucose numbers are high, make changes to their plan together. • Schedule a follow-up visit to see if treatment changes are working. • Refer them to diabetes education in their area. 	<ul style="list-style-type: none"> • "Getting your daily blood glucose in your target range will help us meet your A1C goal." • "Let's take a look at your blood glucose log. When your A1C or daily blood glucose numbers are high, that tells us we may need to adjust your medications or make other changes to help you reach your goals."

Learn more at professional.diabetes.org/TherapeuticInertia

Response Guide

6 The last time you got your A1C checked, were you meeting your goal? (continued)

Action tips	Talking Points
<p>If answered I'm not sure:</p> <ul style="list-style-type: none"> • Talk about A1C and why it's important. • Remind them of their A1C goal or set a new one together. • If their A1C or daily blood glucose numbers are high, make changes to their plan together. • Schedule a follow-up visit to see if treatment changes are working. • Refer them to diabetes education in their area. 	<ul style="list-style-type: none"> • “Knowing your A1C is really important— when it's too high, it means your blood glucose is running high most of the time. That puts you at higher risk for complications from diabetes.” • “A1C shows your average blood glucose over the past two to three months. So instead of a single moment, it shows how well your treatments have been working over time.” • “Your A1C and daily blood glucose numbers tell us whether your treatment plan is working. If these numbers are too high, we can work together to bring them down.” • “Let's start by taking a look at your blood glucose log.”

OVERCOMING THERAPEUTIC INERTIA

Response Guide

7 What do you do when you need help managing your diabetes?

Action tips	Talking Points
<p>If answered I call someone on my care team, like my doctor, nurse, dietitian, or pharmacist or I call my diabetes educator or I ask friends and family or I go to an organization in my community:</p> <ul style="list-style-type: none"> ▪ Ask if their support system meets all their needs. ▪ Remind them that their care team is always here to help. ▪ Ask if they have attended a diabetes education program recently. ▪ Refer them to a diabetes education program in their area. 	<ul style="list-style-type: none"> ▪ “Do you feel like you’re getting all the help you need, or is there something I can help you with today?” ▪ “Is there a certain part of your treatment plan you often have questions about?”
<p>If answered I look on the internet:</p> <ul style="list-style-type: none"> ▪ Ask about the sources they use and suggest trusted options, like government and health care organization sites. ▪ Remind them that their care team can answer questions, too. 	<ul style="list-style-type: none"> ▪ “Can you tell me about the websites you use? It can be hard to find trustworthy information online. But sites ending in .gov and diabetes.org can be good resources.” ▪ “If you have questions, we’re here to help! Your care team can share resources with you and help you find the answers you need. 1-800-DIABETES (1-800-342-2383) is also a good resource.”
<p>If answered I don’t know what to do—I feel like I’m in this alone:</p> <ul style="list-style-type: none"> ▪ Ask them to tell you more and listen to their concerns. ▪ Remind them they’re not alone and you’re here to help. ▪ Refer them to diabetes education, mental health professionals, social workers, or community resources in their area. 	<ul style="list-style-type: none"> ▪ “I’m so sorry you’re feeling alone. Can you tell me more about what’s going on?” ▪ “There are people who want to help you—including me and the rest of your care team. Let’s make a plan to get you the support you need.”

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Response Guide

8 What are the biggest challenges you have in managing your diabetes?

Action tips	Talking Points
If answered I don't understand my treatment plan:	
<ul style="list-style-type: none"> • Ask what they don't understand and help fill in the gaps. • Remind them that you're always here for questions. • Refer them to diabetes education in their area. 	<ul style="list-style-type: none"> • "Let's go through your plan together and see where you're getting stuck. Can you tell me what you're not sure about?"
If answered I have trouble sticking to my treatment schedule:	
<ul style="list-style-type: none"> • Ask what makes it hard to stay on schedule and what they think might help. • Refer them to diabetes education in their area. 	<ul style="list-style-type: none"> • "Between checking your blood glucose and taking your medications, the treatment schedule can feel like a lot to handle. But I'm here to help. Let's make a plan to get you back on track."
If answered I have trouble paying for my medications, devices, or supplies or I have trouble getting to my appointments:	
<ul style="list-style-type: none"> • Remind them there's help available. • Refer them to diabetes education, diabetes assistance programs, or community resources in their area. 	<ul style="list-style-type: none"> • "I'm so glad you let me know. How would you feel about me connecting you to people who can help with that?"

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Response Guide

8 What dare the biggest challenges you have in managing your diabetes? (continued)

Action tips	Talking Points
<p>If answered I have trouble eating healthy or I have trouble getting enough physical activity:</p>	
<ul style="list-style-type: none"> ▪ Ask if these are the goals they want to work on. ▪ If they're open to it, refer them to nutrition, fitness, and diabetes education resources in their area. 	<ul style="list-style-type: none"> ▪ “Making these changes can be hard, but getting support can help. And it can make a big difference in managing your diabetes. Is this a goal you want to work on?” ▪ “There’s no one-size-fits-all ‘diabetes diet.’ But there are some simple guidelines that can help you find a healthy eating plan that works for you. And I can connect you with a specialist who can help.” ▪ “If you haven’t been active before, it’s okay to start slow. Even a short walk each day can have real health benefits—and you can work up to more activity over time.”
<p>If answered I feel overwhelmed or depressed about my diabetes:</p>	
<ul style="list-style-type: none"> ▪ Remind them it’s normal to feel overwhelmed or depressed, but help is available. ▪ Refer them to mental health professionals or community resources in their area. 	<ul style="list-style-type: none"> ▪ “Having diabetes means you have a lot on your mind—and it’s normal to feel burnt out. Can you tell me more about how you’re feeling?” ▪ “How would you feel about me connecting you to people who can help you with these feelings?”

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

Your Type 2 Diabetes Treatment: **Get Ready** for Your Visit

Your diabetes care team can help you find a diabetes treatment plan that works for you. Take a few minutes to answer these questions so your care team will know how to make the most of your visit.

First, let's see where you are in your diabetes journey.

- 1 How long have you had diabetes?
 - Less than 1 year
 - 1 to 5 years
 - 6 to 10 years
 - More than 10 years
- 2 How do you think your diabetes treatment is going?
 - Great—I'm totally on top of it
 - Okay—but it could be better
 - Not so good—something needs to change

Now let's find out how you're doing with specific parts of your care.

- 3 Many people take more than one medication to treat their diabetes. Are you okay with the idea of taking more than one medication?
 - Yes
 - No
 - I'm not sure
- 4 Do you take your medications on schedule and as prescribed?
 - Yes
 - No
 - Sometimes
- 5 Do you check your blood glucose (blood sugar) on a schedule recommended by your diabetes clinician?
 - Yes
 - No
 - Sometimes
 - My diabetes clinician did not recommend I check my blood glucose on a regular basis

Learn more at professional.diabetes.org/TherapeuticInertia

OVERCOMING THERAPEUTIC INERTIA

6 The last time you got your A1C checked, did you reach your target?

- Yes, my A1C was where it needs to be
- No, my A1C was too high
- I'm not sure

7 What do you do when you need help managing your diabetes?

- I call someone on my care team, like my doctor, nurse, dietitian, or pharmacist
- I call my diabetes educator
- I ask friends and family
- I go to an organization in my community
- I look on the internet
- I don't know what to do—I feel like I'm in this alone
- Other: _____

8 What are the biggest challenges you have managing diabetes?

- My treatment plan
- Sticking to my treatment schedule
- Paying for my medicines, devices, or supplies
- Getting to my appointments
- Eating healthy
- Getting enough physical activity
- Feeling overwhelmed or depressed about my diabetes
- Other:

9 What other things would you like to talk about?

Great—now share your answers with your diabetes care team during your visits. That way, they can help you get the information and support you need to keep your diabetes treatment on track to meet your goals.

OVERCOMING THERAPEUTIC INERTIA

Resources

Use these resources to help your patients with diabetes get the additional support and services they need.

Diabetes Self-Management Education and Support (DSMES) Services

Find a local ADA-recognized diabetes education program. These services focus on their concerns about diabetes. They will also empower them with the knowledge and skills to manage it.

They can find a program in their area at diabetes.org/findaprogram. The Association of Diabetes Care and Education Specialists also accredits diabetes education programs. They may be able to find additional programs at diabeteseducator.org/find.

Diabetes Mental Health Directory

The ADA's Mental Health Provider Directory lists licensed mental health providers with expertise in providing counselling and emotional support to meet the needs of people with diabetes.

They can find a mental health professional in their area at professional.diabetes.org/MHListing.

Center for Information

Representatives at the ADA's Center for Information are available to guide them to diabetes information and resources, as well as local programs and events.

To reach these representatives, call **1-800-DIABETES** (1-800- 342-2383) or email askada@diabetes.org.

Diabetes Food Hub

The ADA's Diabetes Food Hub® is a cooking and recipe destination made for people living with diabetes and their families.

They can save time during their busy week by browsing thousands of healthy recipes, using the interactive meal planner, editing their own grocery list, and accessing healthy tips from ADA food and nutrition experts at diabetesfoodhub.org.

Ask the Experts Q&A

The ADA's Ask the Experts Q&A series aims to educate people living with type 2 diabetes about healthy lifestyle solutions. Topics include nutrition, how to manage stress, and getting active. The phone-in and live online format provides a community where people can ask questions of ADA diabetes experts and hear from others who might share similar experiences. Hear full programs and audio clips at diabetes.org/experts.

For additional resources, visit diabetes.org/resources.

