7 Easy Strategies: Overcome Therapeutic Inertia Tomorrow

Practice Action Checklist

1. Identify and engage patients with “Likely TI” in your clinical practice. For example, obtain a list of all patients with no office visits recorded in the last four months and an A1C > 9%.

2. Start scheduling “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.

3. Arrange more frequent office visits based on A1C and recent treatment change. Leverage telehealth to make this easier on patients. For example, every six to eight weeks for those at 9% or higher, every two to three months for those between 7 and 8.9%, and every three to six months for those <7% or at their personal target.

4. Check patients for barriers such as diabetes distress, depression, low health literacy, and social determinants of health.

5. Refer all patients for Diabetes Self-Management Education and Support (DSMES) – it works! Find American Diabetes Association®-recognized education programs near you as well as telehealth options at diabetes.org/FindAProgram. Don’t forget to ask about audio-only DSMES services!

6. Develop a care and treatment plan with each patient that includes a personalized A1C target and takes his or her needs, concerns, and wishes into account. Review and update it regularly.

7. Aim to adjust therapy any time a patient’s A1C or other targets are not at goal. Consider making changes between A1C tests based on monitoring results. Start utilizing A1C and glucose data to drive rapid cycle treatment optimization. Go beyond A1C to support intensification decision making.