Therapeutic Inertia: Accelerating the Pace to Better Outcomes

Health System Perspective – Parkland Health & Hospital System

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What is Parkland?

Dallas County Hospital District – d/b/a Parkland Health & Hospital System:
- “Safety net” provider
- Primary teaching hospital for UT Southwestern Medical Center
- Major regional resource in the event of a disaster
- Operating:
  - 1 million patient visits a year
  - 700 adult beds & 65 neonatal beds
  - Level I Trauma Center
  - Regional Burn Center
  - Network of community-based primary care clinics (12 adult)
  - Dallas County Jail health system

Diabetes within the PHHS

Health Coverage of patient population

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Insurance</td>
<td>34%</td>
</tr>
<tr>
<td>Medicare</td>
<td>13%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>28%</td>
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<tr>
<td>Charity</td>
<td>8%</td>
</tr>
<tr>
<td>Self-pay</td>
<td>17%</td>
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</tbody>
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Type of Diabetes

- Type 1: 47%
- Type 2: 32%
- Drug/chemical induced: 14%
- Other specified: 5%
- Due to underlying condition: 1.40%
- Unknown: 10%
How is therapeutic inertia impacting the PHHS?

- Percent of 7,840 patients on indicated therapy stratified by HbA1c ranges
- NQF 0059, Poor Diabetes Control (A1C>9%)
  - 27% of our patients are > 9%
  - 10% on diet/exercise alone
  - 25% on monotherapy
  - 82% are not on any insulin

Diabetes Treatment by HbA1c Level

- Patients with A1C ≥ 9%

Care Process Quality

- Percent of 7,840 patients on indicated therapy stratified by HbA1c ranges
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Therapeutic inertia — significant numbers of high-risk patients are undertreated

What is the PHHS doing to address therapeutic inertia?

Targeting primary care education, practice change, information access and workflow support

- ADA QI project using SMA to initiate & intensify insulin therapy
- PCP site visits for insulin management in-service
- E-consult option with bi-weekly PCP webinar series
- Diabetes Outpatient Quality Improvement (DOQ-In) committee
- Parkland Score for Adherence of Medication (P-SAM)
- Standardize patient education activities & materials
- Diabetes Overview snapshot in EPIC EMR
- Clinical pharmacists to support therapy intensification & access & telehealth initiative
Targeting primary care education, practice change, information access and workflow support

- ADA QI project using SMA to initiate & intensify insulin therapy
- PCP site visits for insulin management in-service
- E-consult option with bi-weekly PCP webinar series
- Diabetes Outpatient Quality Improvement (DOQ-In) committee
- Population health initiatives to drive A1C testing & improvement
- Clinical pharmacists to support therapy intensification & access
- Parkland Score for Adherence of Medication (P-SAM)
- Diabetes Overview snapshot in EPIC EMR

What are the barriers in the PHHS?

Knowledge about disease
- Attitudes/beliefs about diabetes/medications
- Social stigma
- Competing priorities/time management
- Lack of social support
- Impact on daily life
- Forgetfulness
- Perceived benefits of treatment
- Perceived risk/susceptibility to disease
- Motivation & confidence
- Visual, hearing, cognitive impairment

Patient-provider relationship/communication
- Provider knowledge base & time constraints
- Limited med refills
- Restricted formularies
- Navigating pharmacy environment
- Long wait times (appointments & visits)
- Lack of care continuity or standardization

Health care system
- Limited language proficiency
- Low health literacy/numeracy
- Medication cost
- Unstable living conditions/homelessness
- Unsafe environment
- Unable to take time off from work
- Access to transportation or healthy food
- Lack of dependent care
- Poverty
- Lack/insufficient health insurance

Dimensions of Adherence

- Patient related
- Therapy related
- Condition related
- Social & economic

- Lack of symptoms
- Severity of symptoms
- Depression
- Psychotic disorders

Adapted from Sabaté, E. Adherence to long-term therapies: Evidence for action. WHO 2003
What has been successful? What was done, why did it work?

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What has not been successful? What was done, why did it not work?

• More effective community engagement (community health workers as extensions to HCP teams)
• Addressing social determinants of health such as housing instability, homelessness, unsafe environments, poverty
• More effective patient engagement approaches
• More efficient/transparency access to approved therapies on insurance formularies
What does the PHHS need from other stakeholder groups to address therapeutic inertia?

• Patients
  • Greater accountability & transparency

• Payors/insurance
  • Transparency with regards to available medications, alternatives and cost
  • Less red tape for Prior Authorization process

• Industry
  • Support for demonstration projects, pragmatic trials &/or registry efforts
  • Lower costs for certain therapies

• Primary care physicians
  • Willingness/openness to consider different processes and approaches assuming no increase in work load
  • More real-time clinical dashboards with process and outcome reports

• More effective data sharing processes