**Best Practices Framework**

**Empower Patients**
Build Engagement & Trust

**Be a Barrier Buster**
- Schedule diabetes-only visits
- Set and track shared targets and timeframes
- Integrate screening for social/emotional barriers and identify support
- Use thoughtful prescribing
- Refer to diabetes self-management education and support (DSMES)

**Optimize Care & Treatment**
Person-Centered & Evidence-Based

**Act Now**
- Conduct practice-based screening for likely therapeutic inertia
- Use personalized diabetes care plans
- Use a team-based approach to increase frequency and quality of engagement
- Use A1C and glucose data to drive rapid cycle treatment intensification
- Stratify follow up based on A1C/glucose and therapy change

**Have you done everything in your control to optimize therapy and support adherence at every visit? And between visits?**

**Leverage Tools & Tech**
For Enhanced Decision Support

**Improve Decision Making**
- Adopt a diabetes treatment algorithm
- Create and use a patient registry
- Integrate decision support into the workflow
- Adopt technology to increase touchpoints
- Disseminate unblinded quality metrics

**Have you made it easy for everyone in your practice to make high quality treatment decisions quickly and consistently?**
Our 15 best practices for overcoming therapeutic inertia are organized into three domains. These evidence and consensus-based recommendations are founded on insights gleaned from a systematic review, market research, and many conversations with the Overcoming Therapeutic Inertia Campaign leadership volunteers. Most also reflect recommendations that align with the American Diabetes Association® (ADA) Standards of Medical Care in Diabetes.

These action-based recommendations are at the core of our educational and awareness activities. We are also building out educational programming, action guides, and point-of-care tools to help primary care clinicians and practices integrate these recommendations into practice.

**Empower Patients (Build Engagement & Trust)**

**Schedule Diabetes-Only Visits:** All too often, urgent and emergent challenges take precedence during office visits. By prioritizing diabetes at least once a year, you have the opportunity to really focus on setting shared goals, developing a diabetes care plan, assessing barriers, evaluating gaps in current diabetes knowledge and building rapport and trust. These appointments will also serve to deliver the message of the importance of managing diabetes to your patients.

**Set and Track Shared Targets and Timeframes:** At the heart of overcoming therapeutic inertia, is setting realistic and personalized goals with full buy-in from the person with diabetes. With strong evidence for the positive legacy impact of achieving normal or near normal glucose early, having a clear timeframe for reaching these goals is just as important as a realistic therapy intensification strategy.

**Integrate Screening for Social or Emotional Barriers and Identify Support:** While timely therapy intensification is essential for overcoming therapeutic inertia, evidence shows it is not sufficient. Identifying barriers to a patient’s care plan follow-through is critical. Barriers can include financial challenges, food and housing insecurity, transportation issues, diabetes distress, depression, and low health literacy. Once barriers are identified, locate support services in your community and make referrals. Consider ways to leverage existing staff to help with this task.

**Use Thoughtful Prescribing:** Before making therapy recommendations, be sure to understand personal preference, concerns about cost, and fears that may drive poor medication taking behavior. By asking and listening, you are building trust and high-quality engagement. You can use what you discover to collaborate with the patient. Through shared decision making, you can improve follow-through and get to the patient’s goal faster.

**Refer to Diabetes Self-Management Education and Support (DSMES) Services:** Although DSMES has been shown to improve health outcomes for people with diabetes, it is still greatly underutilized. By discussing the benefits of DSMES, consistently making referrals and following up, you can increase the likelihood that people with diabetes will eventually take advantage of DSMES. Various forms of effective DSMES are now available and reimbursable, including web-based delivery. [Find a program near you.](TherapeuticInertia.Diabetes.org)
Best Practices Framework

**Optimize Care & Treatment (Person-Centered & Evidence-Based)**

**Conduct Practice-Based Screening for Likely Therapeutic Inertia:** Therapeutic inertia often goes undetected in the clinical practice. Having a clear process in place to identify and flag people with diabetes who are staying above target and not achieving goals in a timely manner can ensure that nobody is overlooked in a busy office setting. For example, use your Electronic Health Record’s (EHR) registry feature to identify patients with an A1C ≥9 who have not had a visit in the last three to six months—it is likely most of this cohort is experiencing therapeutic inertia.

**Use Personalized Diabetes Care Plans:** Create and share a diabetes plan for every person with diabetes in your practice. Include glucose targets and timeframes to reach targets. Use a shared decision-making approach considering personal preferences, values, strengths, and needs (medical, social, psychological) when developing or updating the care plan.

**Use a Team-Based Approach to Increase Frequency and Quality of Engagement:** Leverage each member of the care team at the top of their license. Engage qualified nurses, dietitians, certified diabetes care and education specialist (CDCES), and pharmacists to ensure that people with diabetes have their treatment evaluated and goals reinforced at every possible opportunity. Use medical assistants and care managers to provide active follow-up. Consider daily huddles and other communication strategies to make sure everyone is on the same page and that important patient details don’t get lost.

**Use A1C and Glucose Data to Drive Rapid Cycle Treatment Intensification:** Using all available glucose data to drive therapy intensification is crucial to overcoming therapeutic inertia. If you rely solely on an A1C taken every three to four months to inform therapy adjustment, you may have people with diabetes above goal for long periods of time. Leveraging continuous glucose monitors and/or Self-Monitoring of Blood Glucose (SMBG) data improves point-of-care decision making and supports rapid cycle therapy intensification approaches.

**Stratify Follow Up Based on A1C / Glucose and Therapy Change:** Arrange more frequent visits based on A1C or glucose data and any recent therapy changes. Leverage telehealth to make this process easier for 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.
Leverage Tools & Tech (For Enhanced Decision Support)

Adopt a Diabetes Treatment Algorithm (Simple and Unambiguous): Work with your entire care team to agree on and adopt a diabetes treatment algorithm that everyone uses. We recommend the ADA's algorithm, of course, but the most important thing is consistency. Some offices find that making print copies, laminating them, and placing copies in each exam room is helpful. Many clinicians have also found ADA's Standards of Care App to be a great tool to support better point-of-care decision making.

Create and Use a Patient Registry: Patient registries, embedded in many EHRs, can be a valuable tool in addressing therapeutic inertia. Your medical practice or health systems can extract and summarize clinical data, such as diagnosis codes, lab tests, and medication records from individual patient records to measure overall care quality. This data can then be used to identify patients going long periods above target who need additional engagement and support to reach their goal.

Integrate Decision Support into the Workflow: Use an EHR-based decision support tool, ADA's Standards of Care App, or even a paper-based algorithm to improve decision quality and reduce decision fatigue. Beyond treatment related decisions, these tools can also support consistent assessment of patient-level barriers to care, like housing or food insecurity, depression, and financial challenges. Anything easily integrated into the workflow is better than nothing.

Adopt Technology to Increase Touchpoints: When it comes to engagement, both quantity and quality matter. Frequent touchpoints are important for optimizing disease management, building trust and monitoring progress. Consider arranging more frequent office visits, telehealth visits, use of texting, continuous glucose monitoring (CGM), and leveraging a patient portal.

Disseminate Unblinded Quality Metrics—Identify Positive Outliers: By identifying clinician approaches and practices that are achieving the best results, and sharing this information, you support a learning culture that drives continuous quality improvement. Transparency, mutual support, and open communication amongst staff are essential for overcoming therapeutic inertia.