

# Gaps and barriers for optimal diabetes management in a residency clinic: Suffering from therapeutic inertia

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## Background

Diabetes is a major cause of cardiovascular disease and mortality. Poor management of DM patients has led to poor health outcomes. Lack of therapeutic control is influenced by patient, healthcare system and provider level barriers. “Therapeutic inertia” is defined as the failure of healthcare provider to initiate or intensify therapy when therapeutic goals are not met. The goal of this study is to identify causes of therapeutic inertia and determine how much of a factor this is in our clinic setting.

## Objective

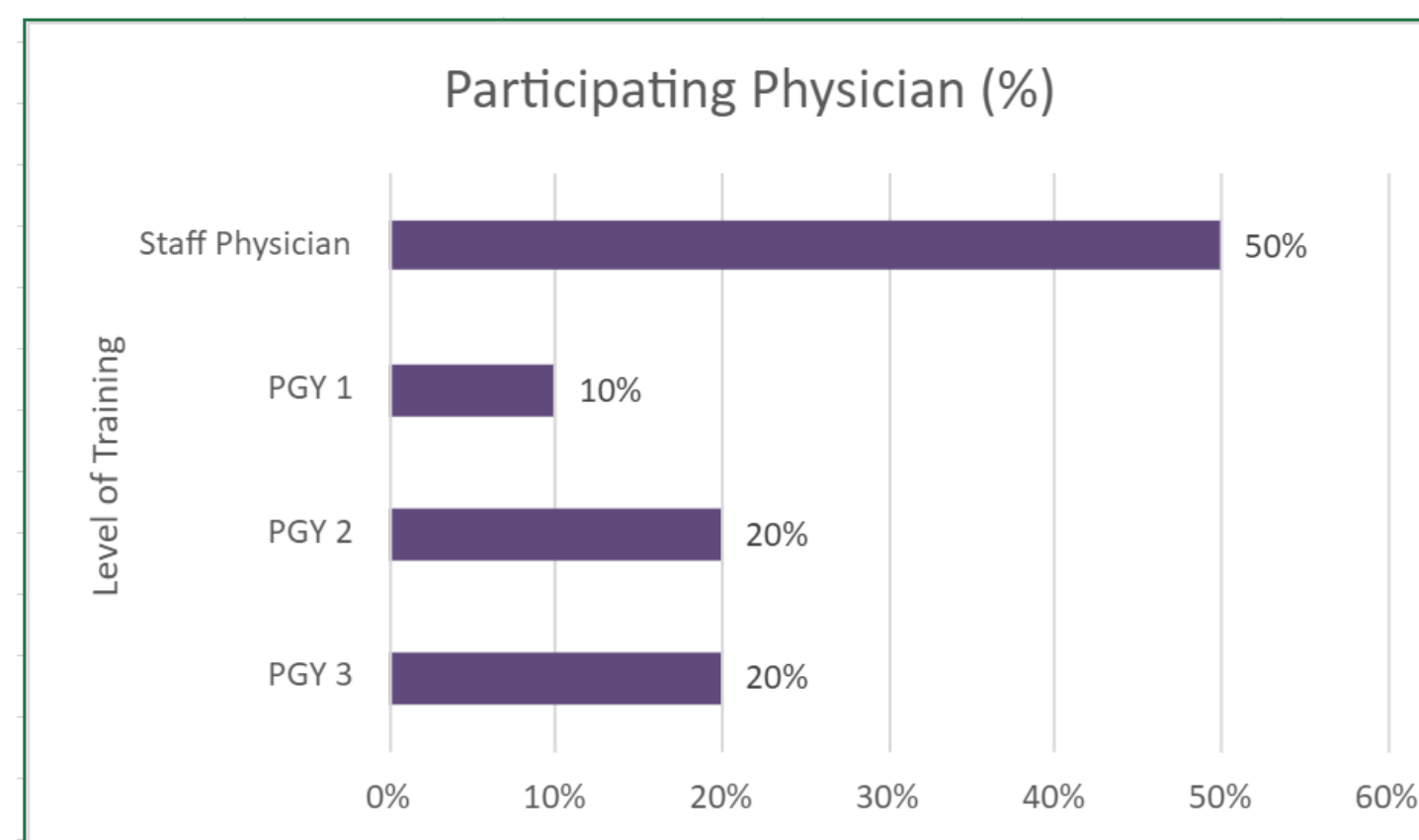
To elucidate barriers faced by healthcare providers (residents and staff physicians) in optimal diabetes management in an outpatient clinic.

## Methods

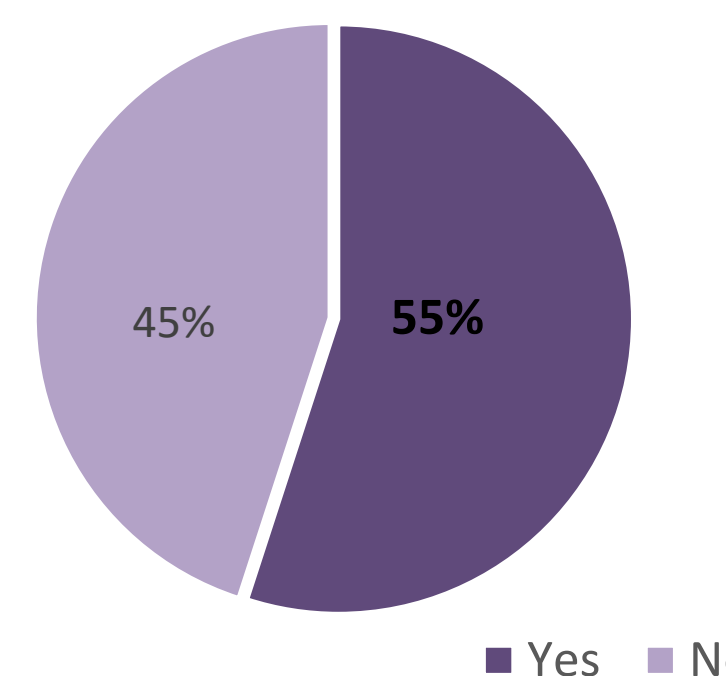
- Single-site prospective study. Two hundred and five clinic visits of patients who presented with HbA1C greater than 8 were included and analyzed. Charts were reviewed for information regarding 5 factors:
- Provider level of training
- HbA1C level of patient
- Initiation/adjustment of meds per institutional guidelines
- Appropriate treatment choice
- Patient follow up

## Results

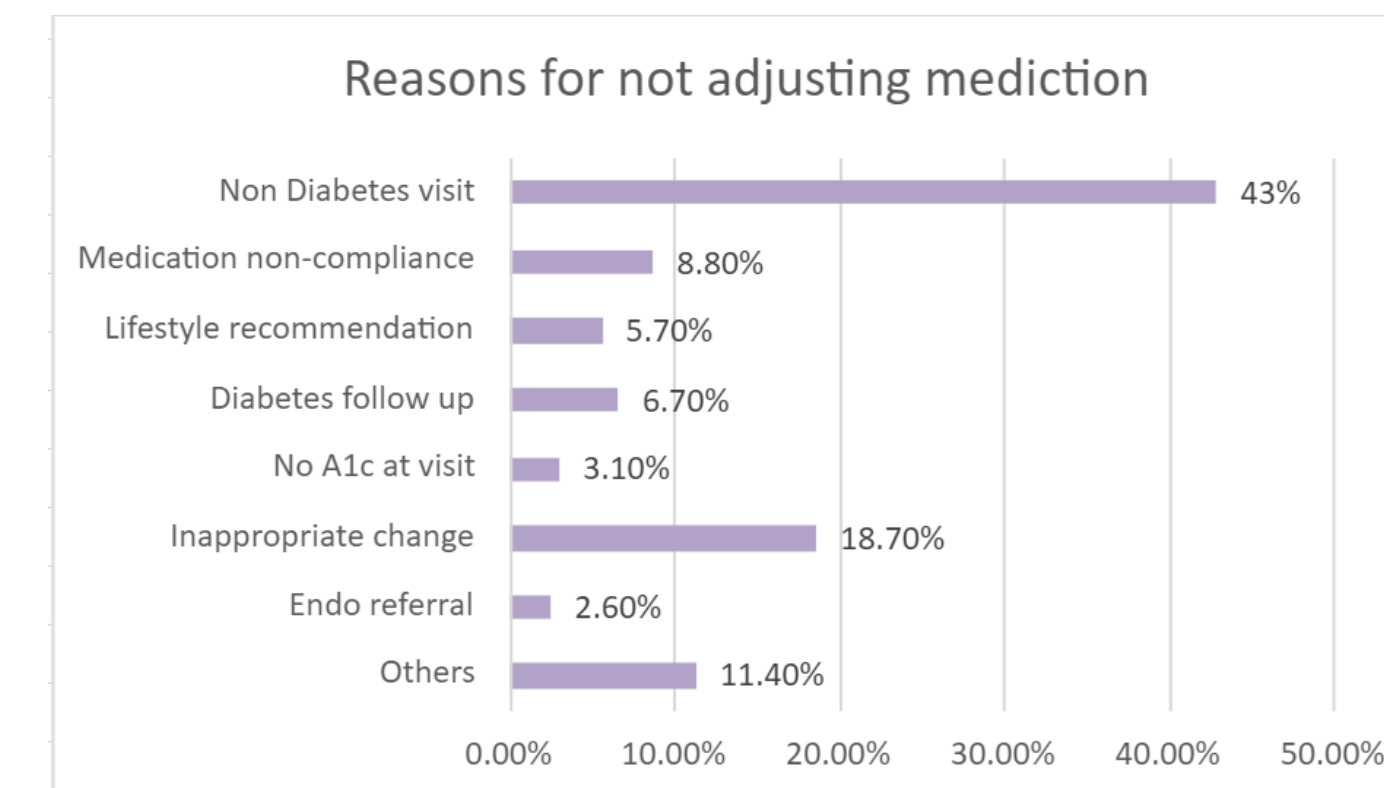
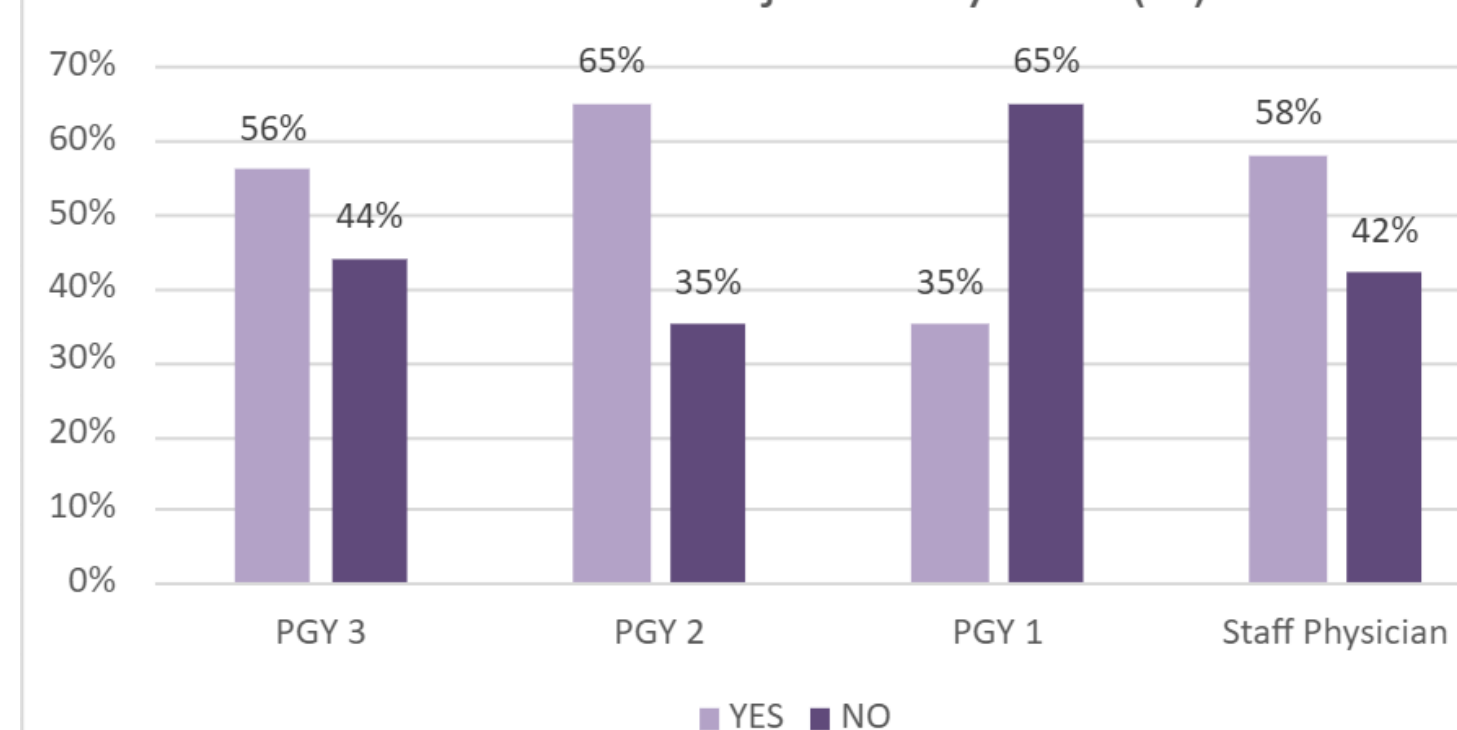
Majority of patients (55%) had their medications adjusted per our clinic guidelines. The largest barrier to adjustment of medications was “Not diabetes visit” (43%); the second largest barrier was “Inappropriate change” (18.7%). Other reasons included “Others” – no HbA1c at visit, medication non-compliance, etc.



Medications adjusted (%)



Medications adjusted by rank (%)



The biggest barrier to the adjustment of medication was an alternative chief complaint for clinic visit (not diabetes visit) and DM was not addressed at the visit

## Conclusion

There is a need for optimal diabetes management in patients. We suspect that “therapeutic inertia” may play a role as a barrier to adjustment of medications per guidelines. Provider level and healthcare system barriers could be lowered by educational interventions and healthcare system quality improvement measures such as availability of point of care HbA1c measurements and addressing diabetes during clinic visits in patients with alternative chief complaint.