



Overcoming Therapeutic Inertia: Practice Action Checklist¹

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Use your EHR's tools (eg, patient registry) to identify patients who may be experiencing therapeutic inertia and reach out to them.

Run monthly or quarterly reports listing, for example, all patients with no office visit in the past 4 months with a last A1C at >9%.



Consider scheduling diabetes-only visits at least annually, especially for patients with multiple chronic conditions.

Focus on diabetes-related issues (eg, A1C goal attainment, medication taking, diabetes distress, and diabetes-related health maintenance).



Work with your technical team to flag high A1Cs in an EMR record.

Input from the entire care team can help address therapeutic inertia at the point of care. It can be part of previsit planning or an alert that fires at a convenient step in the clinical workflow (think carefully about how to make alerts useful while avoiding "alert fatigue").



Arrange more frequent office visits based on A1C and recent treatment change.

For example, every 6 to 8 weeks if $\geq 9\%$, 2 to 3 months if between 7% and 8.9%, and 3 to 6 months if $< 7\%$ or at their personal target. Leverage telehealth to make this easier to achieve.



Agree on a diabetes treatment algorithm that everybody in your practice uses consistently, such as the ADA's treatment algorithm.

Consider placing laminated print copies in each exam room. The **ADA's Standards of Care App** is another tool to support better point-of-care decision-making.



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; medical assistants and care managers provide active follow up; qualified nurses, CDEs, and pharmacists evaluate treatment and reinforce patient goals at every possible opportunity.



Disseminate unblinded quality metrics reports to all staff and identify positive outliers.

Identify approaches that yield the best results. Emphasize transparency, mutual support, and open communication to support a learning culture of continuous improvement.



Adopt technology to increase touchpoint and improvement engagement.

For engagement, both quantity and quality matter. Frequent touchpoints are important for optimizing disease management (eg, office visits/telehealth visits, texting, CGM monitoring, patient portals).



Use the ADA Practice Self-Assessment tool to understand more about where therapeutic inertia may be showing up in your practice.

**Scan to download the
Diabetes Education
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