Together 2 Goal®

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

February 21, 2019

Today's Webinar

- Together 2 Goal® Updates
  - Webinar Reminders
  - AMGA Annual Conference
  - New Campaign Partnership
  - 2019 Million Hearts® Hypertension Control Challenge
- Clinical Inertia and Diabetes Care
  - Daniel McCall, M.D., M.S.P.H. of Hattiesburg Clinic
- Q&A
  - Use Q&A or chat feature

Webinar Reminders

- Webinar will be recorded today and available the week of February 25th
  - www.Together2Goal.org
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen

2019 AMGA Annual Conference

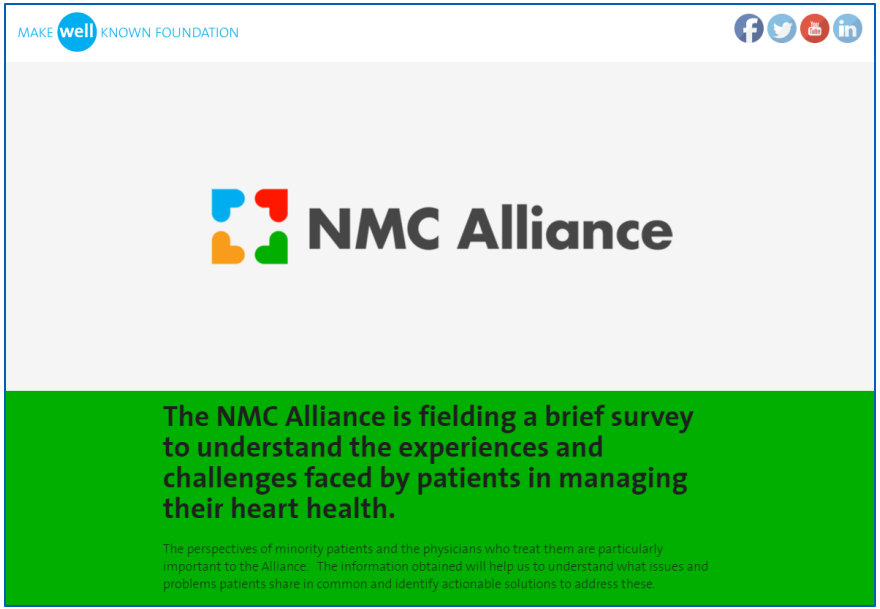
March 27-30, 2019

National Harbor, MD

- New this year: AMGA will offer networking discussion groups by hot topic and by organizational type.
- Registration now open at amga.org/ac2019
- AMGA Foundation Celebration
  - Friday, March 29, 2019
    6:30 – 8:00 p.m. EST

Register by **Friday, March 8** for the next lowest rate

New Partnership:
National Minority Cardiovascular Alliance



Visit https://www.surveymonkey.com/r/2TMHKTQ to view the survey.

2019 Million Hearts®
Hypertension Control Challenge

- Health professionals, practices, and health systems that have achieved hypertension control rates of at least 80% are eligible to enter
- Submission deadline is April 1
- Visit https://millionhearts.hhs.gov for more information

Today's Featured Presenter

Daniel McCall, M.D., M.S.P.H.

Clinical Endocrinologist
Associate Medical Director
Medicare and Commercial ACO Programs
Hattiesburg Clinic

HATTIESBURG CLINIC

Clinical Inertia and Diabetes

DAN MCCALL MD MSPH

Clinical Inertia and Diabetes

- Define clinical inertia
- Review the major causes of clinical inertia
- Review data detailing clinical inertia in diabetes care
- Case study in overcoming clinical inertia - hypertension control improvement at the Hattiesburg Clinic
- Lessons learned – how to avoid clinical inertia

Clinical Inertia – What is it?

Sir Isaac Newton's first two laws of physics:

> A property of matter by which it continues in its' existing state of rest or uniform motion in a straight line, unless that state is changed by an external force.

Lawrence S. Phillips in 2001 defined **Clinical Inertia**:

- Failure of health care providers to initiate or intensify therapy
- Problem of the health care profession and the health care system
- Separate from patient related issues of adherence and access to care

Clinical Inertia Lawrence S. Phillips, MD; William T. Branch Jr., MD; Curtiss B. Cook, MD; Joyce P. Doyle, MD; Imad M. El-Kebbi, MD; Daniel L. Gallina, MD; Christopher D. Miller, MD; David C. Ziemer, MD; and Catherine S. Barnes, PhD Ann Intern Med. 2001;135:825-834

Clinical Inertia – What is it?

- Advances in clinical understanding take approximately 5-10 years to translate into clinical practice
- Strong evidence for effective treatment of diabetes, hypertension, and hyperlipidemia can prevent or delay microvascular and macrovascular disease complications
- Management goals and effective therapies are well defined and available
- **Healthcare providers often do not initiate or intensify therapy**

Clinical Inertia Lawrence S. Phillips, MD, et. al Ann Intern Med. 2001;135:825-834

Three Major Causes of Clinical Inertia

- Overestimation of care provided and adherence to care guidelines
- Use of “soft” reasons to avoid intensification of therapy
  - Care “improving” despite time to achieve steady state
  - Delaying pharmacologic therapy due to “dietary nonadherence”
- Lack of education, training, and practice organization focused on achieving therapeutic goals
  - Prover lack of knowledge in need for dose escalation or need for multiple medications to achieve therapeutic goals

Clinical Inertia Lawrence S. Phillips, MD, et. al Ann Intern Med. 2001;135:825-834

Clinical Inertia in Type 2 Diabetes: Impact of Diabetes

Prevalence
- 30.3 million **(9.4% population)** in the US with diabetes

Morbidity
- Leading cause of vision loss, kidney failure, limb amputation
- 2x Heart disease and stroke risk – events occur at earlier age

Mortality
- 7th Leading Cause of death although more recent data although more recent data suggest 3rd behind heart disease and malignancy

Cost
- $327 billion total cost in US in 2017
- Over 1 in every 4 healthcare dollars spent in US caring for people with diabetes
- Average medical expenditures 2.3 times higher than those without diabetes

American Diabetes Association http://www.diabetes.org/diabetes-basics/statistics/

Clinical Inertia in Type 2 Diabetes: Evidence and Clinical Guidelines

Evidence for intensive glycemic control:

- United Kingdom Prospective Diabetes Study (1998) [1]
  - A1c 7% intensive group vs 7.9% conventional therapy
  - 25% reduction in microvascular complications

Clinical Guidelines:

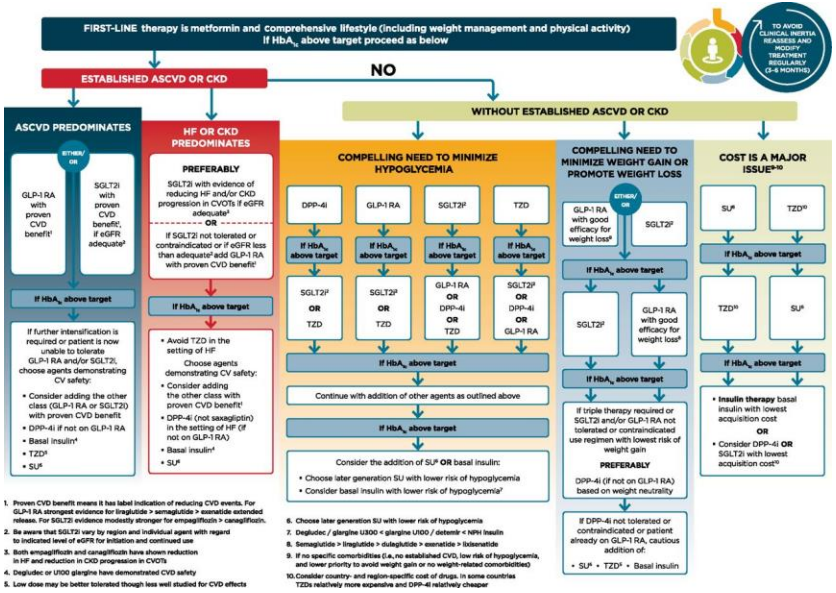
- American Diabetes Association – Standards of Medical Care in Diabetes – 2019 Care Recommendations:
  - **A reasonable A1C goal for many nonpregnant adults is <7%.** Providers might reasonably suggest more stringent A1C goals (such as <6.5%) for selected individual patients if this can be achieved without significant hypoglycemia or other adverse effects of treatment (i.e., polypharmacy). Appropriate patients might include those with short duration of diabetes, type 2 diabetes treated with lifestyle or metformin only, long life expectancy, or no significant cardiovascular disease. [2]

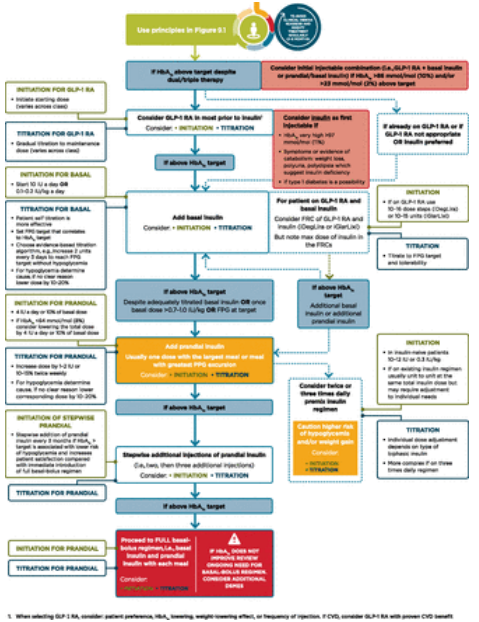
[1] Lancet 1998 Sep 12;352(9131):837-5

[2] Diabetes Care January 01 2019; volume 42 issue Supplement 1

Clinical Inertia in Type 2 Diabetes: Clinical Guidelines

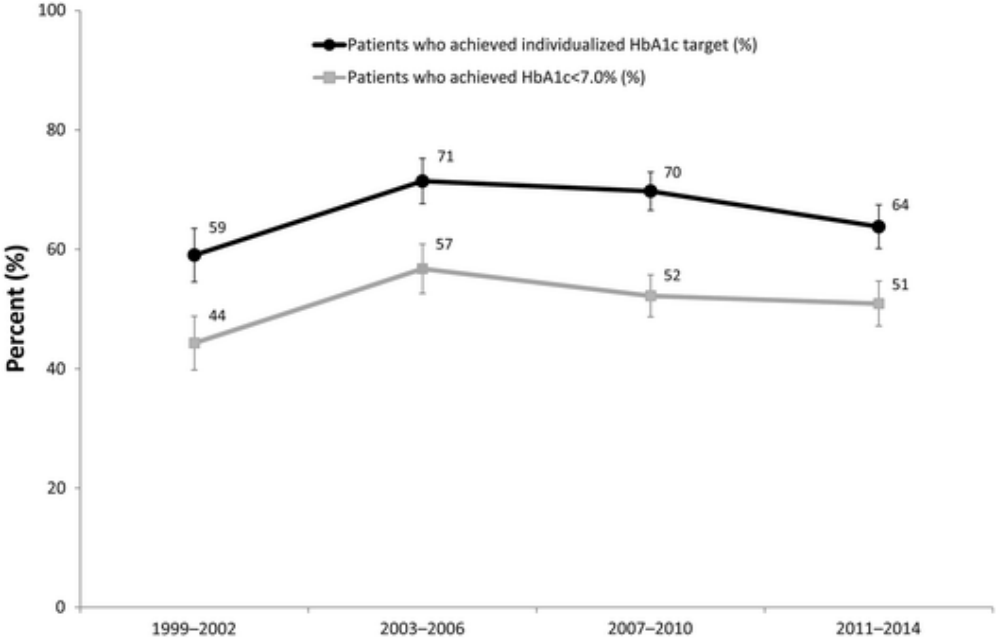
ADA – Standards of Medical Care in Diabetes - 2019:





Diabetes Care January 01 2019; volume 42 issue Supplement 1

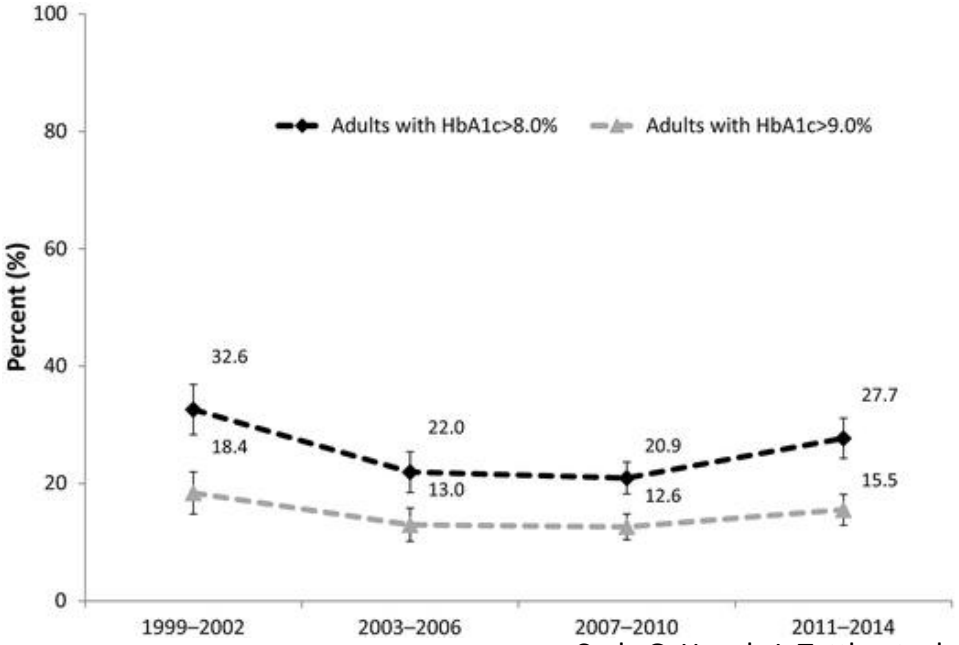
Clinical Inertia in Type 2 Diabetes: Glycemic Control Trends in the US 1999-2014



Despite more than 40 new Type 2 diabetes treatment options approved since 2005

Carls G. Huynh J. Tuttle et al. Achievement of Glycated Hemoglobin Goals in the US Remains Unchanged Through 2014. Diabetes Ther 2017;8:863-873.

Clinical Inertia in Type 2 Diabetes: Glycemic Control Trends in the US 1999-2014



Percentage of patients with A1c >9% is increasing

Carls G. Huynh J. Tuttle et al. Achievement of Glycated Hemoglobin Goals in the US Remains Unchanged Through 2014. Diabetes Ther 2017;8:863-873.

Clinical Inertia in Type 2 Diabetes: Treatment Intensification in Uncontrolled Patients

Retrospective cohort study of 11,525 adult patients with Type 2 diabetes in US insurance claims database

A1c ≥8% after ≥ 3 months of therapy including metformin with mean A1c 9.1%

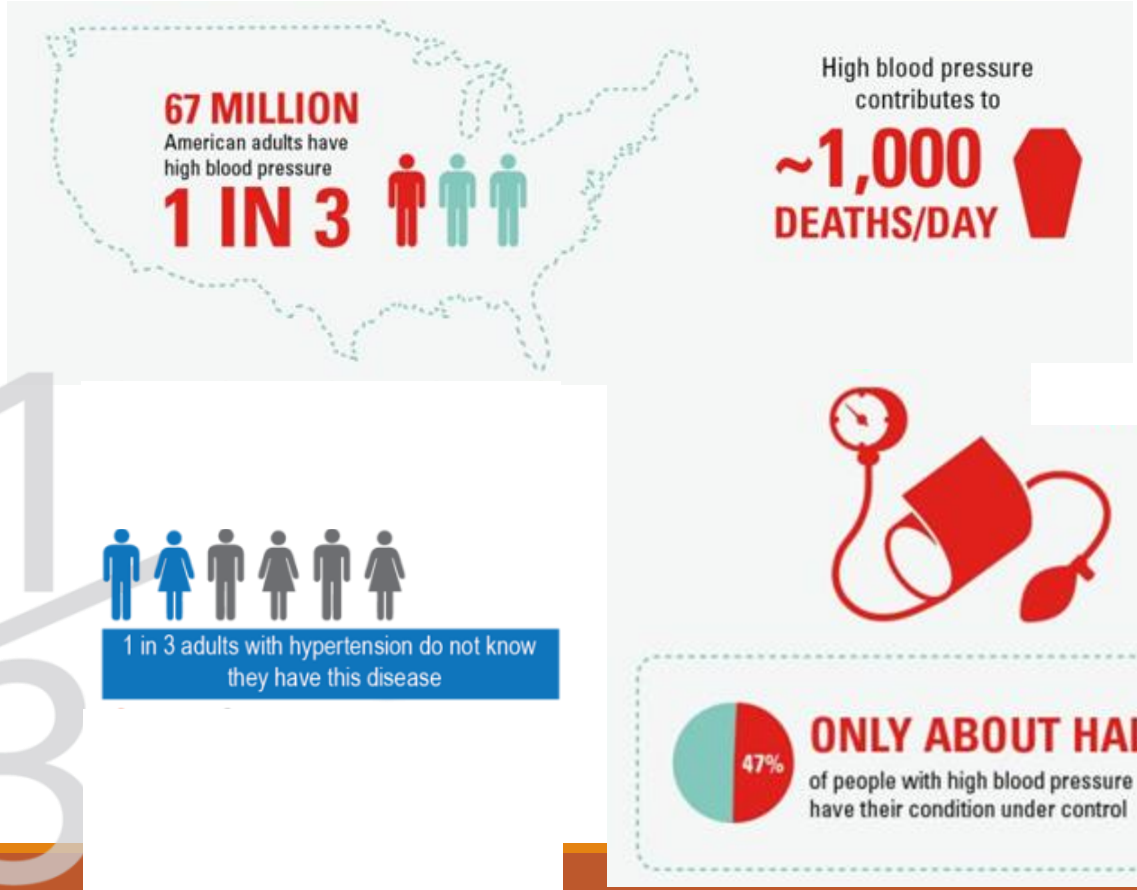
- 37% patients had their treatment intensified <6 months
- 11% patients had their treatment intensified 6-12 months
- 52% patients did not have their treatment intensified <12 months

Fu, A. Z. and Sheehan, J. J. (2016), Treatment intensification for patients with type 2 diabetes and poor glycaemic control. Diabetes Obes Metab, 18: 892-898.

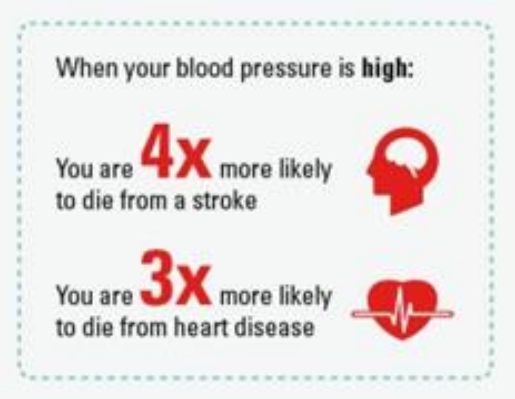
HATTIESBURG CLINIC

- Established in 1963 by 10 physicians and has since grown to one of the largest physician-owned multi-specialty clinics in the Southeast U.S.
  - 455 providers (285 physicians and 170 mid-level providers)
  - 50 specialties
  - 72 locations Service a market area of approximately 525K patients
  - Over 871,000 outpatient visits in 2018, excluding dialysis
- Epic EMR since 2011

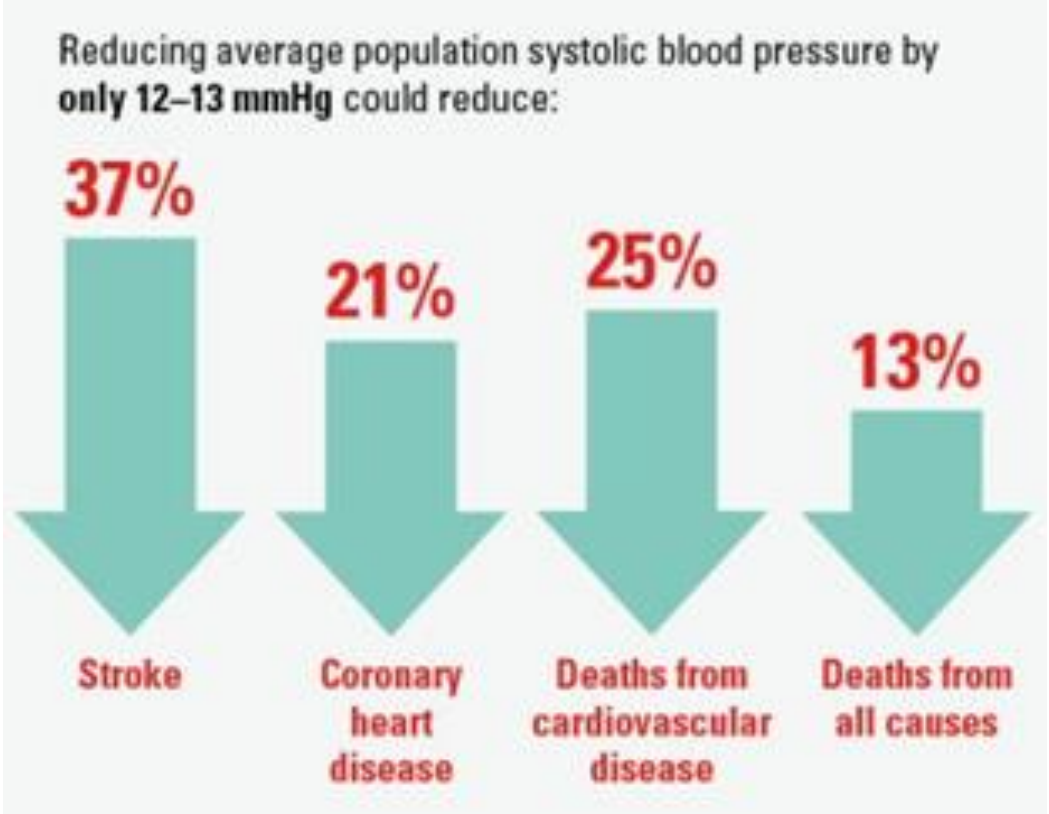
HBC's Quality Initiatives



HBC's Quality Initiatives



HBC's Quality Initiatives



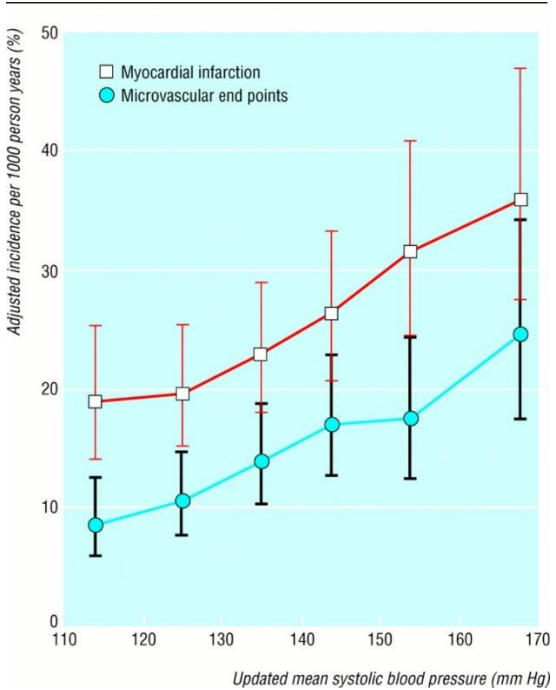
HBC's Quality Initiatives

The Good News …

Association of systolic blood pressure with macrovascular and microvascular complications of type 2 diabetes (UKPDS 36): prospective observational study
BMJ 2000; 321

For every 10 mm Hg reduction in SBP:

- 12% Decrease in any end point related to diabetes
- 15% Reduction in risk of death related to diabetes
- 11% Decrease in MI
- 13% Decrease in microvascular complications



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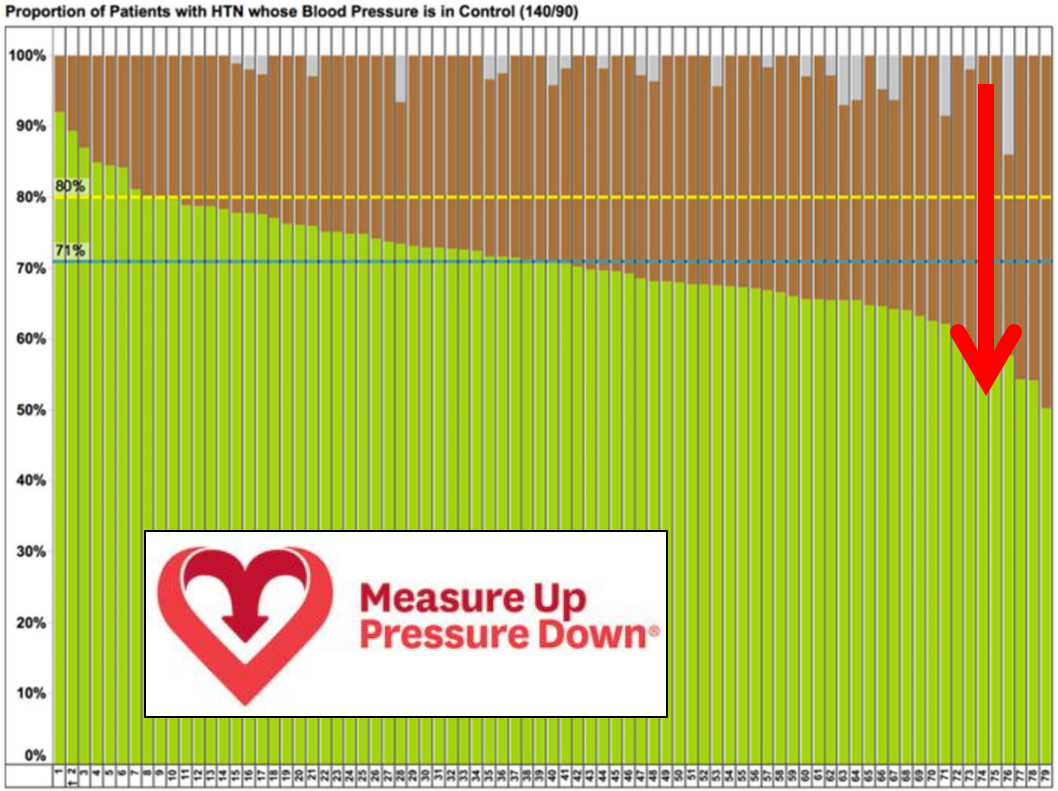

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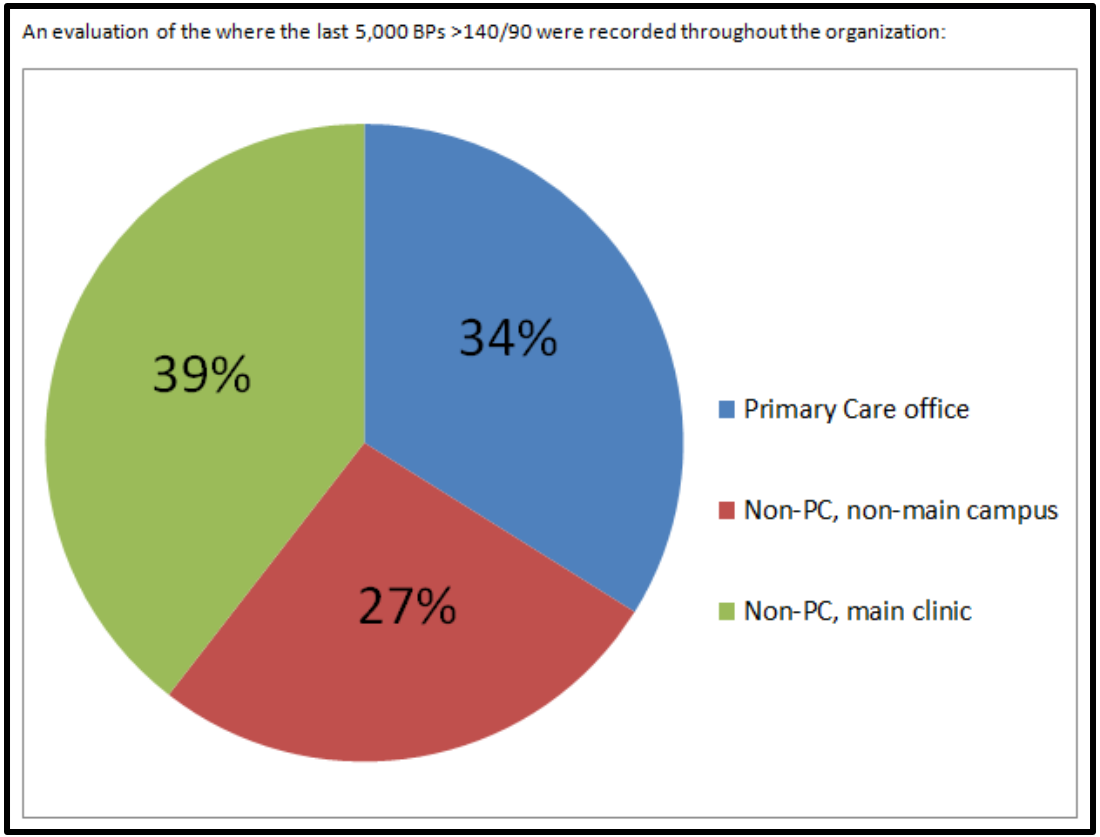

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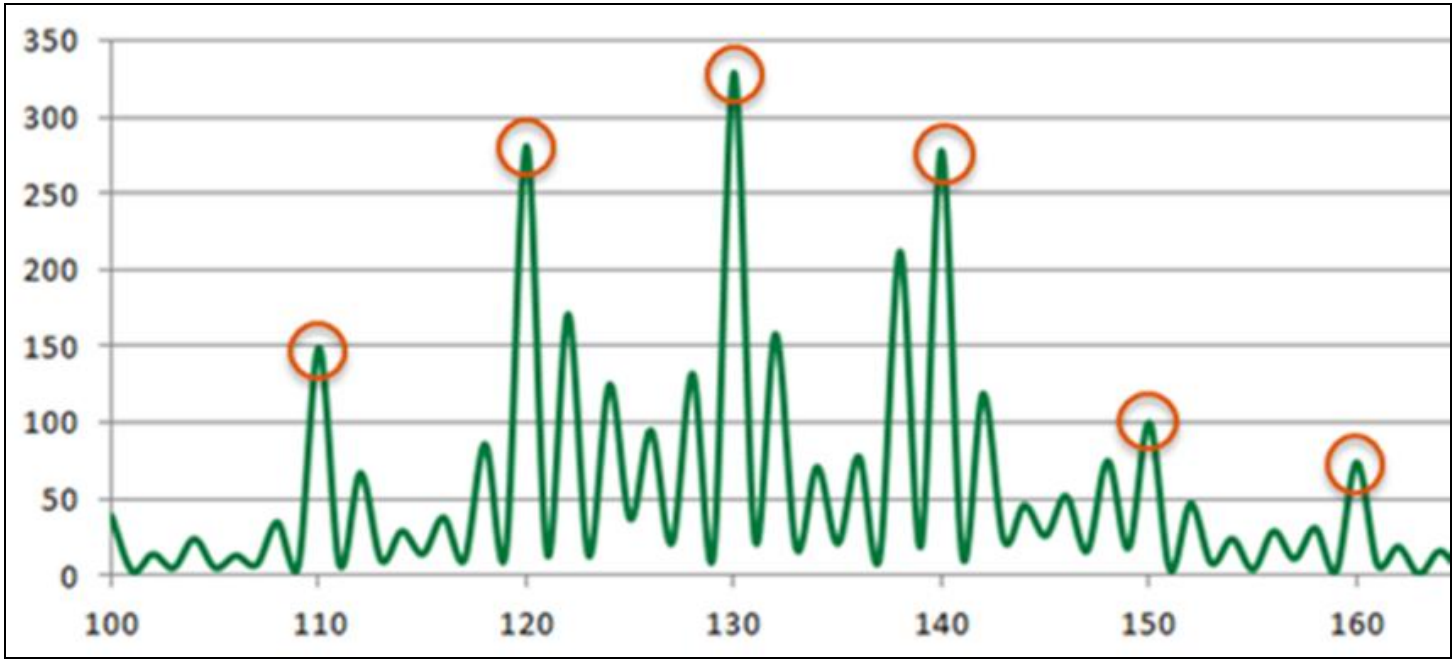
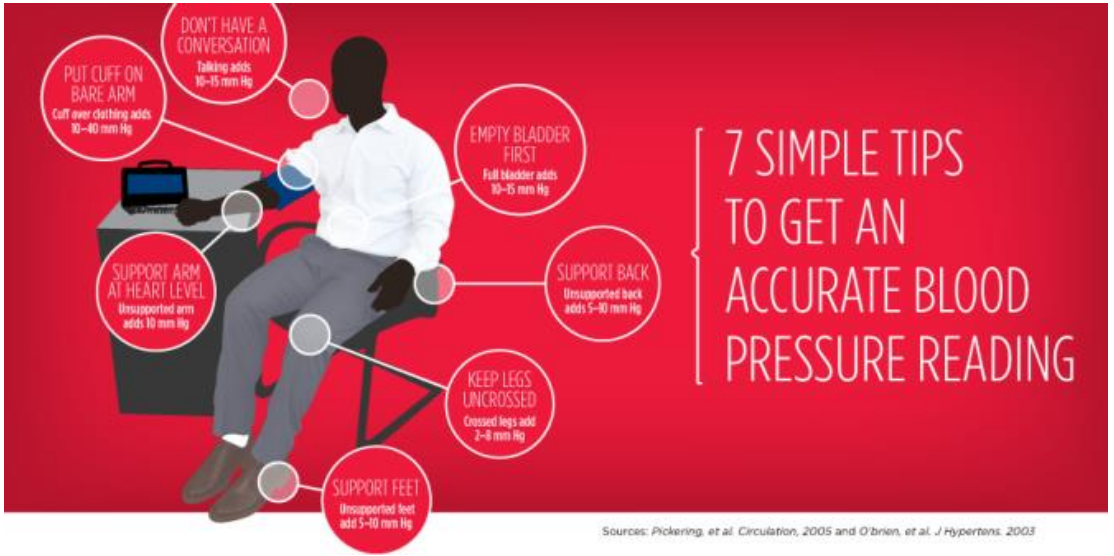


HBC's Quality Initiatives

Standardized Blood Pressure Measurement Process

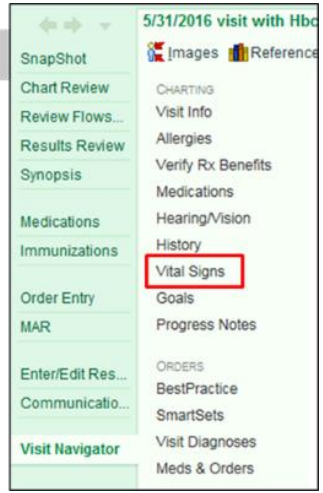


HBC's Quality Initiatives

Standardized blood pressure measurement process

Before:

After:



Provider specific blood pressure management dashboards

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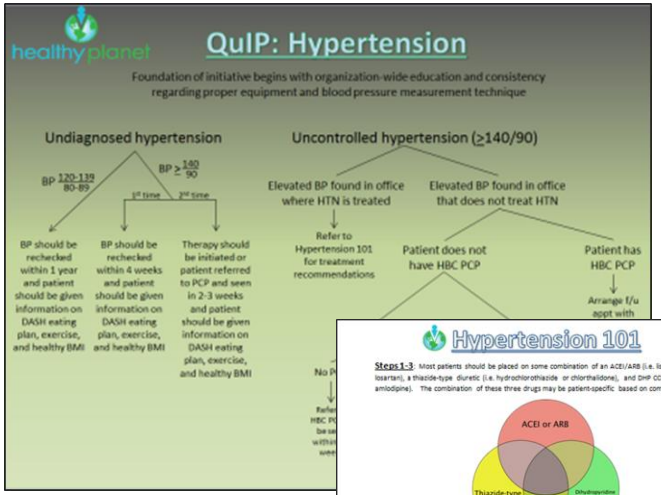
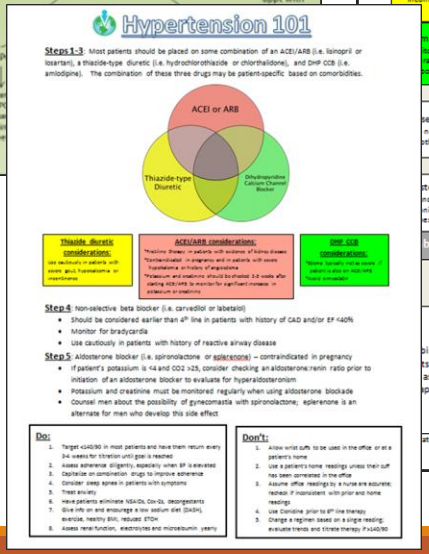
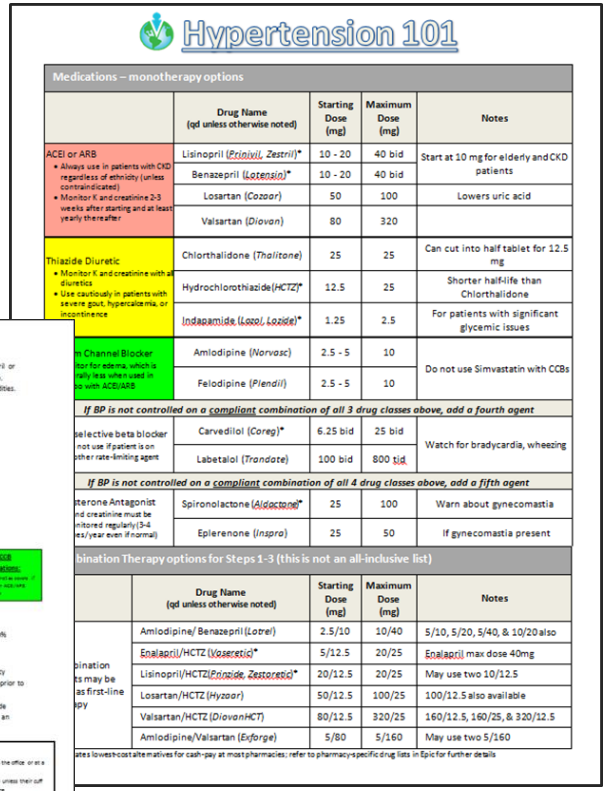


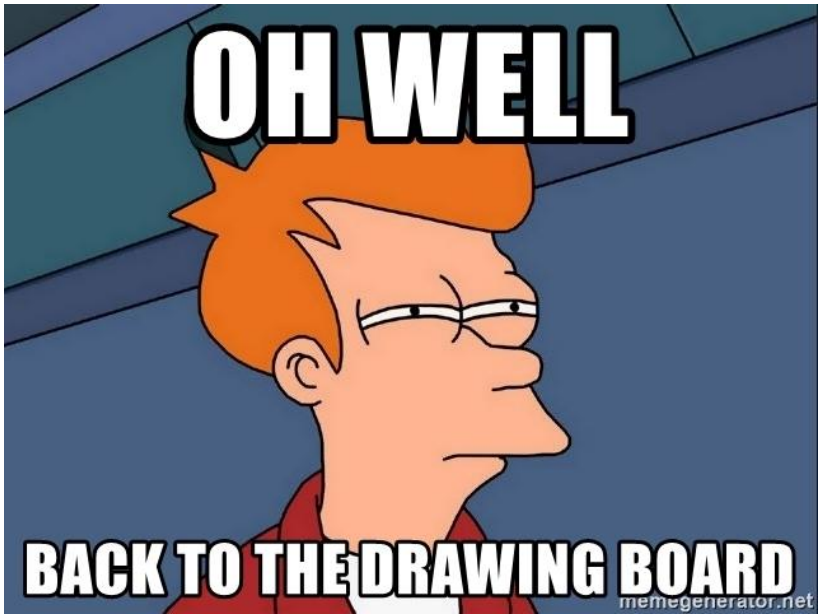




HATTIESBURG CLINIC

CLOSE THE GAPS

HYPERTENSION



Results ?

74%

of patients who were found to have an elevated blood pressure in a non-treating provider's office were scheduled an appointment with a treating provider within 4 weeks

Improvement in blood pressure control rate:

2%

HATTIESBURG CLINIC

All primary care providers have been given their “BP audits”

Data provided:

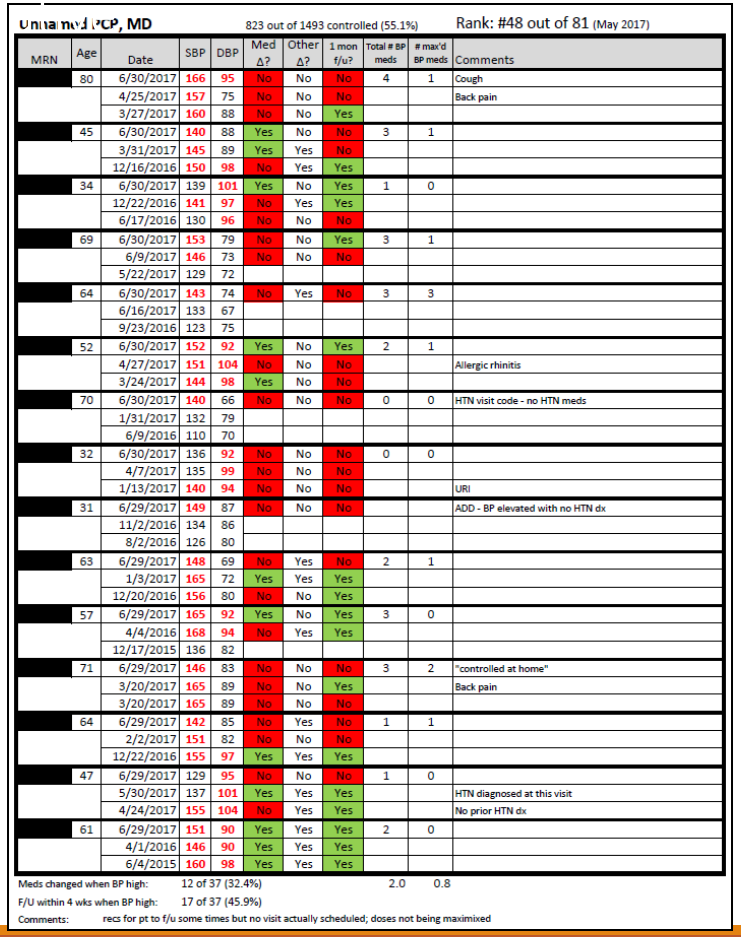
- MRNs and visit dates where BP high
- Overall control rate %
- Rank among all PCPs
- Meds changed when BP high %
- F/U scheduled within 4 wks %
- Number of meds prescribed
- Number of maxed out meds prescribed

Findings:

Control rate ranged from 42.6% to 74.6%

Higher performing providers were:

- 3x more likely to titrate meds when BP was high
- 4x more likely to schedule f/u within 4 wks when BP was high
- More likely to use more meds (2.7 vs 2.1)



Unnamed PCP, MD — 823 out of 1493 controlled (55.1%) — Rank: #48 out of 81 (May 2017)

MRN	Age	Date	SBP	DBP	Med Δ?	Other Δ?	1 mon f/u?	Total # BP meds	# max'd BP meds	Comments
[redacted]	80	6/30/2017	166	95	No	No	No	4	1	Cough
		4/25/2017	157	75	No	No	No			Back pain
		3/27/2017	160	88	No	No	Yes			
[redacted]	45	6/30/2017	140	88	Yes	No	No	3	1	
		3/31/2017	145	89	Yes	Yes	No			
		12/16/2016	150	98	No	Yes	Yes			
[redacted]	34	6/30/2017	139	101	Yes	No	Yes	1	0	
		12/22/2016	141	97	No	Yes	Yes			
		6/17/2016	130	96	No	No	No			
[redacted]	69	6/30/2017	153	79	No	No	Yes	3	1	
		6/9/2017	146	73	No	No	No			
		5/22/2017	129	72						
[redacted]	64	6/30/2017	143	74	No	Yes	No	3	3	
		6/16/2017	133	67						
		9/23/2016	123	75						
[redacted]	52	6/30/2017	152	92	Yes	No	Yes	2	1	
		4/27/2017	151	104	No	No	No			Allergic rhinitis
		3/24/2017	144	98	Yes	No	No			
[redacted]	70	6/30/2017	140	66	No	No	No	0	0	HTN visit code - no HTN meds
		1/31/2017	132	79						
		6/9/2016	110	70						
[redacted]	32	6/30/2017	136	92	No	No	No	0	0	
		4/7/2017	135	99	No	No	No			
		1/13/2017	140	94	No	No	No			URI
[redacted]	31	6/29/2017	149	87	No	No	No			ADD - BP elevated with no HTN dx
		11/2/2016	134	86						
		8/2/2016	126	80						
[redacted]	63	6/29/2017	148	69	No	Yes	No	2	1	
		1/3/2017	165	72	Yes	Yes	Yes			
		12/20/2016	156	80	No	No	Yes			
[redacted]	57	6/29/2017	165	92	Yes	No	Yes	3	0	
		4/4/2016	168	94	No	Yes	Yes			
		12/17/2015	136	82						
[redacted]	71	6/29/2017	146	83	No	No	No	3	2	"controlled at home"
		3/20/2017	165	89	No	No	Yes			Back pain
		3/20/2017	165	89	No	No	No			
[redacted]	64	6/29/2017	142	85	No	Yes	No	1	1	
		2/2/2017	151	82	No	No	No			
		12/22/2016	155	97	Yes	Yes	Yes			
[redacted]	47	6/29/2017	129	95	No	No	No	1	0	
		5/30/2017	137	101	Yes	Yes	Yes			HTN diagnosed at this visit
		4/24/2017	155	104	No	Yes	Yes			No prior HTN dx
[redacted]	61	6/29/2017	151	90	Yes	Yes	Yes	2	0	
		4/1/2016	146	90	Yes	Yes	Yes			
		6/4/2015	160	98	Yes	Yes	Yes			

Meds changed when BP high: 12 of 37 (32.4%) 2.0 0.8

F/U within 4 wks when BP high: 17 of 37 (45.9%)

Comments: recs for pt to f/u some times but no visit actually scheduled; doses not being maximixed

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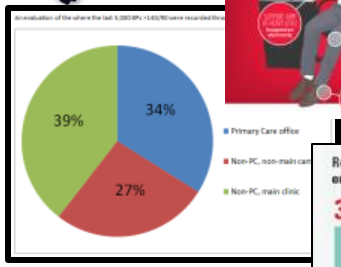
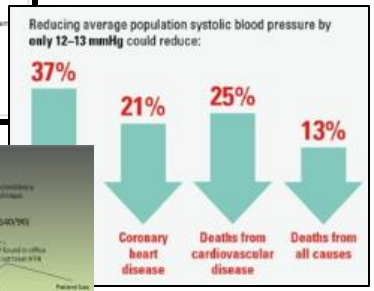
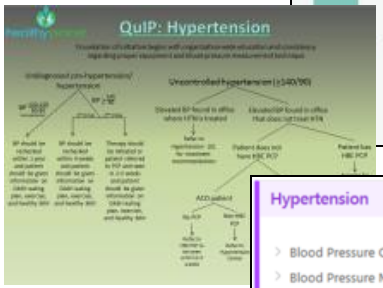
CLOSE THE GAPS

HYPERTENSION







Results ?

74%

of patients who were found to have an elevated blood pressure is an a non-treating provider's office were scheduled an appointment with a treating provider within 4 weeks

Improvement in blood pressure control rate:

16%

Lessons Learned - How to Avoid Clinical Inertia

Provider education – guidelines are necessary but not sufficient

- Education on benefits, costs, and side effects of treating to target
- Address the complexity of treating to target for different disorders (glycemic control, hypertension, and dyslipidemia)

Structure our care delivery systems to facilitate management of chronic diseases

- Utilize electronic medical record systems, best practice advisories, flowsheets, and disease registries
- Expand the care team
- Active outreach and planned visits to increase opportunities for “titratable moments”

Provide performance feedback

- Dashboards and audits – timely and specific
- Chart review with face-to-face peer feedback

Clinical Inertia Lawrence S. Phillips, MD, et. al Ann Intern Med. 2001;135:825-834

March Webinar

- **Date/Time**: March 21, 2019 from 2-3pm Eastern
- **Topic**: Overcoming Barriers to Diabetes Self-Management Education (DSME) Referrals
- **Presenters**:
  - Jodi Lavin-Tompkins, M.S.N., R.N., CDE, BC-ADM (American Association of Diabetes Educators)
  - Valerie Spier, M.P.H., R.D., CDE (Sutter Health)

Questions