Improving Care and Outcomes in Type 2 Diabetes Mellitus (T2DM): A Nurse Practitioner-Led Charge for Overcoming Insulin Inertia

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Introduction

- Although achieving and maintaining adequate glycemic control is critical to reduce complications in T2DM, datasets illustrate that large proportions of patients with T2DM are not achieving glycomic goals.
- Clinical inertia related to the failure to intensify or initiate treatment is a leading cause of poor glycemic control in T2DM.
- Both clinician- and patient-related barriers contribute to clinical inertia and challenges associated with intensifying treatment.
- Overcoming these barriers to help patients achieve and maintain HbA1c ≤7% or less has been shown to reduce microvascular complications and may contribute to long-term reduction of macrovascular complications.
- Ultra-long-acting basal insulin may help mitigate several of the barriers associated with insulin use due to their flexible dosing (as a result of peakless PPKO profiles and prolonged duration of action) and comparable efficacy to other basal insulins with a significantly lower risk of hypoglycemic events, particularly nocturnal hypoglycemia.
- There is a clinical need to appreciate and address clinician-and patient-related factors that lead to clinical inertia and develop strategies to overcome these barriers and work collaboratively with patients to achieve optimal glycemic control.

The American Association of Nurse Practitioners (AANP) and Med-IQ developed a multiphase intervention designed to connect 50-180 nurse practitioners (NP) with expert faculty mentors via a 30-minute, CE-accredited teleconference to coach teaching practices and group dynamics in order to successfully overcome barriers related to intensification of therapy and selection of optimal insulin for patients with T2DM.

Implications for NPs

Understanding the clinical impact of practice assessment and quality improvement initiatives (QIs) can lead to the development of more educational activities for clinicians that can ultimately improve patient care and outcomes as a result of clinician participation.

Learning Objectives

- Identify strategies to overcome patient barriers to insulin initiation.
- Improve appropriate integration of basal insulin therapy.
- Examine clinical data surrounding long-acting basal insulins, including differences in PK/PD properties.

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References


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Conclusions

- This initiative demonstrated that NPs can overcome barriers to treatment intensification with basal insulins through collaborative work with multidisciplinary CME, education, faculty mentors, and the implementation of participant practice improvement plans.
- Structured and formal QI interventions that provide NPs with opportunities to assess current evidence related to basal insulins, identify key practice support needs, and select objective insights from suitable expert faculty have the potential to positively affect patient outcomes by overcoming clinical inertia.

Acknowledgements

- Pre-Survey (n = 18)
- Post-Survey (n = 13)