

Clinical Inertia: Help Your Doctor Take Better Care of You

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Clinical

inertia is the failure of health care providers to initiate or intensify therapy when indicated. In the diabetes field, the term refers to when it takes too long for a health care professional to take action to improve glucose control in a patient who is not at goal. The results of a study conducted a few years ago demonstrated that it took up to one to two years to either change or add a diabetes medication once the A1c value was documented to be above 8%. The study initiated much discussion about who was to blame for this clinical inertia without too much thought on how to fix this pervasive problem.

I believe that there are many factors that contribute to clinical inertia. First of all, physicians and other caregivers often make changes too slowly. The classic example is resistance to starting insulin therapy in a person with type 2 diabetes who is doing poorly on oral medications. Frequently, the patient is blamed for not wanting to be "on the needle", but research has shown that many physicians are, in fact, not comfortable with prescribing insulin. Let's face it; people take the course of least resistance and health care professionals are people. This is especially true if a caregiver has to fill out prior authorization forms for new medications that are restricted in the patient's health care plan.

Obstacles or hassles

involved in prescribing the best medications or devices for a patient are the perfect fuel for perpetuating clinical inertia. In addition to the health care providers, people with diabetes also contribute to clinical inertia. Many of you reading this article probably can relate to a question I commonly hear from my patients. "Do I really need another medication?" "Will I need to be on this pill for the rest of my life?" People naturally want to be on as few medications as possible and this frame of reference often limits proper and timely diabetes care. I can certainly empathize as I am on a handful of medications in addition to my insulin pump and continuous glucose monitor.

Lastly,

the limitations of the current health care systems and reduced health care dollars contribute to clinical inertia. Sometimes, we get the run around attempting to obtain new drugs and devices because of red tape and bureaucracy. Getting a call back from our caregivers or a timely appointment is often times very difficult. Even getting a copy of our own lab results in many cases is a struggle. What can be done to limit or eliminate clinical inertia? The most important thing you can do is to have and be knowledgeable about your goals for control, always get a copy of your lab results and understand what they mean. Then take action to correct any problems. For example, if your A1c is creeping upward above your goal, make an appointment or call your caregiver to discuss the possible causes and solutions. Don't wait until your next appointment if it is too far down the road. If your LDL cholesterol is above 100 mg/dl and this problem is not currently being addressed, then you need to speak to your caregiver about getting to goal (less than 100 mg/dl). If you are not on aspirin, find out why.

Assist

or request assistance from your caregiver when appealing any health care claims for new drugs and devices. You and your health care provider are on the same team, but there is no question that you need

to be the most active member of your health care team. Help your doctor take better care of you.

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