

PRACTICE-CHANGING QUALITY IMPROVEMENT INITIATIVE TO IDENTIFY AND ADDRESS SYSTEM-LEVEL GAPS IN PATIENT-CENTERED CARE FOR TYPE 2 DIABETES

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INTRODUCTION

Achieving timely and sustained glycemic stability and weight loss are critical to reducing the risks of long-term health problems associated with type 2 diabetes (T2D).¹ However, many patients with T2D struggle to reach their recommended A1C and weight loss goals. PRIME's ongoing quality improvement (QI) initiative is designed to identify and address system-level gaps in A1C and weight management among people with T2D.

The specific aims are to (1) identify clinical barriers to sustained achievement of A1C and weight loss goals for patients with T2D (2) address gaps in care through focused patient and provider education.

METHODS



PRIME partnered with 2 large community health systems.



Diabetes care providers completed a survey assessing attitudes, beliefs, knowledge, and competency related to T2D and weight management. Patient charts were retrospectively reviewed to assess documented practice patterns.



Care teams in each system participated in feedback-focused grand rounds to develop team-based action plans guided by survey and chart review findings.



Patients in each system will meet with their providers in small-group learning sessions designed to facilitate patient and provider communication regarding A1C and weight management.



Expert faculty will share research insights, lessons learned, and best practices for sustained achievement of A1C and weight loss goals in patients with T2D in a national live webinar and enduring webcast.



Follow-up chart reviews will assess 6-month post-education changes in clinical practice behavior and patient outcomes.



Additional publications are planned to further share findings nationally.

Blue arrows indicate completed stages
Gray arrows indicate upcoming stages

BASELINE DEMOGRAPHICS

Table 1: Patient Demographics: Baseline Chart Audits

Eligibility criteria: Age \geq 18 years, diagnosis of T2D, A1C \geq 7%, BMI \geq 25 kg/m². Documentation of GLP-1RA or SGLT2i prescription in the past 12 months.

Patient Charts	N = 100
Mean A1C (range)	9.2% (7-14.1%)
Mean BMI (range)	36 kg/m ² (25-76 kg/m ²)
Mean age (range)	71 years (55-82 years)
Male sex	41%
Mean years since diagnosis	4.5
Caucasian/White	66%
African American/Black	25%
Hispanic/Latinx	7%

Table 2: Provider Demographics: Baseline Survey

Provider Surveys	N = 68
Nurse practitioner	63%
Physician	15%
Physician assistant	10%
Diabetes educator/dietician	4%
Pharmacist	4%
Caucasian/White	65%
African American/Black	25%
Asian/Pacific Islander	8%
Hispanic/Latino	2%
Mean patients with T2D seen per month	101
Mean years caring for patients with T2D	16

Table 3: Provider Demographics: Grand Rounds Sessions

Providers	N = 29
Nurse practitioner	28%
Physician	10%
Physician assistant	10%
Nurse	10%
Diabetes educator/dietician	7%
Pharmacist	7%

RESULTS

Diabetes Care Practice Patterns Documented in Patient Charts

Figure 1: Current Diabetes Treatments Documented (N = 100)

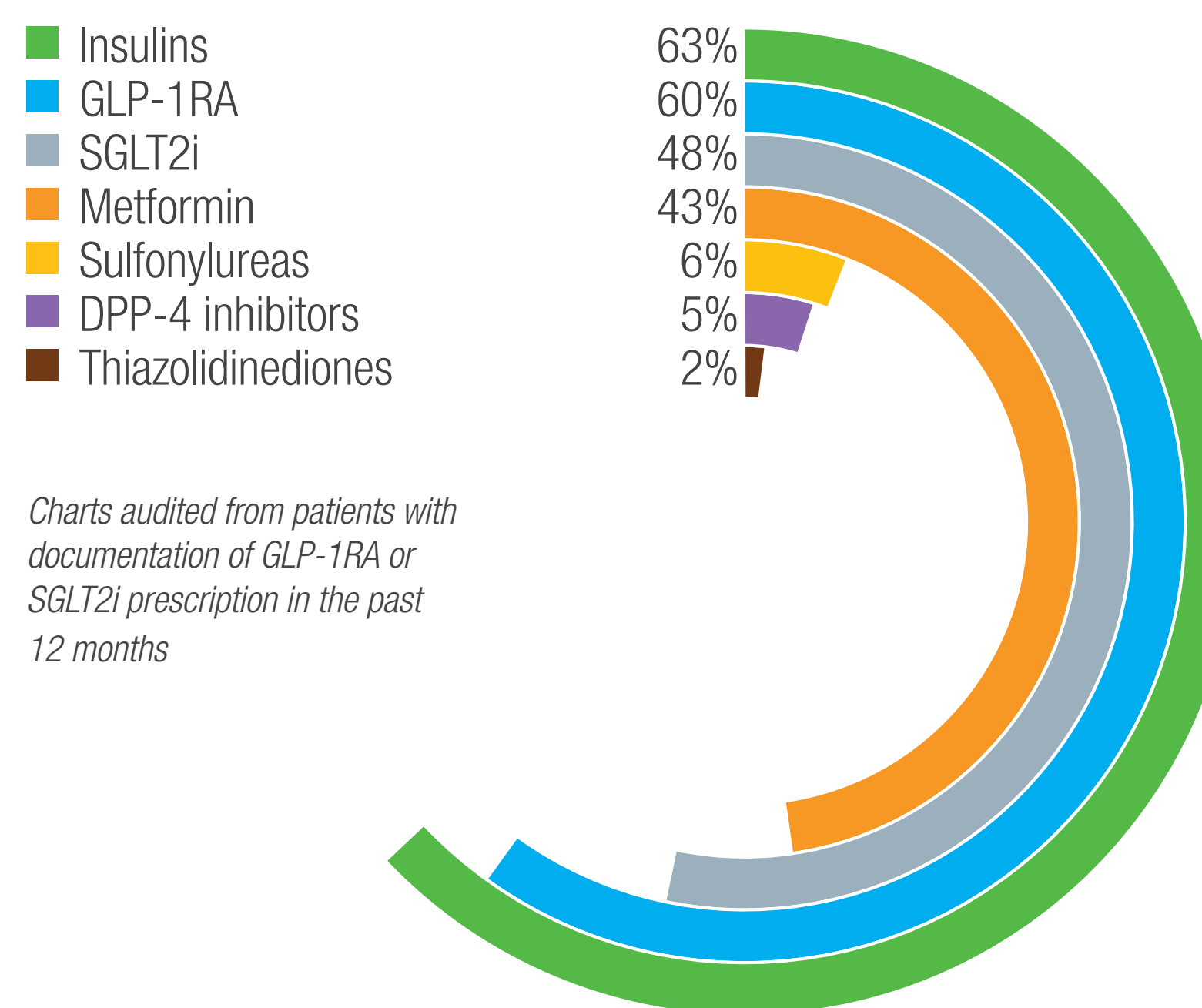


Figure 2: Shared Decision-Making Practices Documented (N = 100)

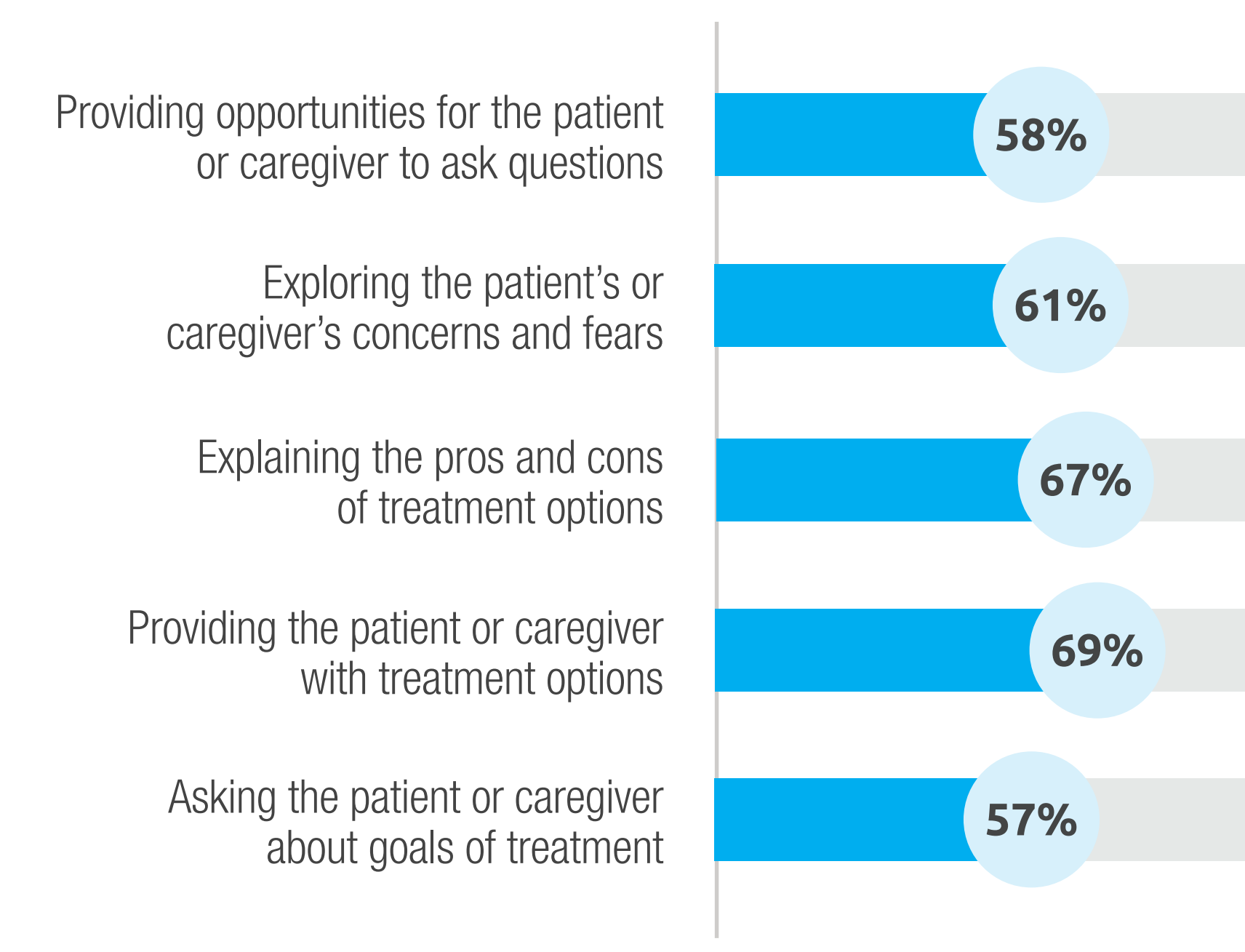
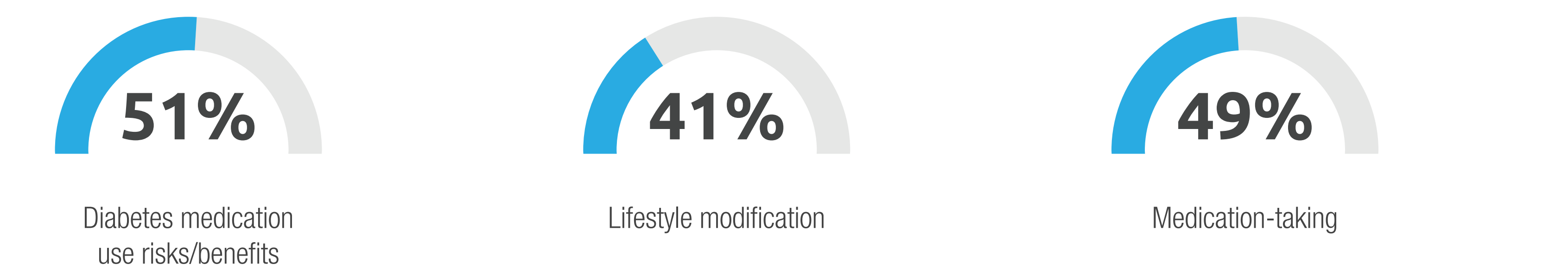


Figure 3: Documentation of Patient Education on the Following Topics (N = 100)



Diabetes Provider Perceptions (Provider Surveys)

Figure 4: Provider Perception of Practices to Support Patients Who Are Not on Target to Achieve Their Glycemic Goal (N = 68)

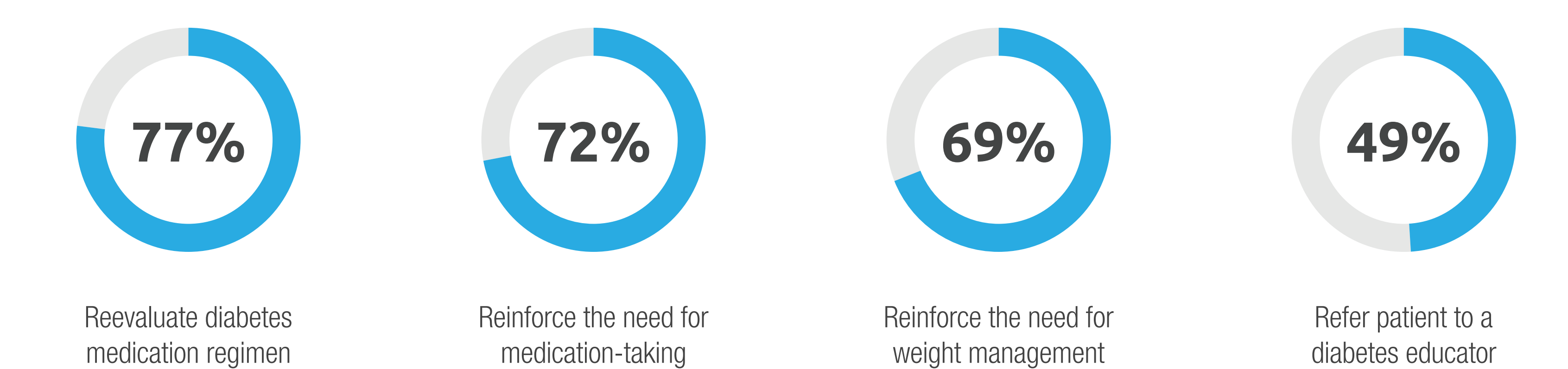
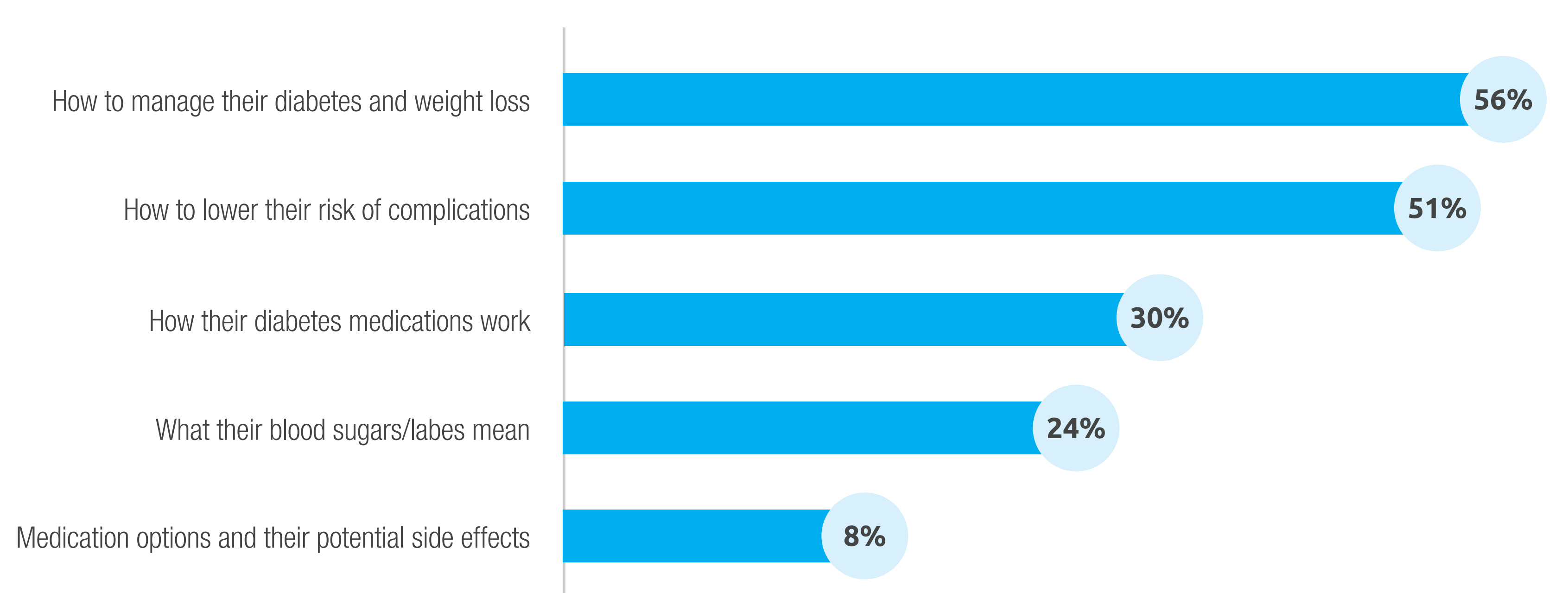


Figure 5: Provider Perceptions of Patient Education Topics With Most Urgent Needs (N = 68)



Educational Outcomes: Grand Rounds Sessions

Figure 6: Proportion of Providers Who Strongly Agree That Weight Reduction Is a Key Therapeutic Goal in the Management of T2D

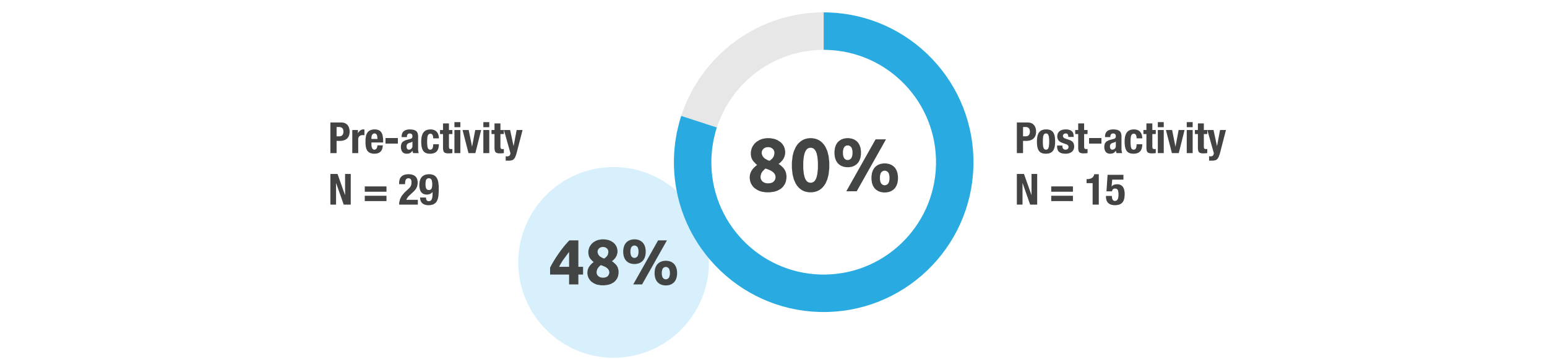
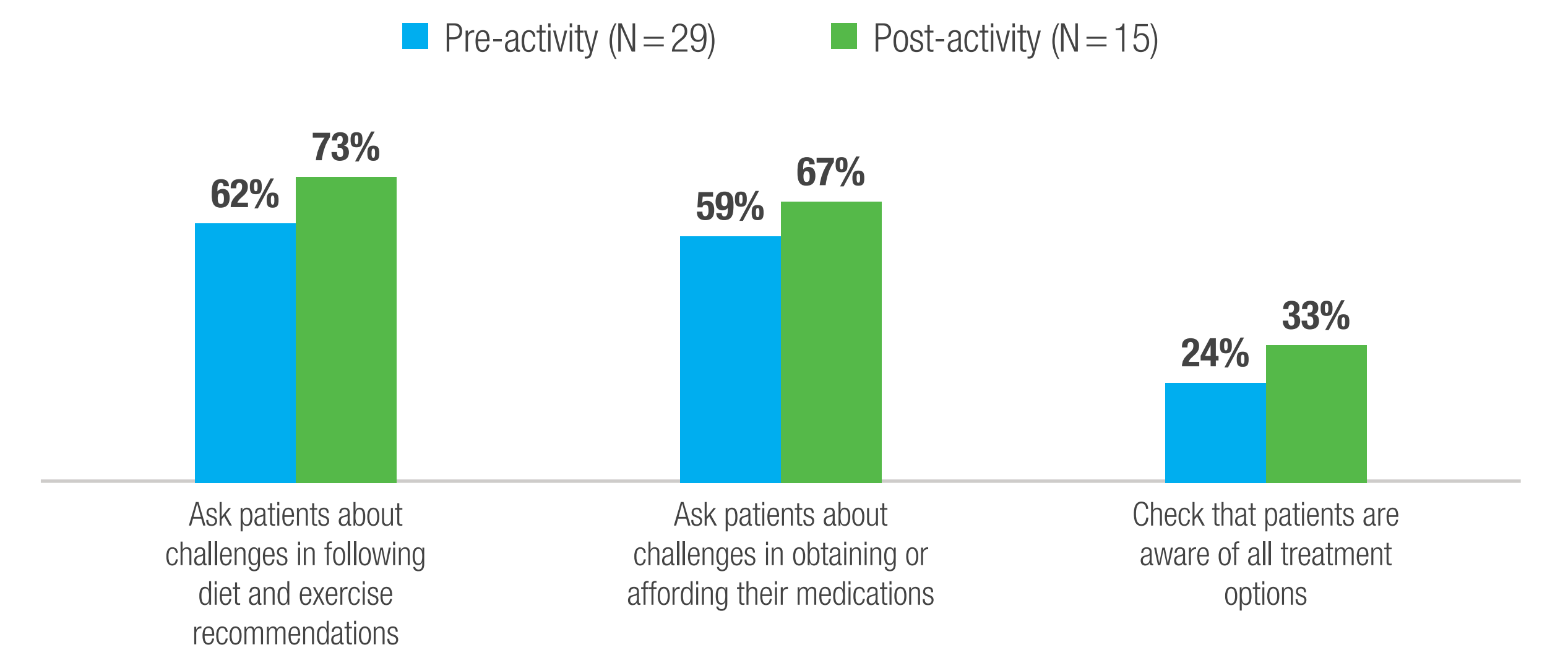


Figure 7: Proportion of Providers Committing to Applying Strategies to Recognize Patient Challenges



Post-Session Team-Committed Action Plans

- Educating patients about the need for lifestyle modification and medication-taking
- Engaging patients in shared decision-making
- Individualizing treatment decision-making based on patient factors
- Providing patients with resources and support to overcome barriers to health care or treatment access

CONCLUSIONS

Key findings from PRIME's ongoing QI initiative include:

- Deficits in chart-documented performance of patient-centered care practices such as patient education and shared decision-making
- Low inclination among providers to refer patients to a diabetes educator even when patients are not on target to achieve their A1C and weight loss goals
- Meaningful gains in proportion of providers committing to recognize and address patient challenges in T2D care following the educational activity

Next step: informed by these findings, PRIME will conduct small-group learning sessions at each of the health systems to engage patients in their A1C and weight management

REFERENCES

- Wilding JP. The importance of weight management in type 2 diabetes mellitus. *Int J Clin Pract.* 2014 Jun;68(6):682-91.

DISCLOSURES

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