Research has identified clinical practice gaps in the management of diabetes, which include suboptimal assessment and management of low-density lipoprotein cholesterol (LDL-C) levels as well as other lipid parameters. As part of a quality improvement, continuing medical education (CME)-based initiative on type 2 diabetes (T2D) management, lipid management was assessed in this population. The objective of this study was to conduct a baseline assessment survey to detect clinical practice gaps related to lipid management in patients with T2D. In addition, CME will be used as an intervention in a quality improvement (QI) initiative to address the identified practice gaps; post-education effects on physician performance and patient metrics will be measured and reported at a specified date in 2015.

Methods

Introduction

As part of a 4-month initiative, a baseline chart review was performed for 10 patients from each of 60 primary care physicians (PCPs) (total of 600 patients) that included data related to lipid parameters and statin use. A total of 60 PCPs (MD, DO, NP, PA) were identified using a method to determine providers with the greatest need for T2D education. Of these PCPs, CareHere identified, by provider, the number of patients who have T2D and a 2013 HbA1c >9% (uncontrolled T2D). These providers demonstrate need for education, as they have the largest proportion of patients with uncontrolled T2D.

Inclusion Criteria:

- A sample of patient charts was selected at random from among the population of patients who met the following criteria:
  - T2D diagnosis
  - 18 to 75 years of age
  - At least 1 visit with the provider between May 1, 2013 and April 30, 2014

- Patients who met the following criteria:
  - T2D diagnosis
  - At least 1 visit with the provider between May 1, 2013 and April 30, 2014

- Data Collection:
  - Chart data were extracted for the time period May 1, 2013 to April 30, 2014 to provide a full-year patient chart information from the 10 patients per provider.

- Quality Measures:
  - In addition to demographic data, other data were collected and assessed based on measures and standards set forth by the National Committee for Quality Assurance (NCQA), American Medical Association-Physician Consortium for Performance Improvement (AMA-PCPI), and the American Diabetes Association (ADA) and included:
    - Percentage of patients with LDL-C <70mg/dL and <100mg/dL
    - LDL-C <100mg/dL
    - Non-HDL-C <130mg/dL
    - Non-HDL-C <150mg/dL
    - Statin use

- Adherence to T2D Quality Measures (Lipids)

- Patient Sample Demographics
  - Age: 55 years
  - Men: 25%, Women: 75%, SD = 8.19
  - Sec: 47% were female
  - Duration of T2D: 5.2 years
  - Of patients with T2D and cardiovascular disease (CVD):
    - 31% had LDL-C <100 mg/dl
    - 65% had LDL-C <130 mg/dL
  - Comorbidities: heart disease (14%) and peripheral neuropathy (11%)
  - Obesity: 76%

- LDL-C
  - 25% had LDL-C <70 mg/dL
  - 53% had LDL-C >100 mg/dl
  - Patients with T2D and cardiovascular disease (CVD):
    - 31% had LDL-C <70 mg/dl
    - 65% had LDL-C <130 mg/dL
  - Statin utilization:
    - Overall: 63%
    - Among patients with statin use, 75% were moderate-intensity, 16% high-intensity, and 9% low-intensity; 45% had unknown statin (due to missing medication documentation)
    - Patients with T2D and CVD: 80% statin use

- Conclusion

- This baseline assessment identified significant clinical practice gaps related to lipid management in patients with T2D.
  - Almost half of patients were not achieving LDL-C <100 mg/dL
  - More than 50% of patients with T2D were not currently prescribed a statin

- Adherence to T2D Quality Measures (Lipids)

- All Patients vs. Patients with Heart Disease

- Results related to educational impact on above quality measures will be available in 2016

- References


- Disclosure

- The authors have nothing to disclose.

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- Notes

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