Healthcare Problem

Research has noted the clinical practice gaps in the management of diabetes, which include defining and meeting glyemic targets, assessing low-density lipoprotein cholesterol (LDL-C) levels, improving diabetes awareness, hypertension control, and neuropathy screening. (NCOA 2014, Peters 2010) The importance of patient lifestyle in patient outcomes has also been frequently cited, and their incorporation into individualized treatment plans has been noted in guidelines. (Garder, 2012; Hulse, 2012)

To address clinical gaps related to type 2 diabetes (T2D), a multipartner initiative was collaboratively developed and implemented by Indegene Total Therapeutic Management, a physician-focused quality improvement company that provides health information management, research, and education support; CareHere, an employee-based provider group with 125 docs in 20 states; and Medscape Education, the largest online provider of continuing medical education (CME).

This multipurpose initiative included a baseline assessment, an interim assessment at 3 months, and will end after a final assessment at 9 months from baselines. Following the final assessment, the initiative’s effect will be measured as the change in primary care providers’ (PCP) performance, adherence to national quality measures for diabetes management, and changes in patients’ metrics. These measures were established by the National Committee for Quality Assurance, American Medical Association (AMA)–Physician Consortium for Performance Improvement, and American Diabetes Association, and include:

- Percentage of patients with A1c levels <7% (HbA1c)<br>- Percentage of patients with LDL-C <100 mg/dL, triglycerides <150 mg/dL, and HDL-C >40 mg/dL, (men) or >50 mg/dL (women)<br>- Percentage of patients with documentation of statin use<br>- Percentage of patients with blood pressure (BP) documented at each visit<br>- Percentage of patients with BP <140/90 mmHg or <140/80 mmHg<br>- Documentation of weight loss among clinically obese patients<br>- Documentation of comprehensive foot examination at least yearly

Educational Strategy

A quality improvement (QI) initiative was designed to help PCPs develop practical strategies to improve diabetes management through implementation of evidence-based recommendations and nationally recognized guidelines:

- 80% of 60 PCPs (MD, DO, NP, PA) with the greatest need for T2D education were identified.<br>- Baseline (B) [n = 60 PCPs/600 patients]<br>- 3-month follow-up (F) documented [n = 60 PCPs/600 patients]<br>- 9-month follow-up (F) documented [n = 60 PCPs/600 patients]<br>- 50 CareHere Providers<br>- 60% of providers received CME modules<br>- 20% of providers received a multipartner initiative was collaboratively developed to address clinical gaps related to type 2 diabetes (T2D), a multipartner initiative was collaboratively developed and implemented by Indegene Total Therapeutic Management, a physician-focused quality improvement company that provides health information management, research, and education support; CareHere, an employee-based provider group with 125 docs in 20 states; and Medscape Education, the largest online provider of continuing medical education (CME).

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Primary Care Provider Participant Selection

A total of 60 PCPs (MD, DO, NP, PA) with the greatest need for T2D education were identified.

CME Inclusion Criteria

- PCPs must have had at least 20 unique patients with T2D in 2013 to be considered.
- Of these PCPs, CareHere identified, by provider, the number of patients who have T2D and a 2013 HbA1c >9% (uncontrolled T2D).<br>- 60 providers with the greatest proportion of patients who met these criteria were selected for participation, with the assumption that these providers demonstrate need for education, as they have the largest proportion of patients with uncontrolled T2D.

Patient Inclusion Criteria

A sample of patient charts was selected at random from among the population of patients who met the following criteria:

- T2D diagnosis<br>- 18 to 75 years of age<br>- HbA1c between 7% and 9%<br>- At least 1 visit with the provider between May 1, 2013 and April 30, 2014

Post Medscape instructional design experience with diabetes-focused education was used to guide selection of the most appropriate instructional format for each activity, including length, number of faculty, inclusion of slides, and type of lecture (discussion/didactic).

These parameters were also aligned with the learning goals of each activity to determine the most appropriate format.

CME Components

- Instructional Design/Development<br>- Faculty/Instructor Selection<br>- Length of course<br>- Type of lecture (discussion/didactic)<br>- Use of slides<br>- Use of video lectures

This baseline and interim assessment identified significant clinical practice gaps related to T2D management.

- 13 of patients had their A1c tested at least twice yearly and did not meet the HEDIS goal of A1c <8%.
- More than 13 of patients with T2D were not prescribed a statin, and 1/2 did not meet the previous AOA LDL goal of <100 mg/dL.
- Over 13 of patients did not have their BP documented at each visit and 1/4 were not meeting AOA goal of <140/90 mm Hg.
- Over 1/2 of obese patients with T2D did not have documented weight loss.
- Over 85% of patients did not have appropriate neuropathy screening.
- The interim data demonstrated effectiveness of CME at improving provider performance.
- 10% increase in physicians who perform adherence counseling (P < .0001).
- 25% increase in diabetes education referrals (P < .0001).
- 21% increase in BP documentation at each visit (P < .0001).
- 22% increase in physicians performing diet and exercise counseling (P < .0001).

The final results are expected to show a significant improvement in healthcare providers’ adherence to national quality measures and corresponding changes in patients’ metrics.

Implications:

- The overall goal of this QI initiative is to improve the ability of physicians and other HCPs to provide optimal T2D treatment.
- The effectiveness of the health system-focused initiative design has implications for the scalability of the model to other healthcare provider systems.

- This partnership demonstrates a unique and valuable innovation in elevating clinician performance, and thus improving patient health outcomes among individuals with diabetes.

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Notes

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Disclosures

The authors have nothing to disclose.

References