SUCCESS OF A QUALITY IMPROVEMENT INITIATIVE IN TYPE 2 DIABETES MANAGEMENT

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INTRODUCTION

Research has identified clinical practice gaps in the management of patients with T2D, which include missing and needing glucose- lowering medications, elevated lipids, elevated blood pressure (BP) levels, and nonprescribed antihypertensive medications. In 2012, the Association of Diabetes Care and Education (ADCME) identified that 34% of new diabetes patients were not on an antihyperglycemic agent. In 2017, the American Diabetes Association (ADA) published a joint statement with the American Academy of Endocrinology and Medicine (AACE) supporting multiple interventions to improve glycemic control. This initiative sets out to understand whether a quality improvement (QI) initiative consisting of CME (education, coaching)  to improve physician knowledge and competence among actively practicing primary care providers (PCPs) in the management of patients with T2D within the context of patient-level data on how this intervention improves clinical gaps in patient-level data on how this intervention improves clinical gaps in patient care quality.

METHODS

This multicenter initiative included a baseline assessment and an interim assessment at 3 months, and will end with a final assessment at 9 months from baseline. Following the interim assessment, the patient-level data will be measured on the change in PCP performance, adherence to guideline quality measures, and change in patient outcomes. These measures were selected at random from among the National Committee for Quality Assurance (NCQA) and American Medical Association-Physician Consortium for Performance Improvement, and the American Diabetes Association, and included the following:

- Percentage of patients with documented HbA1c <8% (Healthcare Effectiveness Data and Information Set [HEDIS]) or <7% (ADA)
- Percentage of patients with LDL-C <100 mg/dL, triglycerides <150 mg/dL, and high-density lipoprotein cholesterol (HDL-C) >40 mg/dL (men) or >50 mg/dL (women)
- Percentage of patients with documented foot exams at least yearly
- Percentage of patients with documented body weight at least yearly
- Percentage of patients with antihypertensive medications documented at least yearly

To address these clinical gaps, the Multistate Collaborative for Collecting, Collaborating, and Qualifying Data (MC3) initiative was developed and implemented by Integere Total Therapeutic Management (ITM), a Colleague-owned for-profit company that provides health information management, research, and education services to the nation’s largest healthcare organizations. Determined performance baselines were set using patient-level data from their primary care providers (PCPs) and patients with T2D, and a CME backbone was developed to provide access to resources and expertise to improve PCP knowledge, attitude, and performance as a result of the clinical initiative.

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
- Age 18-75 years of age
- HbA1c between 7% and 9%
- At least 2 visits within calendar year between May 1, 2013 and April 30, 2014

Baseline Assessment Period

May 1, 2013 through April 30, 2014

Follow-Up Assessment Period

October 1, 2013 through June 30, 2014 (8 months education plus 9 months post-education)

OUTCOMES MEASURE:

- Documentation of comprehensive foot examination at least yearly
- Percentage of patients with documentation of body weight at least yearly
- Percentage of patients with documented antihypertensive medications at least yearly

PATIENT-LEVEL OUTCOMES

PATIENT COMORBIDITIES AND CONDITIONS

CONCLUSIONS

This study demonstrates the success of a quality improvement initiative combining CME and coaching to improve physician knowledge and competence among actively practicing primary care providers (PCPs) in the management of patients with T2D within the context of patient-level data on how this intervention improves clinical gaps in patient care quality.

References


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