Clinical Inertia in the Adoption of New Guidelines

**Methodology:**
- **Background** for same Rx during three 12-mo. periods ending as above. Baseline Rx identified in prior 2 years. Patients stratified by nephrology (≥ 2 ambulatory visits in 18 months) in 20 health systems. Guidelines had codified findings into treatment pathways for people with T2DM & CVD (see figure 1).

CVOTs for these 3 classes have demonstrated mixed results: from neutral to positive CVD benefit for select drugs within ASCVD PREDOMINATES HF OR CKD
- **DPP-4i if not on GLP-1 RA**
- **Consider adding the other**

**Study Objective:**
- FIRST-LINE therapy is metformin and comprehensive lifestyle (including weight management and physical activity) of new antidiabetic therapies in the treatment of patients with diabetes adequate

Use of SGLT2i and GLP–1 RA in Patients with Diabetes and Cardiovascular Disease

Anticipating the Impact of 2019 Guidelines:

**Uptake of New Therapies**
- **Among All T2DM Patients**
  - 60% of all patients with T2DM were prescribed a combination of 2 medications.
  - GLP-1 RA and SGLT2i prescriptions have increased from 2016–2018 and 2019 (3%, respectively) but remain low among patients with T2DM: 10% and 4%, respectively (20% of patients with Rx for DPP-4i).

- Patients with T2DM and established CVD were less likely than those without CVD to have an GLP-1 RA or SGLT2i (p < 0.001).

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- **Among T2DM Patients Indicated (A1c ≥ 8 for Intensification)**

**Recommendations**
- **Guideline Adherence:** Update care paths to reflect new guidelines and educate prescribers; use clinical decision support in the EHR; align formularies; employ shared decision-making tools to establish predominance of CVD with patients; and address potential cost/access barriers.

- **Positive Deviants:** Identify “positive deviants” or early adopters of guidelines, learn from their experiences, and disseminate through person and virtual education and training.

- **Care Teams:** Employ multi-disciplinary teams, including pharmacists to deploy guidelines and support implementation of best practices.

Conclusions
- Initial barriers associated with the introduction of novel antidiabetic drugs was observed in the general uptake of new therapies, the initial reaction to research, and the publication of new treatment guidelines.
- Prescribing of GLP-1 RA and SGLT2i (as of early 2020) fell short of current expectations for recommended treatment in the treatment of patients with T2DM and CVD.
- Quality of care gaps in the treatment of patients with T2DM and CVD are evident.