Module 2: Addressing Clinical Inertia in T2D

Barriers to Clinical Inertia in T2D

Therapeutic inertia is the failure to initiate or intensify therapy when glycemic targets are missed. Delaying appropriate treatment intensification, including insulin, exposes patients to prolonged hyperglycemia, which is associated with increased risk of diabetes-related complications



To overcome inertia, care teams are encouraged to:

Put Insulin on the Radar:
Position insulin as one potential treatment option when clinically appropriate during treatment conversations to reduce patient anxiety.

Standardize Workflows:
Coordinate patient communication and distribute management tasks across the multidisciplinary care team.

Leverage Digital Tech:
Simplify the titration process and monitor progress using CGMs and digital tools.

The Bottom Line: Proactive communication may help address barriers to treatment initiation and support informed treatment decisions.

Reasons for therapeutic inertia in the management of T2D



System level
(20% of inertia*)

- Organization of healthcare - different healthcare settings
- Costs
- Regulations about new medications
- Accessibility and/or availability of new drugs



Provider level
(50% of inertia*)

- Time constraints
- Lack of knowledge about insulin therapy initiation
- Potential risk of hypoglycemia
- Variations in guideline recommendations
- Perception of side effects
- Concerns about weight gain
- Competing demands



Patient level
(30% of inertia*)

- Non-adherence due to complex treatment regimens
- Lack of health literacy
- Concerns about hypoglycemia
- Concerns about weight gain
- Fear of self-monitoring, anxiety and depression
- Fear or needles and injections
- Psychological insulin resistance

*Data on file