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NURSE 

Implementing Best Patient Care – Preventing Clinical Inertia



The amount of time from bench (research) to bedside (patient care) can take anywhere from 10-15 years. Despite the advances in newly reported data, guideline revisions and standard-of-care recommendations – healthcare providers can lag when initiating or intensifying specific therapies to manage multiple chronic conditions. This behavior is defined as *clinical inertia*. Recognition of a problem with failure to act.

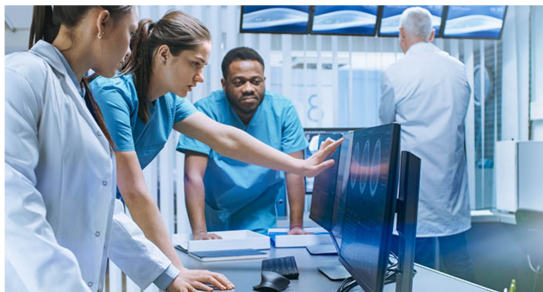
Traditionally, providers focus on the relief of symptoms – but to effectively manage common conditions such as hypertension, diabetes and hyperlipidemia, they are without symptoms. An elevated blood pressure, increased lipids or abnormal hemoglobin A1c warrant treatment without further clinical evaluation. Limitations in effectively managing these disorders are often a result of clinical inertia.

Clinical inertia has been identified by three problems:

- Overestimation of current care provided.
- No justification to avoid an intensification of specific therapy based on guideline recommendations.
- Lack of education, training and practice patterns aimed at achieving therapeutic patient-specific goals.

Clinical inertia contributes to poor patient outcomes by not adhering to guideline recommendations that promote optimizing best practice. Failure to appropriately intensify pharmacologic management for example, in hypertension, diabetes and hyperlipidemia in routine care contributes to inadequate chronic disease management.

Health care providers can identify a lack of patient adherence or self-management skills to prevent optimal outcomes. A landmark paper by Phillips et al suggests that providers are responsible for their own clinical inertia – which cannot be blamed on the patient, clinical setting or limited time spent with the patient.



Recommendations to avoid clinical inertia:

- Ongoing education that focuses on implementation of evidence-based guidelines.
- Include the concept of the dangers of clinical inertia in all levels of healthcare provider education.
- Clinical education that not only focuses on disease, diagnosis and therapy – but on strategies that facilitate good care.
- Perform a systematic self-measurement of clinical practice performance.
- Routine interaction with peers or opinion leaders to obtain clinical performance feedback.

Phillips et al., Clinical Inertia. Ann Internal Med 2001;135:825-834

The Multiple Chronic Conditions Resource Center offers FREE access to current clinical guidelines and resources to support the comprehensive care for the nation's largest patient population – those living with two or more chronic conditions.

Resource Center

NEW PODCAST:



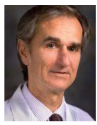
PODCAST: Medication Safety: Knowledge is Power

Dr. Kim Kuebler DNP, APRN, ANP-BC, FAAN Editor in Chief, Multiple Chronic Conditions Resource Center | Chief Executive Officer Advanced Disease Concepts LLC | Advanced Practice Provider | *Chronic Conditions, Pain and Symptom Management, Palliative Care, Spine and Orthopedics*

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Dr. Eduardo Bruera MD Chair, Department of Palliative, Rehabilitation, & Integrative Medicine | University of Texas MD Anderson Cancer Center
Cancer, Pain and Symptom Management, Research, Palliative Care

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PODCAST: Dr. Paul Ciechanowski discusses the benefits of integrated behavioral health models in primary care

In the fifth edition of the MCCRC Podcast, Dr. Kim Kuebler sits down with Dr. Paul Ciechanowski talks about the benefits of integrated behavioral health models in primary care, why integrated care is a preferable model to hiring psychiatrists or social workers as part of a co-located model, and much more.

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PODCAST: Dr. Irina Koyfman discusses Chronic Care Management - Do's, Don'ts, and Everything in Between

In the fourth edition of the MCCRC Podcast, Dr. Kim Kuebler sits down with Dr. Irina Koyfman to talk about Chronic Care Management (CCM), getting in depth on what CCM really is, why specialists should consider doing CCM, and the future of CCM.

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PODCAST: How the human immune system relates to Multiple Chronic Conditions

In the third edition of The MCCRC Podcast, Dr. Kim Kuebler sits down with Dr. Matthew Sorenson to talk about how the human body is impacted by chronic conditions, the different types of cells in the immune system, and the factors impacting immune health.

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PODCAST: Helping overloaded people remaining in the workforce

Dr. Kim Kuebler sits down with Dr. Gienna Crooks to talk about her most recent research on helping overloaded people remaining in the workforce, along with her most recent book "The NetworkSage: Realize Your Network Superpower."

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Dr. Julian L Gallegos PhD, FNP-BC, Clinical Associate Professor, Director, Doctor of Nursing Practice Program Purdue University

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UPCOMING PODCASTS:



Arlene Bierman
MD, MS

Brittany Watson
MD, MPH

Jane Pederson
MD, MS

The Multiple Chronic Conditions Resource Center (MCCRC) has an upcoming Podcast with **Arlene Bierman MD, MS**, Chief Strategy Officer at AHRQ. Previously, Dr. Bierman was Director of the Center for Evidence and Practice Improvement at AHRQ. **Brittany Watson MD, MPH**, Department of Family and Community Medicine, Wake Forest University School of Medicine, Atrium Health Wake Forest Baptist and first author of this paper. This podcast will be moderated by **Jane Pederson MD, MS**, Chief Medical Quality Officer Stratis Health, Minnesota and Editorial Board member of the MCCRC.

What's Your Opinion?

Please take a few minutes to provide your feedback about *Multiple Chronic Conditions*. We want to know what you like and what you'd like to see us do differently.

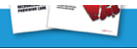
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