

Real-World Barriers Contributing to Clinical Inertia in Type 2 Diabetes: A Pharmacist-Focused Educational Outcomes Study

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Introduction and Objective

The growing prevalence of diabetes requires responsive management; however, only ~50% of adults with type 2 diabetes (T2D) achieve A1C targets, and many eligible patients are not receiving guideline-recommended therapies, including incretin-based agents.^{1,2} Therapeutic inertia and delays in treatment intensification further contribute to prolonged hyperglycemia and increased risk of complications.³

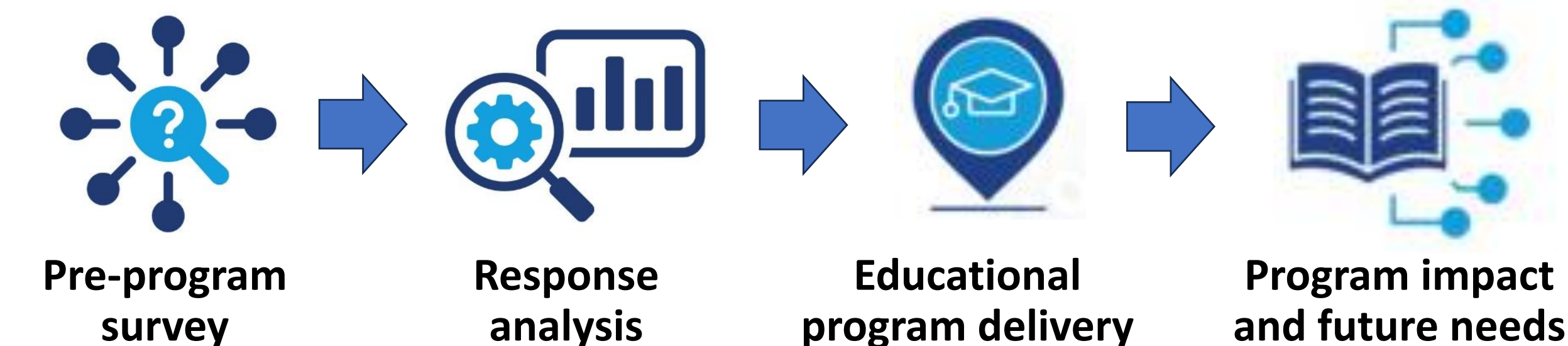
Pharmacists play a critical role in optimizing T2D management; however, real-world, pharmacist-specific barriers to implementing evidence-based care are not well characterized. To address these gaps, a comprehensive continuing education (CE) program was developed to identify and target these barriers and equip pharmacists with strategies to optimize patient care.

The objectives of this study were to characterize real-world barriers contributing to inertia in T2D among pharmacists and to evaluate changes in confidence and competence following the CE program.

Methods

Local professional organizations (ASHP and ACCP chapters) were leveraged to reach hospital and ambulatory care pharmacists with eleven in-person programs and a nationally broadcast live webinar. Participants completed an 8-question pre-program survey that included Likert scale assessments of confidence in therapy intensification, guideline application, and patient counseling; questions identifying barriers to treatment selection and delays in therapy escalation; and an open-ended question assessing challenges to achieving desired outcomes. These data were compiled ahead of each meeting, and AI was used to identify themes which were shared with faculty prior to each session inform discussion and address audience-specific needs. The educational program was a 1-hour CE which included didactic presentation followed by small group case discussions. Following the program, participants completed post-program assessment questions aligned with educational objectives, survey questions assessing changes in confidence and competence related to identifying clinical inertia and applying guideline-directed strategies. Responses were analyzed descriptively.

Responses across participants were compiled and analyzed to determine themes related to management of diabetes. Post-program outcomes were analyzed against pre-program data to determine the impact of education and identify additional knowledge and practice gaps for pharmacists.

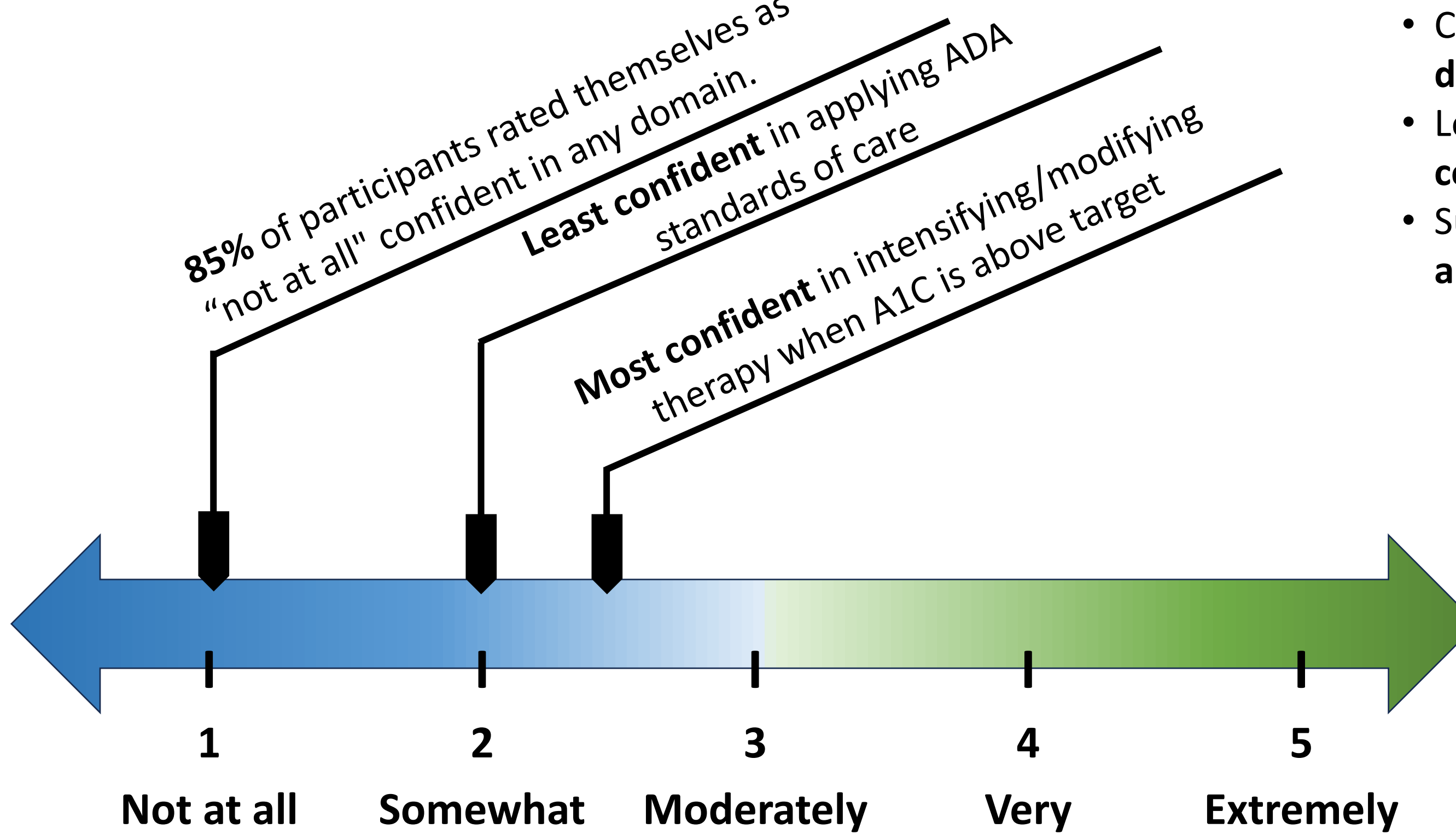


Results

Pre-Survey Themes: Confidence

Pre-program survey data (N = 650) show key challenges and uncertainty around therapy sequencing. Participants demonstrated highest confidence levels in reactive decision-making, specifically intensifying or modifying therapy once a patient's A1C was already confirmed to be above target. The area of least confidence was the application of the most recent ADA standards of care. While learners are willing to intensify therapy, approximately 67% reported being "somewhat" or "not at all" confident in this domain. The top 2 areas participants indicated they hoped the program would improve was in applying guideline-directed cardiovascular/kidney protective therapies (29%) and earlier therapy intensification strategies (20%).

Figure. Most and least confident domains.



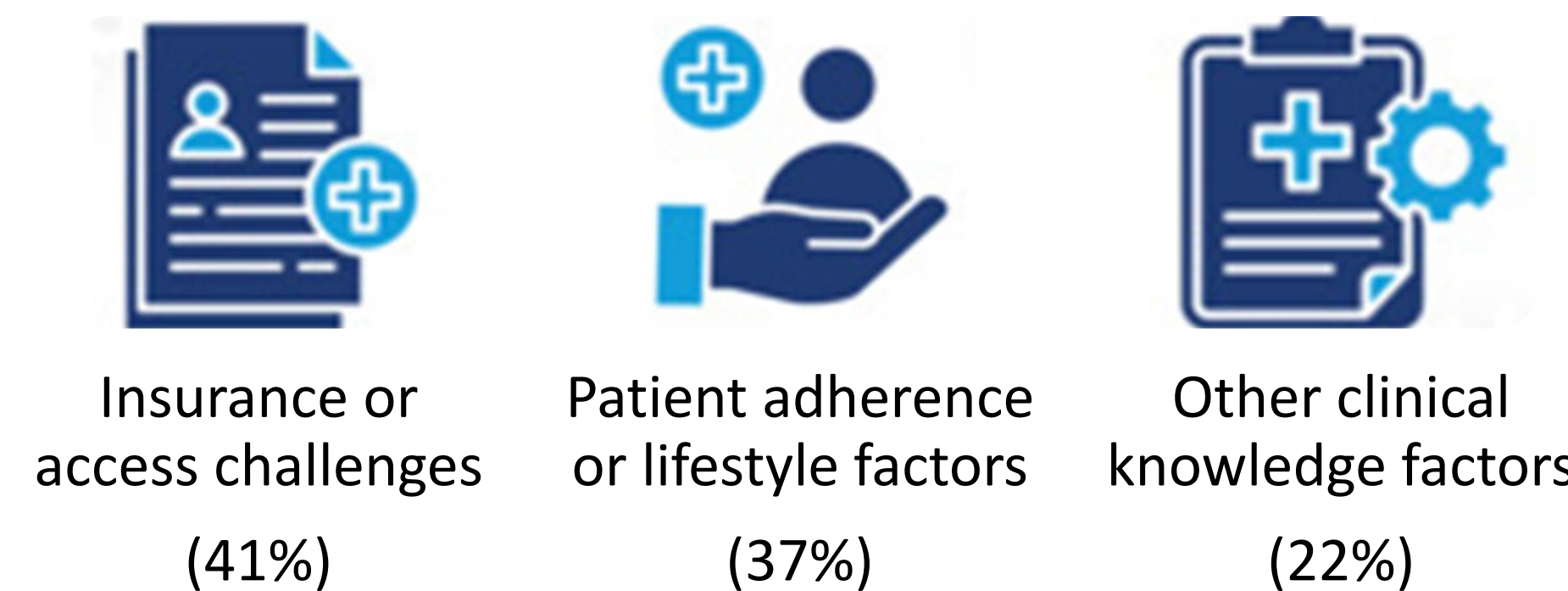
Learner Confidence Insights:

- Confidence is highest in **reactive decisions (A1C-driven)**
- Lower in **integrating ADA guideline complexity**
- Suggests need for **education on applying multifactorial care**

Pre-Survey Themes: Challenges

Time and resource limitations within the practice setting hinder the ability to provide the intensive education and follow-up required for optimal outcomes. To overcome clinical inertia, solutions that address policy (systemic), behavior (patient), and education (clinical) are needed.

Figure.



Informed Educational Design

The pre-survey insights directly influenced a strategic shift in the program's instructional focus. Pre-program insights indicated that education should pivot away from task-based actions ("when" and "why") to intensify and toward more proactive recognition of "how-to" of applying standards of care.

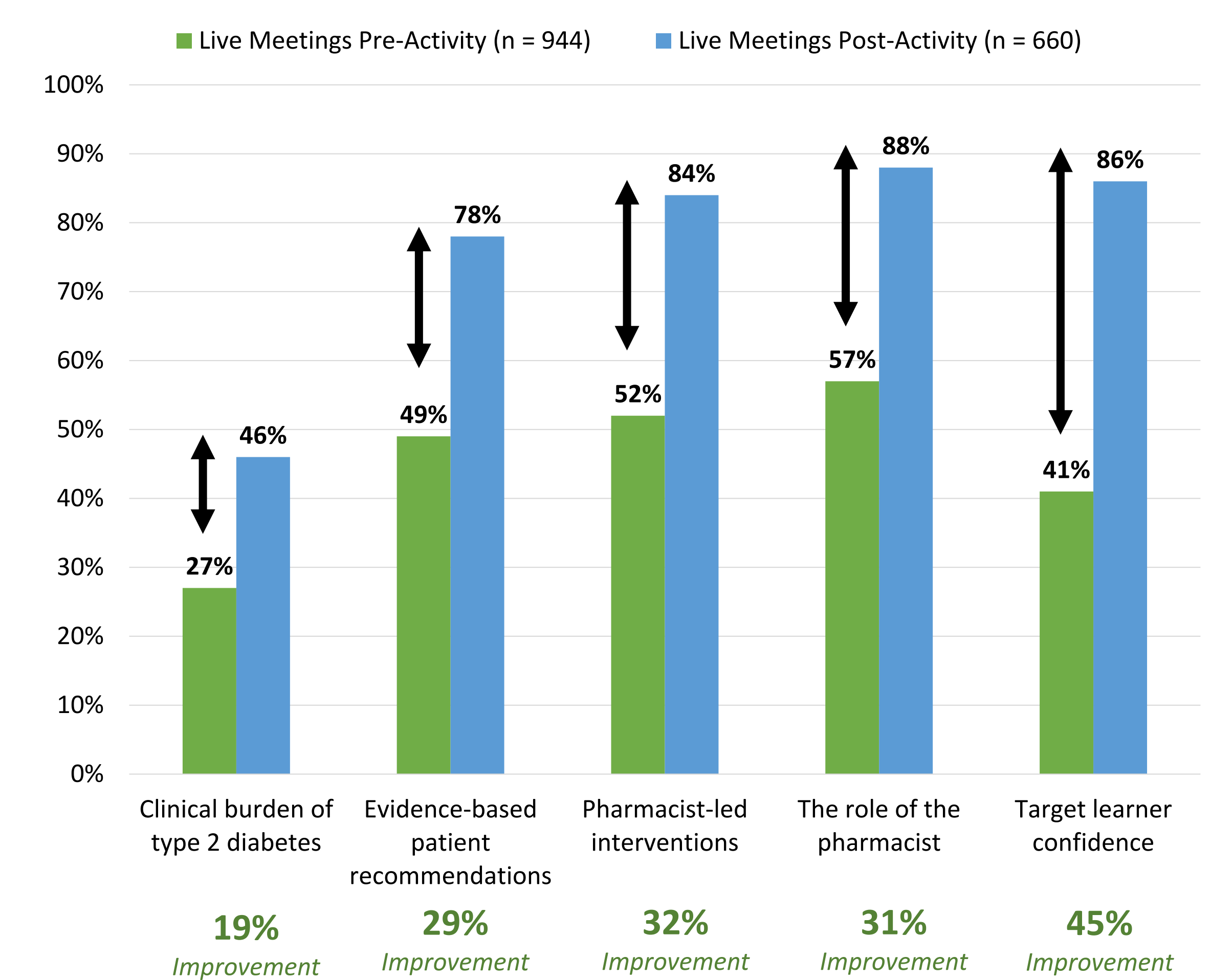
Post-Program Assessment Question and Evaluation Insights.

Post-program outcomes demonstrated meaningful improvements in knowledge, competence, and confidence across all domains. The largest gains were observed in applying pharmacist-led interventions and understanding the pharmacist's role in reducing clinical inertia. Confidence in identifying and managing patients at risk for clinical inertia increased substantially.

Learner Competence Insights

- Greatest gains in applied decision-making, highlighting the impact of case-based learning
- Confidence improved substantially, reducing hesitation to intensify therapy
- Baseline gaps were highest in evidence-based decision-making, reinforcing need for practical education
- Persistent system barriers (time, data, workflow) continue to limit implementation
- The largest knowledge gains were observed in understanding of the pharmacist's unique role in reducing clinical inertia
- Education improves readiness—but not fully real-world execution

Figure.



Application to Practice

- Post-program feedback indicated that providing a "how-to" framework for applying annually updated ADA standards helped learners move past the "Somewhat/Moderately" confident plateau (observed in 66–70% of pre-program participants) toward higher levels of clinical mastery
- 100% reported intent to change practice, most commonly by applying strategies to reduce therapeutic inertia and optimizing evidence-based therapy use

Conclusions and Future Directions

The educational aim of this program was to equip clinical pharmacists with the knowledge, tools, and confidence to improve outcomes for people living with T2D through timely, evidence-based treatment intensification. Findings support the use of targeted, case-based education to improve readiness to act and promote earlier therapy escalation. Given that >90% of participants are actively involved in T2D care, these findings highlight the importance of addressing both knowledge gaps and real-world barriers. While education improved readiness to act, persistent system-level barriers may limit real-world implementation. Future research should evaluate strategies to overcome system-level barriers and assess the impact of pharmacist-led interventions on real-world clinical outcomes.

References

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