Improving Cardiovascular Risk Factors in Type 2 Diabetes: The A,B,C Study

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April 2005

Funding provided by NIH/NIDDK Grant # 1R34-DK-067300-01-A1
Current CV Risk Factor Goals are

- “A” HbA1c < 7.0
- “B” BP < 130/80
- “C” Cholesterol LDL < 100 (or < 70 if CAD)

Translation of these research findings into primary care practice is complex and challenging.
Recent Findings from Direct Observation of Diabetes Care Study

<table>
<thead>
<tr>
<th>CV Risk Factor</th>
<th>Most Recent</th>
<th>Next Most Recent</th>
<th>Most Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c &lt;= 7</td>
<td>43.1%(n=443)</td>
<td>47.6(n=399)</td>
<td>42.3(n=350)</td>
</tr>
<tr>
<td>BP &lt;= 130/80</td>
<td>47.2%(n=453)</td>
<td>42.9(n=455)</td>
<td>42.3(n=454)</td>
</tr>
<tr>
<td>LDL &lt;= 100</td>
<td>49.2%(n=384)</td>
<td>49.7(n=320)</td>
<td>44.3(n=262)</td>
</tr>
<tr>
<td>Number of Risk Factors at Target:</td>
<td>(n=490)</td>
<td>(n=356)</td>
<td>(n=265)</td>
</tr>
<tr>
<td>None</td>
<td>18.0%</td>
<td>16.3</td>
<td>17.4</td>
</tr>
<tr>
<td>One</td>
<td>36.3</td>
<td>38.8</td>
<td>39.6</td>
</tr>
<tr>
<td>Two</td>
<td>30.6</td>
<td>33.4</td>
<td>31.7</td>
</tr>
<tr>
<td>All Three</td>
<td>15.1</td>
<td>11.5</td>
<td>11.3</td>
</tr>
</tbody>
</table>
Theory: Chronic Illness Care Model

- Prepared, Proactive Practice
- Informed Activated Patient
- Cardiovascular Risk Factor Control
Study Design

- Intervention at 2 levels:
  - The Practice: tailored implementation of a diabetes registry
  - The Patient: phone calls to “activate” the patient so that they
    - Are more involved in seeking info about their “A,B,Cs”
    - Are more involved in decision making during the visit with their physician
Methods

- 8 practices
  - 4 get registry intervention in first 12 months
  - 4 get delayed registry intervention after 12 months

- 50 patients per practice (n=400)
  - 200 get phone calls
    - 100 get 2 phone calls
    - 100 get 4 phone calls
Practice Involvement

- Assist us in identifying patients from billing records to send out letters
- Hand out recruit brochures
- Help us find charts for abstraction at end of study
- Work with us to tailor the diabetes registry to the unique people, resources and organization of each practice
  - May require staff and physicians to meet with myself and Raquel once every week or two?
- Meet with us over lunch at end of study to de-brief
Patient Involvement

- Complete and return by mail 2 surveys: one at enrollment, one at end of 12 months
  - $10 for each survey returned
- If randomized to phone calls, schedule a phone call with research team member 2 or 4 times over 12 months
Issues and Questions

- Most effective methods to recruit patients?
  - Letters from practice to 100 pts selected at random from billing system?
  - Recruitment “brochure” during visit?
  - Others?

- How prevent patient “drop-out” (e.g. they enroll but then never return surveys or take phone calls)
Issues and Questions

- Diabetes Registry
  - Really fancy database program from Minnesota
  - Other options:
    - We audit charts and create spreadsheet registry
    - How keep it updated?
    - Others?
Issues and Questions

- General Questions about feasibility of intervention?
- What resources would your practice need to participate in a larger more well-funded study like this?