American Diabetes Association.

83RD SCIENTIFIC SESSIONS
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News Release

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New Study Shows a Coordinated Care Approach Significantly Improves Quality of Care for Patients with Type 2 Diabetes and Heart Disease

Data Addresses Gaps in Preventive Prescriptions Therapy, Emphasizing the Importance of Multifaceted Interventions

SAN DIEGO, Ca. (June 26, 2023) – Today, findings from the COORDINATE-Diabetes trial demonstrated that multi-disciplinary care between cardiologists, diabetes specialists and other team members can significantly increase the prescriptions of evidence-based therapies to help treat patients with both type 2 diabetes (T2D) and atherosclerotic cardiovascular disease (ASCVD), commonly known as heart disease. The trial was presented as a late-breaking symposium today at the 83rd Scientific Sessions of the American Diabetes Association® (ADA) in San Diego, CA.

In the United States alone, up to two-thirds of patients with T2D develop ASCVD in their lifetime. While ASCVD is associated with worse health outcomes in patients with diabetes compared to the general population, evidence-based therapies to reduce heart disease risk in adults with T2D are underused in clinical practice. The goal of this study was to evaluate if a coordinated, multifaceted intervention of assessment, education, and feedback versus usual care on adults with T2D would impact the prescription of three recommended evidence-based therapies, designed to help treat patients with both diseases.

The randomized clinical trial included 43 cardiology clinics across the U.S. The clinics enrolled 1,049 participants (459 at 20 intervention clinics and 590 at 23 usual care clinics) with T2D and ASCVD not already taking all three groups of evidence-based therapies, including high-intensity statins, angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs), and sodium-glucose cotransporter 2 (SGLT2) inhibitors and/or glucagon-like peptide 1 receptor agonists (GLP-1Ras). The median age was 70 years and there were 338 women (32.2%), 173 Black participants (16.5%), and 90 Hispanic participants (8.6%). The primary outcome was the proportion of participants prescribed all 3 groups of recommended therapies at six to 12 months after enrollment.

Findings show that coordinated care intervention can significantly improve the quality of care that high risk patients receive. At the last follow-up visit, those in the intervention arm were 4.38-fold more likely to be prescribed all three recommended classes vs. the standard care arm. A total of 37.9% of those in the intervention arm had been prescribed all three classes vs. 14.5% in the standard care arm. In particular, those in the intervention arm were more than 3-fold more likely to be prescribed an SGLT2 inhibitor and/or GLP-1RA. While the study was not designed or powered to detect differences in clinical outcomes, 23 of 457 participants (5%) in the intervention group vs 40 of 588 participants (6.8%) in the usual care group experienced the composite outcome of all-cause death or

hospitalization for myocardial infarction, stroke, decompensated heart failure, or urgent revascularization (21% decrease in relative risk, not statistically significant).

“For patients with type 2 diabetes and heart disease, receiving the appropriate therapy is critically important for treatment and prevention, yet there is still a large gap in the number of patients actually receiving the treatment needed,” said Neha Pagidipati, MD, MPH, Associate Professor of Medicine at Duke University School of Medicine. “Our study shows us that by providing multifaceted interventions such as assessing local barriers and coordinating across clinicians and clinics, we can help increase the prescriptions of the therapies proven effective for patients with both type 2 diabetes and ASCVD.”

The authors note the implementation of coordinated interventions in clinics across the country will likely result in improved patient care and outcomes.

Research presentation details:

Dr. Pagidipati will present the findings during the following symposium:

- Symposium: COORDINATE—Diabetes Study Results Symposium
- Presented on Monday, June 26, 2023 at 1:30 – 3:00 PM PST

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About the ADA’s Scientific Sessions

The ADA's 83rd Scientific Sessions, the world's largest scientific meeting focused on diabetes research, prevention, and care, will be held in San Diego, CA on June 23–26. More than 12,000 leading physicians, scientists, and health care professionals from around the world are expected to convene both in person and virtually to unveil cutting-edge research, treatment recommendations, and advances toward a cure for diabetes. Attendees will receive exclusive access to thousands of original research presentations and take part in provocative and engaging exchanges with leading diabetes experts. Join the Scientific Sessions conversation on social media using #ADA2023.

About the American Diabetes Association

The American Diabetes Association (ADA) is the nation’s leading voluntary health organization fighting to bend the curve on the diabetes epidemic and help people living with diabetes thrive. For 82 years, the ADA has driven discovery and research to treat, manage, and prevent diabetes while working relentlessly for a cure. Through advocacy, program development, and education we aim to improve the quality of life for the over 133 million Americans living with diabetes or prediabetes. Diabetes has brought us together. What we do next will make us Connected for Life. To learn more or to get involved, visit us at diabetes.org or call 1-800-DIABETES (1-800-342-2383). Join the fight with us on Facebook (American Diabetes Association), Spanish Facebook (Asociación Americana de la Diabetes), LinkedIn (American Diabetes Association), Twitter (@AmDiabetesAssn), and Instagram (@AmDiabetesAssn).

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