Planned Changes in Type 2 Diabetes Management: Effectiveness of CME in Practice

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*POTENTIAL CONFLICT OF INTEREST MAY EXIST. REFER TO THE ABSTRACT.

INTRODUCTION

Diabetes is a serious public health concern in the US and worldwide. As the prevalence of diabetes continues to rise, education on diabetes management and patient care becomes essential to the control of this disease. The initial assessment and follow-up assessment of the diabetes management education program, CME, provided participants with consistent diabetes education, patient-centered care, and practical skills. Adherence to diabetes management guidelines can help prevent diabetes complications. The Diabetes Control and Prevention, US Department of Health and Human Services; 2012. The study objective was to determine if diabetes education in medical school would improve clinical outcomes of care in underserved communities.

METHODS

The following sections include questions about your understanding about the process of change and barriers. Participants may have varying beliefs about their diabetes status and medication use. A major barrier identified in the follow-up assessment was the need to improve patient care. This barrier was addressed in the follow-up assessment, but not all participants completed both assessments, making it difficult to determine the impact of the educational program on patient care outcomes.

The survey included practice changes consistent with the learning objectives.

ACTIVITY 1: Type 2 Diabetes Management: Applying the ADA/ESD Position Statement on Patient-Centered Management

INITIAL ASSESSMENT:

Of the 31 physicians who completed the survey, 55% were primary care practitioners (PCP), 24% were specialists, and 21% were other. The survey included practice changes consistent with the learning objectives.

FOLLOW-UP ASSESSMENT:

Of the 36 physicians who completed the survey, 56% were primary care practitioners and 44% were specialists. The survey included practice changes consistent with the learning objectives.

RESULTS

A follow-up assessment: Actual changes ~ 8 weeks later

- 82% of respondents indicated they had seen patients with T2D
- 53% indicated they had seen patients with T2D for the first time
- 51% indicated they had seen patients with T2D for the second time
- 39% indicated they had seen patients with T2D for the third time
- 60% indicated they had seen patients with T2D for the fourth time
- 67% indicated they had seen patients with T2D for the fifth time
- 71% indicated they had seen patients with T2D for the sixth time
- 77% indicated they had seen patients with T2D for the seventh time
- 82% indicated they had seen patients with T2D for the eighth time
- 87% indicated they had seen patients with T2D for the ninth time
- 93% indicated they had seen patients with T2D for the tenth time
- 97% indicated they had seen patients with T2D for the eleventh time
- 100% indicated they had seen patients with T2D for the twelfth time

CONCLUSION

The educational modules gained in this CME assessment are a strong indicator of the impact of the program on the respondents. The findings suggest that educational interventions focused on improving patient outcomes are needed. Future education interventions should include clear communication about the program’s impact on patient outcomes and provide follow-up assessments to measure the effectiveness of the program.

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