Diabetesologists/endocrinologists (diabs/endos) and primary care physicians (PCPs) who treat patients with T2D require guidance and recommendations from key opinion leaders on the use of novel combination therapies in clinical practice and on strategies to minimize adverse effects that may hinder adherence.

A study was conducted to evaluate if online medical education for diabs/endos and PCPs can improve knowledge and confidence regarding novel combination therapies in clinical practice and on strategies to transition appropriate patients with T2D.

**BACKGROUND**

- Treatment options for intensification of insulin in patients with T2D
- The rationale, clinical evidence, and benefits of novel basal insulin/glucagon-like peptide-1 receptor agonist (GLP-1 RA) fixed-ratio combinations (FRCs)

**RESULTS**

- Significantly improved knowledge of a basal insulin/GLP-1 RA combination therapy following the education intervention.
- Significantly more clinicians identified the recommended most effective coformulated combination over a classic basal bolus regimen.
- Insulin analogues require fewer injections and deliver comparable outcomes in the DUAL V trial?
- (Correct answer: Start with a GLP-1 RA)
- More pronounced glycated hemoglobin [HbA1c] reduction than with individual therapies, less weight gain, and lower incidence of hypoglycemia than with basal insulin, and fewer gastrointestinal [GI] side effects than short-acting/basal insulin and a GLP-1 RA combination.
- Self-efficacy: How confident are you in starting and titrating a basal insulin/GLP-1 RA FRC in your patients with T2D?
- Significantly improved knowledge of a basal insulin/GLP-1 RA combination therapy following the education intervention.

**CONCLUSION**

- Participation in an online, 30-minute video panel discussion improved knowledge and confidence regarding the clinical benefits and use of novel short-acting/basal insulin and basal insulin/GLP-1 RA FRCs in appropriate patients with T2D.
- Further education is warranted on these topics and for selecting the correct titration scheme for transitioning patients with uncontrolled T2D receiving basal insulin.

**METHODOLOGY**

- A control video activity consisting of a 30-minute narrated discussion between 6 experts, with synchronized slides.
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**REFERENCES**