Effect of Live CME at Improving Knowledge of Internal Medicine Physicians Related to Cardiovascular Outcomes With Antihyperglycemic Therapies

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BACKGROUND

■ Cardiovascular disease (CVD) affects approximately two-thirds of deaths in people with type 2 diabetes (T2D) in the United States (CDC 2017).
■ Given the heightened cardiovascular (CV) risk associated with diabetes, ideal therapies should offer both glycemic control and reduced CV complications (Davies 2018).
■ Based on recent cardiovascular outcomes trial (CVOT) data, antihyperglycemic therapies have the potential to reduce CV risk in patients with T2D (Davies 2018).
■ We sought to assess the baseline knowledge and the effect of a live continuing medical education (CME) on internal medicine physicians regarding knowledge of recent CVOT data.

METHODS

■ A case-based, live interactive satellite symposium titled “Navigating the Nexus of T2D and CVD — Beyond Glucose Management,” including a panel discussion, was held at the American College of Physicians (ACP) annual meeting.
■ Effects of education were assessed via a pre-/post-assessment study design.
■ Participants were engaged with iPads to use for answering questions, completing the pre/post-assessment questions, postactivity evaluation, taking notes, and bookmarking slides to email themselves.

A total of 182 physicians attended the symposium, of whom 135 (74%) participated in the interactive questions via iPad. Significant overall improvements were seen in all but one area.

RESULTS

A 22% positive difference from pre- to post-assessment in the percentage of participants who correctly identified the >10% reduction in fatal/nonfatal myocardial infarction/stroke (MI/stroke) that a 1% reduction in A1c would correlate with (25%, n=105 pre; 47%, n=91 post; P =.001).

There was a 22% positive difference from pre- to post-assessment in the percentage of participants who recognized that the EMPA-REG OUTCOME trial demonstrated a >30% reduction related to hospitalizations with heart failure (HHF) (25%, n=89 pre; 66%, n=100 post; P <.001).

Finally, there was a 41% positive difference from pre- to post-assessment in the percentage of participants who recognized that both canagliflozin and empagliflozin demonstrate a >10% reduction in fatal/nonfatal MI/stroke that a 1% reduction in A1c would correlate with (25%, n=105 pre; 47%, n=91 post; P =.001).

A 6% positive difference from pre- to post-assessment in the percentage of participants who recognized that the CANVAS trial demonstrated a >10% reduction with sitagliptin and saxagliptin with sitagliptin and saxagliptin (25%, n=98 pre; 45%, n=105 post-assessment; P =.242).

Ongoing educational gaps identified by low post-assessment knowledge levels included:

- 53% of participants still failed to identify 3-point MACE related to CVOT data.
- 53% of participants still failed to identify similarities in CVOT related to HHF.
- 34% of participants still failed to identify similarities in CVOT related to CVOT data.