



Creating a Space for Collaborating to Address HCP and Patient Needs in CME Programming

Program Details

1. **Activity Title:** *“The CARES Initiative: New Therapeutic Options and Expert Guidance for the Comprehensive, Patient- centered Management of T2DM”*
2. **Partner(s):** To successfully extend our education to the patient and caregiver, Med Learning Group (MLG) sees great value in developing CME in true collaboration with medical societies, government agencies, and patient advocacy organizations that help develop educational activities that not only pass on the latest evidence-based treatment modalities but also address quality of life and the most pressing day-to-day needs of patients and caregivers. Moreover, such partnerships can help CME providers identify and address local challenges and barriers to care from the HCP, patient and caregiver perspectives. Working in such collaborative settings also helps align CME with the National Quality Strategy, which calls for more “public and private collaborations within the health care community with the goal of reducing preventable harm.” With this in mind, MLG partnered with a variety of stakeholders in the management of diabetes to maximize the impact of the CARES initiative. These partners include:
 - a) **American Diabetes Association:** The American Diabetes Association leveraged the CARES initiative to raise awareness of local resources. ADA had a table outside of each Summit providing local patient support information to participants to share with their colleagues and patients.
 - b) **Pack Health:** A patient coaching service, Pack , provided Diabetes patients with Health Advisors to develop a trust-based relationship with patients, personalize coaching to patients’ needs, and effectively educate, motivate, support, and remind patients how to improve their health outcomes.
 - c) **Health Resources and Services Administration:** HRSA supported program outreach and filmed and simulcast a Summit and a Grand Round, promoting the education across HRSA’s wide network in the United States.
 - d) **Ultimate Medical Academy/Complete Conference Management:** UMA/CCM provided CNE accreditation nurse participants.
 - e) **AMEDCO:** AMEDCO provided ACPE accreditation for pharmacist participants.
 - f) **American Academy of Family Practitioners:** AAFP provided specialty accreditation for family practitioners, offered content validation, and supported program awareness.
 - g) **American Academy of Physician Assistants:** AAPA provided specialty accreditation for physician assistant practitioners, offered content validation, and supported program awareness.
 - h) **American Osteopathic Association:** The AOA Council on CME approved the program for specialty accreditation and supported program awareness.
 - i) **Commission on Dietetic Registration:** The CDR provided prior approval for dietitians and RDs, allowing them to use this program towards their own certification needs.
- 3) **Activity Dates:** The CARES mobile application/website launched on April 21, 2017 and has been continually updated. The four National Summit Meetings and associated simulcast took place between June 2017 and September 2017. The 37 Specialty Grand Rounds ran from June



2017 through December 2017. The Patient Gateways Enduring Program launched July 26, 2017 and will be available for one year.

4. Proof of accreditation, unbiased, and/or evidence-based medical education:

MLG is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. MLG designated the live Summits and simulcast for a maximum of 2.0 AMA Category 1 Credit(s)TM, and the live Grand Rounds and enduring Patient Gateways programs for a maximum of 1.0 AMA Category 1 Credit(s)TM. As noted above, this series was also accredited by a variety of specialty accreditation bodies, as well as for nurses and pharmacists.

MLG is proud to highlight that we have been surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for six years as a provider of continuing medical education for physicians. Accreditation with Commendation is awarded to providers that demonstrate compliance in all criteria and the accreditation policies. The ACCME commends MLG for meeting the ACCME accreditation requirements and for demonstrating that we are a learning organization and a change agent for the physicians and patients that we serve.



Prior to finalization, MLG also had content peer reviewed by a physician, a nurse, a dietician, and a pharmacist to ensure no bias was presented in the initiative.

5. Activity Summary (Overview of the design, format, audience, and delivery of the activity):



Med Learning Group received support from Eli Lilly, Boehringer Ingelheim, and Salix Pharmaceuticals to partner primarily with the American Diabetes Association, Pack Health, and the Health Resources and Services Administration (HRSA) to develop a large-scale educational initiative focused on the management of diabetes. This large-scale, multi-faceted educational initiative incorporates a variety of live and online educational activities, including:

- 4 National Summit Meetings with iPADS conducted in partnership with the American Diabetes Association and PackHealth with 1 Simulcast through HRSA;
- 37 Grand Rounds inclusive of a chart audit for personalized performance-based outcomes;
- 1 online enduring Patient Gateways Program; and



- 1 Accredited and Endured Simulcast of a Summit Meeting on FreeCME

CARES also includes unique and innovative learning tools to facilitate learning, advance the quality of Diabetes care, and directly engage Diabetes patients in their care:

- **CARES App/Mobile website:** Features quickly downloadable materials and direct web links to published articles, and toolkits for both patients and providers, facilitating communication and encouraging shared-decision making. (<http://caresdiabetes.com/>)
- **ADA materials:** ADA set up tables outside of the Summits providing local patient support information to participants to share with their colleagues and patients.
- **Personalized Posters:** Participants have the opportunity to choose from a variety of available images to design posters that serve as useful reminders of the education and visual aids with patients.



- **Chart Audit Tool:** Chart reviews were completed at 35% of institutions participating in the Grand Rounds, helping identify gaps in care and providing a concrete measure of practice impact.



- **Health Advisors:** Pack Health provided Diabetes patients with Health Advisors to develop a trust-based relationship with patients and offer personalized coaching to patients' needs to improve their health outcomes.

This initiative is designed to meet the educational needs of primary care physicians, physician assistants, nurse practitioners, pharmacists, certified diabetes educators, and other HCPs who care for patients with diabetes.

. The learning objectives for the entire series are:

- Implement evidence-based guideline recommendations in clinical practice to individualize therapeutic goals and patient management strategies
- Discuss the newest insulin formulations, delivery mechanisms, and combinations with other T2DM therapeutics, as well as strategies for therapy transitions, individualizing treatment, and improving patient adherence
- Review the mechanism of action, safety, and efficacy profiles of newly-approved and emerging agents and combinations of agents for the comprehensive and individualized management of patients with T2DM
- Describe the recent ADA-recommended Chronic Care Model for patient management including patient self-management

As mentioned above, through the latest evidence-based content and a variety of tools designed for both the HCP and the patient, the CARES initiative has helped HCPs to identify and address gaps in their practice and patients to actively engage in their health, thereby optimizing patient outcomes.

Outcomes Measurement



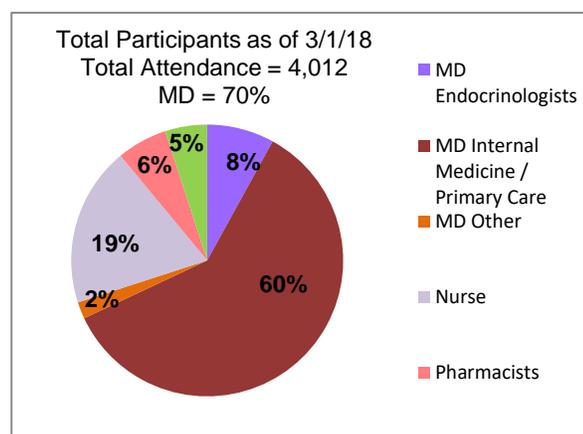
MLG employed a number of assessment tools to determine the extent to which the initiative has increased knowledge and competence, advanced the conversion of knowledge into practice, and in particular, led to more collaboration in practice and encouraged the team approach to care. Pre/posttests and evaluations measured change in knowledge and competence, and satisfaction with the activity. The post-activity evaluations also help determine the effectiveness of the program and signal self-efficacy levels and intent for practice/performance change by inquiring about current and planned frequency of use of specific evidence-based patient care management and treatment strategies recommended in the content.

Behavior Modification Surveys sent 60 and 90 days post-activity inquire about the actual implementation of new practices relating to the learning objectives and identification of barriers to implementation. These outcomes are used to determine the impact of the education on practice patterns/performance. In addition, MLG interviewed and surveyed participants that designed a wall poster for their office to be used in practice. These surveys and interviews provide valuable insight into how the posters help participants educate patients about Diabetes and engage them in care decisions.

In addition, 12 of the hospitals participating in the grand rounds series also took part in a chart audit before and after the grand round. Pre-activity findings informed the content of each grand round to ensure identified gaps are addressed, and post-activity findings provide a concrete measure of practice change.

Finally, Pack Health monitored the progress of 115 patients who worked with a Health Advisor for 12 weeks to measure changes in a variety of diabetes-related health and behavior factors.

As of March 1st, 4,012 HCPs have participated in the CARES initiative and the CARES website/app has had over 12,000 views. MLG has successfully met its target audience thus far, with primary care physicians representing 60% of the audience, nurses/nurse practitioners representing 19%, followed by MD specialists representing 10% of the audience.



Pre/posttest and evaluation results indicate the educational activity increased knowledge and competence across all learning objectives. From pretest to posttest, the percentage of participants answering knowledge-based questions correctly increased by **17 percentage points**, from 64% at baseline to 81% post-activity. Moreover, from pretest to posttest, the percentage of participants answering the case-based question correctly increased by **19 percentage points**, from 68% at baseline to 87% post-activity.

In addition, **more than 92%** of participants identified a **commitment to a change in practice** resulting from the educational activity. Among these, 89% highlighted improving communications with patients and 93% highlighted treatment approach. According to feedback received in the Behavior Modification Surveys, participants followed through on these commitments, with 86% of respondents indicating they have indeed made a practice change based on the education, particularly in the areas of incorporating guideline recommendations to



individualize therapy and using and sharing the recent ADA-recommended Chronic Care Model with patients.

In the posttests, participants demonstrated an improved knowledge of the newest insulin formulations, delivery mechanisms, and combinations; strategies for therapy transitions; and how to apply the recent ADA-recommended Chronic Care Model for patient management. While participants also showed a 27% increase in knowledge of the MoA, safety, and efficacy profiles of newly-approved and emerging agents and combinations of agents for T2DM, the relatively lower baseline, with 65% answering associated questions correctly in the pretest, suggests this is an important area for continued medical education. Similarly, while there was a 29% competence gain in applying the latest evidence based guidelines for individualized therapy, the lower baseline knowledge in this area, with 64% of participants answering associated questions correctly in the pretest, suggests this also requires further attention.

MLG also conducted surveys of participants of the National Summits and Simulcasts series who designed a personalized poster for their office. There have been 1,665 poster orders. The most

Reminder of current guidelines & classification criteria	25%
Visual Representation of biology/molecular aspects of diabetes and therapy	27%
Summary of clinical pearls learned during the program	8%
Educational value for discussing diabetes and treatment plans with patients	40%

popular images focus on combination injectable therapy, physical activity guidelines for adults with diabetes, antihyperglycemic therapy, and the main symptoms of diabetes. Approximately 75% of respondents indicated they have used the posters when speaking with caregivers or patients. We also asked the main purpose that the posters serve in practice, and the majority of

respondents highlighted its educational value in discussions with patients and caregivers.

In addition, MLG analyzed the data from pre and post-activity chart audits conducted at 12 of the hospitals participating in the CARES grand round series and found significant improvement in performance in terms of benchmark monitoring and treatment choices.

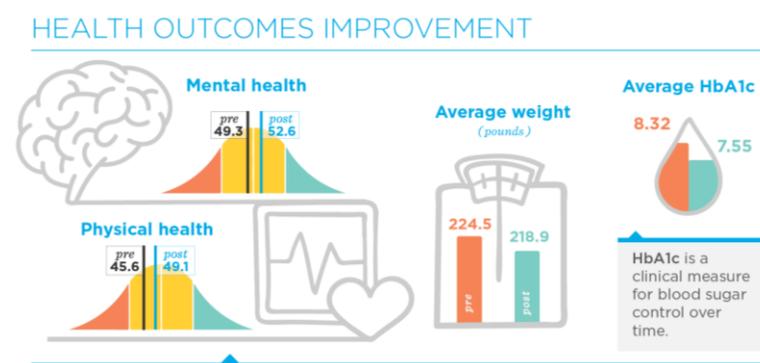
First line and second line treatment decisions were aligned with evidence-based recommendations in approximately 78% and 74% of patients, respectively, in the post-activity chart audits compared to 63% and 60% of patients, respectively, in the pre-activity audits. Post-activity, participants also demonstrated greater consistency monitoring and charting of key benchmarks including changes in BMI; H_bA_{1c}; and serum albumin, urine albumin, and protein to creatinine ratios. The chart audit tool included a variety of National Quality Forum metrics and pre and post-activity results demonstrate progress across the indicators captured, as demonstrated in the chart

Pre-activity Chart Audit: NQF Indicators	Academic Hospitals (pre: 4, n=29; post: 3, n=25)		VA Hospitals (pre: 3, n=14; post: 3, n=15)		Community Hospitals (pre: 4, n=25; post: 3, n=22)	
	Pre	Post	Pre	Post	Pre	Post
% of patients with diagnosed diabetes and with A1c > 7 with at least 4 A1c results within last 12 mo or 2 results in 6 mo.	82%	92%	72%	80%	70%	90%
% of patients with diagnosed diabetes with A1c<7% or with A1c improvement demonstrated from 2 most recent A1c results	75%	88%	67%	87%	62%	77%
% of patients with diagnosed diabetes with BMI < 25 or with BMI improvement demonstrated from 2 most recent BMI results	38%	48%	35%	47%	36%	50%
% of patients on 1 medication AND with A1C over 7.0 who are (A) prescribed an additional diabetes medication; (B) prescribed a dosage increase; or (C) switched to another medication.	16%	24%	13%	27%	11%	31%



to the left. Of note, while there was improvement across system-type, baseline data revealed a gap in performance in VA and Community hospitals compared to academic hospitals in terms of consistent patient monitoring and following the latest, evidence-based treatment recommendations.

Finally, the metrics from Pack Health's patient coaching effort illustrate how CARES directly improved patient outcomes. Pack Health matched 115 diabetes patients with health advisors who communicated for 12 weeks with over 60 touchpoints per member. Over the course of this engagement, patients' health and behavior improved in a variety of ways, as demonstrated in the following graphic:



Patients also took steps to monitor for diabetes-related health concerns. For example, the percentage of patients who had a foot exam or an eye exam jumped 20 and 11 percentage points, respectively. Overall, results show a significant improvement in patient engagement in their diabetes management. As one employed mother with diabetes

said, *“The Pack Health program helps put the focus on myself and how I have to continue to get healthy so I can take care of myself and my family. It’s nice to know someone is encouraging you to stay healthy.”*

Together, these outcomes demonstrate how CARES has not only transferred knowledge to participants but also, with its unique learning tools, helped convert that knowledge to practice and directly engage patients in their care.

Impact Rationale

As evidenced by the outcomes discussed above, the CARES initiative successfully transferred knowledge and competence regarding evidence-based guidelines; application of the Chronic Care Model; the newest insulin formulations, delivery mechanisms, and combinations; profiles of newly approved and emerging agents; and strategies to enhance communications with patients. The results of follow-up surveys, interviews, and chart audits also reveal that these skills have transferred into the practice setting. There are two factors that set this initiative apart in regards to its impact on the healthcare industry:

- CARES created a space for collaborations among national experts, HCPs, and local patient organizations working to support patients with diabetes; and
- The inclusion of in-practice tools – the CARES website, personalized posters, chart reviews, and Pack Health Advisors – facilitated recall, supported collaboration among patients and HCPs, supported changes in practice, engaged patients as members of the care team, and overall activated a variety of stakeholders to engage in care.

Through these achievements, the CARES initiative is demonstrable of the pivotal role CME can play in terms of improved coordination of care and patient engagement, through partnerships and the use of learning tools that carry the education into the practice setting.