

CME/CE Questions

1. Which one of the following statements is *true*?
 - a. Glycemic treatment goals are met by the majority of diabetic patients.
 - b. Most physicians change therapy immediately when patients record high glycosylated hemoglobin (A1C) levels.
 - c. Drug intensification can help reduce A1C levels.
 - d. There are no Internet resources available to help patients and physicians with diabetes care.
2. Unmet needs of conventional therapy do *not* include agents that _____.
 - a. can lower fasting plasma glucose
 - b. are not associated with weight gain
 - c. can mediate long-term glycemic control
 - d. control postprandial glucose
3. Which one of the following statements about postprandial glucose is *true*?
 - a. It does not contribute to A1C levels.
 - b. It is the major contributor to A1C levels when A1C is <7.3%.
 - c. It becomes increasingly important at higher A1C levels.
 - d. It mirrors preprandial glucose in diabetic patients.
4. Which of the following interventions has been shown to reduce the risk of type 2 diabetes in high-risk adults?
 - a. Weight loss, diet modification, and physical activity
 - b. Metformin
 - c. Rosiglitazone
 - d. All of the above
5. According to the American Diabetes Association and American College of Endocrinology/American Association of Clinical Endocrinologists recommendations, how often should A1C levels be tested in patients with controlled diabetes?
 - a. As needed to assess symptoms
 - b. Once yearly
 - c. Twice yearly
 - d. Quarterly
6. National Diabetes Quality Improvement Alliance public reporting measures for adult diabetes do not include percentages of patients _____.
 - a. with poor glycemic control (A1C >9%)
 - b. who received 1 or more lipid tests
 - c. who received 1 or more foot examinations
 - d. with elevated fasting plasma glucose

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BCME

**One University Plaza, Suite 510
Hackensack, NJ 07601
Fax: 201-883-6487**

Initial Release Date: **April 1, 2007**
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7. Conventional combinations of oral hypoglycemic agents _____.
 - a. achieve optimal glycemic control in less than one third of patients
 - b. have long-term efficacy
 - c. should never be used until monotherapy has been tried
 - d. are always ineffective at lowering A1C levels

8. Binding to which of the following proteins prolongs the activity of insulin detemir and helps minimize fluctuations in absorption rates?
 - a. Lipoprotein(a)
 - b. Albumin
 - c. Plasminogen
 - d. Beta-2-microglobulin

9. The major side effect associated with the Exubera formulation of inhaled insulin powder is _____.
 - a. cough and respiratory effects
 - b. skin rash
 - c. nausea
 - d. autoimmune diseases

10. Pramlintide should only be given to patients who are receiving treatment with which of the following agents?
 - a. Metformin
 - b. Statin therapy
 - c. Sulfonylureas
 - d. Insulin

11. Exenatide binds to which of the following?
 - a. Glucose-dependent insulinotropic polypeptide receptor
 - b. Glucagon-like peptide-1 (GLP-1) receptor
 - c. Insulin receptor
 - d. Membrane of pancreatic beta cells

12. With respect to weight, exenatide _____.
 - a. has no effect
 - b. promotes weight gain
 - c. is associated with progressive weight loss during long-term treatment
 - d. is associated with weight loss that plateaus at approximately 12 weeks

13. Sitagliptin increases endogenous incretin levels by _____.
 - a. inhibiting dipeptidyl peptidase-4 activity
 - b. creating an albumin-bound compound that resists degradation
 - c. stimulating GLP-1 secretion
 - d. inhibiting kinase activity

14. Incretin mimetics and incretin enhancers have been shown to _____.
 - a. decrease insulin resistance
 - b. cause weight gain
 - c. result in high rates of hypoglycemia
 - d. improve pancreatic beta cell function

15. Nonadherence to antidiabetic medications _____.
 - a. is rare
 - b. is associated with increased hospitalization and mortality
 - c. occurs at lower rates in patients with depression
 - d. cannot be affected by changes in pharmacy benefits

16. The study of population-based risk factors associated with high-cost health benefit utilization at Pitney Bowes found that _____.
 - a. patients with chronic conditions did not contribute substantially to costs
 - b. older employees were responsible for most costs
 - c. costs were associated with a lack of adherence to pharmacotherapy
 - d. no factors could be identified to explain the high costs

17. When Pitney Bowes moved medications for chronic conditions to the lowest (least expensive) tier of the pharmacy benefit plan _____.
 - a. diabetes-related emergency department and disability rates decreased
 - b. total pharmacy costs per person dropped dramatically
 - c. adherence to diabetic medications was not affected
 - d. the average employee health cost was reduced by half

18. There is a strong connection between copayments, adherence to therapy, and improved patient outcomes.

Do not agree Strongly agree
1 2 3 4 5 6

19. Newer agents need to be considered earlier in the management of diabetic patients with poor glycemic control.

Do not agree Strongly agree
1 2 3 4 5 6

20. Results from the Pitney Bowes benefits design model have shown that novel benefit designs are necessary to improve health outcomes in patients with chronic diseases.

Do not agree Strongly agree
1 2 3 4 5 6

**Improving Members' Outcomes
Across the Continuum of Diabetes:
Assessing the Impact of
New Measures, Technologies,
and Benefit Design Strategies**

Project #120-01B

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I am a:

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Name: _____

Degree(s): _____

Title/Specialty: _____

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Last 5 digits of SSN: _____
(For record-keeping purposes only)

Total number of credits claimed: ____

Maximum number of credits for this activity: 2

BCME is interested in determining the effectiveness of its activities in meeting identified educational needs. Effectiveness is measured by practice application, health status improvement, or both. Therefore, BCME may contact you in the future by mail, e-mail, or fax to determine changes in your practice because of your participation in this activity.

I certify that I have participated in the above-named continuing education activity and have only claimed credit commensurate with the extent of my participation in this activity.

Signature

Date



A certificate of credit will be provided immediately upon completion of this post test and activity evaluation. The certificate can be printed at the participant's convenience.

ANSWERS TO POST TEST QUESTIONS

	A	B	C	D		A	B	C	D		A	B	C	D		1	2	3	4	5	6	
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													

A169

ACTIVITY EVALUATION

Please rate the effectiveness of this activity. Your input and comments are encouraged and appreciated.

	Poor	Average			Excellent
	1	2	3	4	5
	Not at all	Partially		Completely	
1. Overall, how would you rate this activity?	1	2	3	4	5
2. Please rate how well the learning objectives of this activity were met. At the conclusion of this activity, participants will be able to do the following:					
• Describe current gaps in the management of diabetes in the US healthcare system, given current prevalence and epidemiologic data.	1	2	3	4	5
• Define current standards of care for the management of diabetes, based on consensus recommendations from professional associations and societies.	1	2	3	4	5
• Assess the quality of patient care through a thorough analysis of performance measures for adult diabetes.	1	2	3	4	5
• Identify members who can be appropriately treated with new and emerging diabetes technologies and classes of medications.	1	2	3	4	5
• Evaluate the potential impact of novel pharmacy benefit designs in the area of diabetes management, given experiential data from a large employer.	1	2	3	4	5
3. Do you believe the subject matter was presented objectively, with fair balance, and that it was free of commercial bias?	<input type="radio"/> Yes		<input type="radio"/> No		
If no, please explain. _____					

4. Please indicate the degree to which you feel confident in your knowledge about each of the following classes:

Pharmacologic Options	Confidence Level					
	Not Confident		Somewhat Confident		Very Confident	
	1	2	3	4	5	6
Alpha-glucosidase inhibitors (eg, Precose)	1	2	3	4	5	6
Biguanides (eg, metformin)	1	2	3	4	5	6
Meglitinides (eg, Starlix)	1	2	3	4	5	6
Sulfonylureas (eg, glyburide)	1	2	3	4	5	6
Thiazolidinediones (eg, Avandia)	1	2	3	4	5	6
Amylin analog (eg, Symlin)	1	2	3	4	5	6
Incretin mimetics (eg, Byetta)	1	2	3	4	5	6
DPP-4 inhibitors (eg, Januvia)	1	2	3	4	5	6
PPAR-alpha agonists (eg, the pipeline agent Pargluva)	1	2	3	4	5	6

Post Test

5. To what degree has the introduction of newer agents, such as incretin mimetics, affected your diabetes pharmacy benefit design?

No effect 1.....2.....3.....4.....5.....6 Great effect

6. To what degree do you feel medication therapy management (MTM) will affect increasing drug regimen adherence and preventing drug-related problems?

No effect 1.....2.....3.....4.....5.....6 Great effect

7. What is the greatest barrier to the implementation of an MTM program?

- a) Unconvinced of actual benefit
- b) Lack of financial incentives
- c) Unsure of how to best design and implement a program
- d) Other_____

8. Do you intend to initiate any changes within your organization as a result of this program? Yes No

If yes, please state the changes that you are planning to initiate:

(1) _____

(2) _____

9. What other topics related to diabetes should we include or explore in future CE activities? _____

10. Please rate the following educational media in order of your preference (from 1 to 6; 6 being the most preferred) for CE programs:

____ Internet Webcast

____ Print

____ Live national programs

____ Live local programs

____ Teleconference

____ Podcast/Mobile CE/CME

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