

## Facing Type 2 Diabetes in the Healthcare Reform Era

### Instructions

After reading "Facing Type 2 Diabetes in the Healthcare Reform Era," select the best answer to each of the posttest questions and complete the program evaluation.

A statement of continuing education hours will be provided to those physicians and pharmacists who successfully complete and return the answer form and program evaluation and receive a passing grade of 70% or higher.

### Physician Continuing Medical Education

#### Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the University of Cincinnati. The University of Cincinnati is accredited by the ACCME to provide continuing medical education for physicians.

#### Credit Designation

The University of Cincinnati designates this educational activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### Pharmacist Continuing Education

#### Accreditation Statement

Pharmacy Times Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program is approved for 2.5 contact hours (0.25 CEUs) under the ACPE universal program number of 0290-9999-10-027-H01-P. This program is available for CE credit through December 20, 2011.



Type of CE Activity: Knowledge-based

### Posttest Questions

**1. Diabetes affects approximately 25 million Americans today. Over the next 15 years, the worldwide adult diabetes patient population is expected to reach \_\_\_\_\_.**

- a. 75 million
- b. 100 million
- c. 200 million
- d. 300 million

**2. In developed countries, the majority of patients with diabetes are from which age group?**

- a. 45 to 64 years of age
- b. 64 to 85 years of age
- c. 65 years of age and older
- d. Less than 65 years of age

3. According to the Expert Committee on Diagnosis and Classification of Diabetes, patients with A1C levels above normal, but less than that of the diabetes threshold, are at very high risk of developing diabetes. What is the A1C diabetes threshold?

- a. Less than 6.0%
- b. 6.0% to 6.5%
- c. 7.0% to 7.5%
- d. Greater than 7.5%

4. According to comparisons from the National Health and Nutrition Examination Survey, the prevalence of undiagnosed diabetes by race/ethnicity is similar, but in which ethnic group(s) is prevalence of diagnosed diabetes twice that of non-Hispanic whites?

- a. Asians
- b. Eskimos
- c. Non-Hispanic blacks and Mexican Americans
- d. Non-Hispanic American Indians

5. Five criteria for the metabolic syndrome have been established; however, how many concomitant criteria are required for diagnosis of the condition?

- a. 2
- b. 3
- c. 4
- d. 5

6. In a study to assess A1C level trends in 1334 patients with diabetes from 1999 through 2004, researchers found a significant linear trend indicating that the prevalence ratio for patients with an A1C level less than 7% was \_\_\_\_\_.

- a. Increasing
- b. Decreasing
- c. Unchanged
- d. Decreasing 10% per year

7. Well known diabetes studies such as ADVANCE, ACCORD, and VADT have pointed out that lowering glycemic targets to near normal levels further reduces cardiovascular events in long standing T2DM.

- a. True
- b. False

8. The ADA and the EASD recently published a consensus management guideline for hyperglycemia in patients with T2DM. The preferred anti-hyperglycemic drug class for patients with an A1C level greater than 8.5% or symptoms secondary to hyperglycemia is \_\_\_\_\_.

- a. Biguanides
- b. Sulfonylureas
- c. Insulin
- d. Alpha-glucosidase inhibitors

9. Nationally, the direct cost of treating CVD in patients with diabetes is estimated at \_\_\_\_\_.

- a. \$100 billion
- b. \$150 billion
- c. \$350 billion
- d. \$250 billion

10. Medical literacy among patients with diabetes was identified as a serious patient-oriented barrier to successful diabetes management. Limited health literacy has been identified in at least what percentage of typical English- and Spanish-speaking patients with diabetes?

- a. 45%
- b. 50%
- c. 60%
- d. 75%

11. According to a recent survey commissioned by the National Community Pharmacists Association, what percentage of Americans report not taking their medications as directed?

- a. 27%
- b. 55%
- c. 75%
- d. 84%

12. Is it possible for payer cost control measures to negatively affect outcomes?

- a. Yes
- b. No

(Continued)

**13. Which of the following cost-sharing strategies can lead to lower adherence and treatment rates and more frequent therapy discontinuation?**

- a. Tiering
- b. Pharmacy benefit caps
- c. Formulary restrictions
- d. All of the above

**14. What is the principal focus of healthcare reform?**

- a. Elevating basic standards of care
- b. Reducing the growth of cost
- c. Provision of more healthcare services to those who cannot afford them
- d. Provision of more low-cost healthcare services to those who cannot afford them

**15. According to 1 healthcare utilization study, what percentage of patients with diabetes had an A1C level measurement performed at least 3 times over a period of 2 years?**

- a. 24%
- b. 17%
- c. 33%
- d. 27%

**16. Which of the following is not among the top 3 reasons that patients provide for nonadherence to therapeutic regimens?**

- a. Medication side effects
- b. Self-symptom management
- c. Scheduling disruptions
- d. Forgetfulness

**17. The extent to which a therapeutic intervention is regarded as life-saving, regardless of price, is the determining factor in whether or not a patient will pay for and use a drug.**

- a. True
- b. False

**18. Which of the following is not an objective of VBID?**

- a. Achieve the greatest possible health impact from medical expenditures
- b. Create opportunity to restructure health benefits and change orientation of healthcare debate focus from cost to clinical value of services
- c. Minimize lack of adherence to evidence-based services resulting from across-the-board set cost sharing
- d. Elevate the quality of clinical services provided by elevating cost ceilings to the extent borne by the market

**19. Which of the following is a VBID-oriented health insurance program design?**

- a. A design by investment, which specifies the investment strategies for participants' premiums
- b. A design by disease management participation, which distinguishes the precise ICD-9 codes covered under the selected plan
- c. A design by service, which eliminates or reduces copayments for a particular drug class or service
- d. A design by utilization, which caps drug utilization within selected disease states

**20. How were most of the cost savings accrued in the Asheville Project?**

- a. Prescription costs
- b. Hospitalizations
- c. Cost shifting from hospitalizations and visits to the emergency department and doctors' office to prescription costs
- d. Cost shifting from comorbidities, amputations, and medical consults to prescription costs

## Physician Credits

(PLEASE PRINT CLEARLY)

Name/Degree \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last 4 Digits of SS# \_\_\_\_\_

**Sponsored by the University of Cincinnati for  
2.5 hours of Category 1 CME credit.**

Release Date: **December 15, 2010**

Expiration Date: **December 20, 2011**

CME Test Form

**Facing Type 2 Diabetes in the Healthcare Reform Era**

1.	a	b	c	d
2.	a	b	c	d
3.	a	b	c	d
4.	a	b	c	d
5.	a	b	c	d
6.	a	b	c	d
7.	a	b		
8.	a	b	c	d
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10.	a	b	c	d
11.	a	b	c	d
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13.	a	b	c	d
14.	a	b	c	d
15.	a	b	c	d
16.	a	b	c	d
17.	a	b		
18.	a	b	c	d
19.	a	b	c	d
20.	a	b	c	d

### Answer Form Instructions: Testing and Grading Procedures

- Each participant achieving a passing grade of 70% or higher on any examination will receive an official computer form stating the number of CME credits earned. This form should be safeguarded and may be used as documentation of credits earned.
- Participants receiving a failing grade on any exam will be notified and permitted to take 1 reexamination at no cost.
- All answers should be recorded on the answer form.
- To receive credit certification electronically, please provide your e-mail address. Detach and mail or fax the test portion of this page to:  
University of Cincinnati, Office of CME, PO Box 670556, Cincinnati, OH 45267-0567; phone: 513-558-7277; fax: 513-558-1708.  
Please print clearly to ensure receipt of CME credit.
- To receive credit and an immediate certificate, register at [http://webcentral.uc.edu/cpd\\_online2/](http://webcentral.uc.edu/cpd_online2/) and complete the test or reader survey. If you have previously registered, enter your user name and password to log in. Otherwise, click **New User? Register!** and complete the registration process (user ID and password will be e-mailed to you immediately). Once you log in, click **CME Text** and scroll down through the course listings to locate this supplement. A319

### CME Activity Evaluation

How long did it take you to complete this activity?

\_\_\_\_\_ minutes

How well did this activity achieve its educational objectives?

Very well     Well     Somewhat     Not at all

What overall grade would you assign this activity?

A     B     C     D

Did this activity exhibit promotional bias for any pharmaceutical agents?

Yes     No

Will you make changes in your practice as a result of information presented in this lesson?

Yes     No

## Pharmacy Credits

### Facing Type 2 Diabetes in the Healthcare Reform Era

(Test valid through December 20, 2011.

No credit will be given after this date.)

This program is approved for 2.5 contact hours (0.25 CEUs) under the ACPE universal program number of 0290-9999-10-027-H01-P.

1.	a	b	c	d	11.	a	b	c	d
2.	a	b	c	d	12.	a	b		
3.	a	b	c	d	13.	a	b	c	d
4.	a	b	c	d	14.	a	b	c	d
5.	a	b	c	d	15.	a	b	c	d
6.	a	b	c	d	16.	a	b	c	d
7.	a	b	c		17.	a	b		
8.	a	b	c	d	18.	a	b	c	d
9.	a	b	c	d	19.	a	b	c	d
10.	a	b	c	d	20.	a	b	c	d

Presently Enrolled in CE Program

Nonsubscriber Participant Pharmacist

(PLEASE PRINT CLEARLY)

SSN --

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

### Answer Form Instructions: Testing and Grading Procedures

1. Each participant achieving a passing grade of 70% or higher on any examination will receive a statement of credit giving the number of CE credits earned.
2. Participants receiving a failing grade on any exam will be notified and permitted to take 1 reexamination at no extra cost.
3. All answers should be recorded on the answer form. For each question, decide which choice is the best answer, and circle the letter of the response representing your choice.
4. Participants can take the CE online at [www.PharmacyTimes.com](http://www.PharmacyTimes.com) and can receive instant grading and automatic generation of the statement of credit upon passing the course.

Or mail your completed exam form to the following address: *Pharmacy Times*, CE Department, 405 Glenn Drive, Suite 4, Sterling, VA 20164-4432; fax form to 703-404-1801; or phone-in answers to 800-899-6350 (9 am-5 pm ET, Mon.-Fri.).

Graded exam and statement of credit should be received in approximately 1 week.

This form should be safeguarded and may be used as documentation of credits earned.

A319

### PROGRAM EVALUATION

Please mark your level of agreement with the following statements. (4 = Strongly Agree; 0 = Strongly Disagree)

1) Met its stated objectives					
1. Evaluate and assess T2DM risk factors and categorize their potential impact on morbidity and mortality	4	3	2	1	0
2. Summarize the progression from prediabetes to T2DM and discuss the interrelationship between weight gain and diabetes	4	3	2	1	0
3. Analyze and discuss the interrelationship between diabetes and cardiometabolic disease	4	3	2	1	0
4. Assess the impact of comparative effectiveness research on T2DM management	4	3	2	1	0
5. Outline how new value-based insurance design can improve outcomes while encouraging participants to select high-value services	4	3	2	1	0
2) Work of instructor was high-quality	4	3	2	1	0
3) Instructional materials were high-quality	4	3	2	1	0
4) Case studies aided learning					NA
5) Perceived this activity to be balanced and unbiased	4	3	2	1	0
6) Offered information useful in my professional practice	4	3	2	1	0
7) Activity was relevant and current to pharmacy practice	4	3	2	1	0