

Improving Asthma Care: An Update for Managed Care

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 enduring material activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacist Continuing Education

Accreditation and Credit Designation



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 0290-9999-11-015-H01-P. This program is available for CE credit through March 28, 2012.

Type of CE Activity: Knowledge-based.

Posttest Questions

1. Currently, the estimated number of Americans with asthma is:
 - a. 12.3 million
 - b. 23.3 million
 - c. 38.4 million
 - d. Over 40 million

2. Total direct medical costs for asthma were estimated to be \$5.6 billion in 2010.
 - a. True
 - b. False

(Continued)

Instructions

After reading "Improving Asthma Care: An Update for Managed Care," complete the program evaluation and select the 1 best answer to each of the posttest questions.

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.

3. **Four central components listed by the NAEPP for managing asthma are:**
 - a. Education; step-wise treatment; comorbid conditions; environmental triggers
 - b. Assessment and monitoring; education; controlling environment and comorbid conditions; pharmacologic therapy
 - c. ICSs; LABAs; SABAs; oral corticosteroids
 - d. None of the above
4. **Spirometry is commonly used to evaluate risk of future asthma exacerbations.**
 - a. True
 - b. False
5. **Geographically, the following US region has the highest percentage of patients diagnosed with asthma:**
 - a. Midwest
 - b. Northeast
 - c. West
 - d. South
6. **According to the NAEPP step-wise approach to treatment, the preferred treatment for a patient at step 4 is:**
 - a. High-dose ICS plus LABA
 - b. Low-dose ICS plus LABA
 - c. Medium-dose ICS plus LABA
 - d. High-dose ICS
7. **Sustained-release theophyllines are primarily used:**
 - a. As alternative therapy to high-dose ICSs
 - b. For prevention of nighttime symptoms
 - c. To reduce risk of exacerbations
 - d. All of the above
8. **Cytokines likely do not play an important part in pathophysiology of asthma.**
 - a. True
 - b. False
9. **The estimated percentage of patients with severe asthma that cannot be controlled by conventional therapies is:**
 - a. 5%
 - b. 10% to 15%
 - c. 25 to 30%
 - d. 50%
10. **If severe symptoms are poorly controlled by ICS therapy alone, the addition of the leukotriene inhibitor montelukast may be beneficial to some patients with severe asthma.**
 - a. True
 - b. False
11. **Etanercept has been shown to dramatically improve asthma-related quality-of-life scores in patients with severe corticosteroid-refractory asthma.**
 - a. True
 - b. False
12. **Results from small clinical studies of oligonucleotides in the treatment of asthma are encouraging, and additional studies are underway.**
 - a. True
 - b. False
13. **Which agent has demonstrated efficacy in refractory eosinophilic asthma?**
 - a. Tiotropium
 - b. Omalizumab
 - c. Mepolizumab
 - d. Etanercept
14. **Which of the following is listed by the NAEPP as a key point to managing asthma control?**
 - a. Prevent recurrent exacerbations of asthma and minimize the need for emergency department visits
 - b. Prevent progressive loss of lung function
 - c. Provide optimal pharmacotherapy
 - d. All of the above
15. **According to NAEPP guidelines, a patient with asthma is categorized as having “not well controlled” asthma if they have 2 or more symptoms a day.**
 - a. True
 - b. False

16. In a retrospective study, the number of emergency department visits for asthma could be predicted by the number of SABA canisters dispensed.
- True
 - False
17. In a study of patients with mild asthma, compared with those in the high control/high adherence group, patients in the low control/low adherence group had:
- More asthma treatment days
 - Higher overall asthma treatment charges
 - Lower pharmaceutical-related costs
 - All of the above
18. The use of ICS therapy plus a LABA does not appear to be cost-effective.
- True
 - False
19. Any managed care program that is designed for patients with asthma will improve asthma control and thereby reduce overall medical costs.
- True
 - False
20. According to a recently published health technology assessment by the National Institute for Health and Clinical Excellence, which of the following may be cost-effective in patients with uncontrolled, severe allergic asthma?
- High dose ICS therapy plus a LABA
 - Leukotriene antagonist
 - Omalizumab
 - None of the above

Physician Credits

(PLEASE PRINT CLEARLY)

Name/Degree _____

Street _____

City _____

State/Zip _____

Daytime Phone _____

Fax _____

E-mail _____

Date of Birth _____

Release Date: **March 28, 2011**

Expiration Date: **March 28, 2012**

CME Test Form
**Improving Asthma Care: An Update for
 Managed Care**

1.	a	b	c	d
2.	a	b		
3.	a	b	c	d
4.	a	b		
5.	a	b	c	d
6.	a	b	c	d
7.	a	b	c	d
8.	a	b		
9.	a	b	c	d
10.	a	b		
11.	a	b		
12.	a	b		
13.	a	b	c	d
14.	a	b	c	d
15.	a	b		
16.	a	b		
17.	a	b	c	d
18.	a	b		
19.	a	b		
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/ 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. A347

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

Instructions

Scoring Options

1. This lesson is FREE online; receive instant grading and download your certificate at **www.PharmacyTimes.com**
2. Mail and/or fax will be processed for a nominal fee of \$10 (see below for address and fax number).

Please mail completed forms to this address:

Pharmacy Times CE Department
666 Plainsboro Road, Suite 300
Plainsboro, NJ 08536

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. This form should be safeguarded and may be used as documentation of 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. Go to www.PharmacyTimes.com to submit your responses at no fee; or mail completed exam form for a nominal fee of \$10 to:

Pharmacy Times CE Department
666 Plainsboro Road, Suite 300
Plainsboro, NJ 08536
or fax the form to: 609-257-0000

Please email all inquiries to: ceinfo@pharmacytimes.com or call us at 800-597-6372.

Evaluation form follows.

A347

Please print clearly.

CE Answer Form: MARCH 2011 • Improving Asthma Care: An Update for Managed Care

PROGRAM 0290-9999-11-015-H01-P (TEST VALID THROUGH MARCH 28, 2012. NO CREDIT WILL BE GIVEN AFTER THIS DATE.)

1. a b c d	6. a b c d	11. a b c d	16. a b c d
2. a b c d	7. a b c d	12. a b c d	17. a b c d
3. a b c d	8. a b c d	13. a b c d	18. a b c d
4. a b c d	9. a b c d	14. a b c d	19. a b c d
5. a b c d	10. a b c d	15. a b c d	20. a b c d
<input type="checkbox"/> Presently Enrolled in CE Program		<input type="checkbox"/> Nonsubscriber Participant Pharmacist	
Name:		E-mail:	
Address:			
City:	State:	Zip:	Daytime Phone:
Specialty: <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Other (Specify)			

CE Evaluation Form: MARCH 2011 • Improving Asthma Care: An Update for Managed Care

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

	Poor		Average		Excellent
1. Overall, how would you rate this activity?	1	2	3	4	5
2. Overall, how would you rate the work of the instructor(s)?	1	2	3	4	5
3. How would you rate the quality of the instructional materials?	1	2	3	4	5
4. Were the learning objectives of this activity met?	Not at all		Partially		Completely
(Objective 1)	1	2	3	4	5
(Objective 2)	1	2	3	4	5
(Objective 3)	1	2	3	4	5
(Objective 4)	1	2	3	4	5
(Objective 5)	1	2	3	4	5
5. Was the activity useful and relevant to your practice?	1	2	3	4	5

6. Do you believe the subject matter was presented objectively? **Yes No**

If no, please explain: _____

<p>7. Do you intend to make any changes to your practice based on learnings from this program?</p> <p>a. Yes b. No</p> <p>If yes, which of the following changes do you intend to implement? <i>(Please select all that apply)</i></p> <p>a. Provide more in-depth counseling to patients b. Proactively talk to patients with this disease/problem/issue c. Educate staff to better help patients d. Seek more resources to provide to patients e. Implement disease management program f. Improve monitoring for adherence/persistence g. Other _____ h. None</p>	<p>8. Do you anticipate any barriers in trying to implement changes in your practice?</p> <p>a. Yes b. No c. Don't know</p> <p>If yes, what barriers do you anticipate? <i>(Please select all that apply)</i></p> <p>a. Lack of time b. Lack of resources c. Lack of pharmacy technician help d. Corporate focus is elsewhere e. Legal issues f. Insurance issues/restrictions g. Patients don't want this service or have no time h. Other _____ i. None</p>	<p>9. Based on the learning from this activity, overall how confident are you in your ability to counsel/educate/manage the disease/condition/problem <i>(1 being NOT confident and 5 being VERY confident)?</i></p> <p>a. 1 (Not confident) b. 2 c. 3 (Somewhat confident) d. 4 e. 5 (Very confident)</p> <p>10. What other topics related to this topic would you like to explore in future CE activities?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Please mail this form to: *Pharmacy Times* CE Department, 666 Plainsboro Road, Suite 300, Plainsboro, NJ 08536