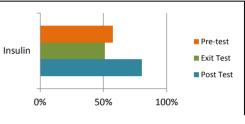
# Ninth Annual Diabetes Conference: Providing Patient-Centered Diabetes Care March 16, 2013

Pre-test Question				
What is your professional	designation?			
Number of Respondents	73	65	25	
	Pre-test	Exit Test	Post Test	
Physician	11.00%	9.00%	0.00%	
Pharmacist	32.00%	37.00%	12.00%	
Physician Assistant	7.00%	6.00%	0.00%	
Nurse Practitioner	26.00%	25.00%	52.00%	
Nurse	8.00%	11.00%	16.00%	
Registered Dietitian	10.00%	8.00%	20.00%	
Other	7.00%	5.00%	0.00%	

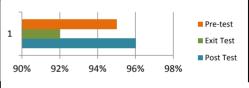
Question	#1
Question	<b>TT</b> I

A symptomatic patient with an A1C of 10.2% should consider an initial course of				
therapy with:				
Number of Respondents	75	71	25	
	Pre-test	Exit Test	Post Test	
Metformin alone	41.00%	48.00%	20.00%	
GLP-1 receptor agonist alone	1.00%	1.00%		
Insulin	57.00%	51.00%	80.00%	
Thiazolidinedione alone	0.00%	0.00%	0.00%	
DPP-4 inhibitor alone	0.00%	0.00%	0.00%	
Increase in learning from pre-test		-6.00%	23.00%	

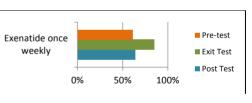


Preserving $\beta$ -cell function in T2DM is an important goal of therapy in type 2 diabetes:					
Number of Respondents 79 78 24					
	Pre-test	Exit Test	Post Test		
TRUE	95.00%	92.00%	96.00%		
FALSE	5.00%	8.00%	4.00%		
Increase in learning from pre-test		<mark>-3.00%</mark>	1.00%		

Question #2

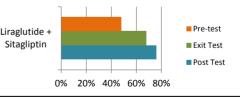


Question #3				
Which GLP-1 agonist causes the	lowest incidence	of nausea?		
Number of Respondents	72	78	25	
	Pre-test	Exit Test	Post Test	
Liraglutide daily	35.00%	8.00%	28.00%	
Exenatide twice daily	4.00%	8.00%	8.00%	
Exenatide once weekly	61.00%	85.00%	64.00%	
Increase in learning from pre-test		24.00%	3.00%	

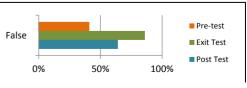


### Question #4

Which of the following combinations of anti-hyperglycemic agents is not				
recommended	?			
Number of Respondents 67 22 25				
	Pre-test	Exit Test	Post Test	L
Liraglutide + Sitagliptin	48.00%	68.00%	76.00%	
Metformin + Repaglinide	6.00%	3.00%	8.00%	
Pioglitazone + Glimepiride	36.00%	26.00%	12.00%	
Linaglipitin + Metformin	10.00%	3.00%	4.00%	
Increase in learning from pre-test		20.00%	<b>28.00%</b>	



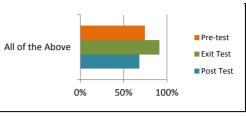
Question #5				
By 10 years after clinical onset of Type 1 Diabe	etes, the panel	creas is inca	pable of	
producing insul	in.			
Number of Respondents	76	76	25	
	Pre-test	Exit Test	Post Test	
TRUE	59.00%	14.00%	36.00%	
False	41.00%	86.00%	64.00%	
Increase in learning from pre-test		45.00%	23.00%	



# Ninth Annual Diabetes Conference: Providing Patient-Centered Diabetes Care March 16, 2013

### Question #6

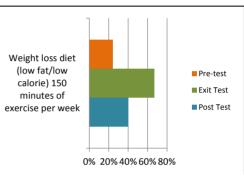
If Type 1 Diabetics have detectable beta cell mass then Incretin drug treatments may:				
Number of Respondents	68	75	25	
	Pre-test	Exit Test	Post Test	
Increase insulin production	12.00%	3.00%	20.00%	
Decrease glucagon production	9.00%	4.00%	4.00%	
Decrease blood glucose	4.00%	3.00%	8.00%	
Possibly decrease hypoglycemia	1.00%	0.00%	0.00%	
All of the Above	74.00%	91.00%	68.00%	
Increase in learning from pre-test		17.00%	-6.00%	



### Question #7

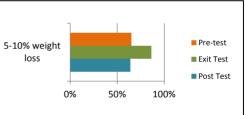
In the Diabetes Prevention Program (DPP) which lifestyle modifications were used to prevent or slow the progression to type 2 diabetes and are now the ADA recommended

lifestyle changes?				
Number of Respondents	79	66	25	
	Pre-test	Exit Test	Post Test	
Weight loss diet(low fat/low calorie) 200 minutes of exercise per week	5.00%	2.00%	4.00%	
Weight loss diet (low carbohydrate/low calorie) 200 minutes of exercise per week	27.00%	2.00%	20.00%	
Weight loss diet (low fat/low calorie) 150 minutes of exercise per week	24.00%	67.00%	40.00%	
Weight loss diet (low carbohydrate/low calorie) 150 minutes of exercise per week	44.00%	30.00%	36.00%	
Increase in learning from pre-test		43.00%	<u>16.00%</u>	

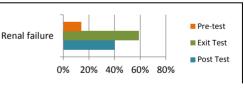


#### Question #8

In patients at risk for diabetes, what % of body weight loss is recommended to help prevent diabetes?					
Number of Respondents	81	79	25		
	Pre-test	Exit Test	Post Test	5-10%	
3-5% weight loss	5.00%	6.00%	20.00%	lo	
5-10% weight loss	65.00%	86.00%	64.00%		
10-15% weight loss	23.00%	8.00%	16.00%		
15-20% weight loss	6.00%	0.00%	0.00%		
Increase in learning from pre-test		21.00%	-1.00%		

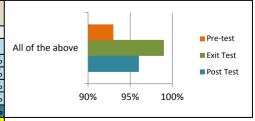


Question #9				
Some conditions can result in falsely elevated A	1c levels. W	hich of the fo	ollowing is	
not associated with elevate	d A1c values	:		
Number of Respondents	69	70	25	Re
	Pre-test	Exit Test	Post Test	
Iron deficiency anemia	17.00%	13.00%	20.00%	
Renal failure	14.00%	59.00%	40.00%	
B12 deficiency	32.00%	10.00%	4.00%	
Spleenectomy	36.00%	19.00%	36.00%	
Increase in learning from pre-test		<b>45.00%</b>	<b>26.00%</b>	



Which of the following are characteristics of successful PCMH programs:				
Number of Respondents	82	79	24	
	Pre-test	Exit Test	4	A
Team-based quality improvement	6.00%	1.00%	0.00%	
Care coordinators	1.00%	0.00%	0.00%	
Workflow reorganization	0.00%	0.00%	0.00%	
Payment reform	0.00%	0.00%	0.00%	
All of the above	93.00%	99.00%	96.00%	
Increase in learning from pre-test		6.00%	3.00%	

Question #10



Overall Medians			
Median increase in learning from pre- to exit and post test		21.00%	16.00%
Median number of respondents in pre-, exit and			
post tests	76	76	25

1 I work primarily with type 1 pediatric patients. My practice has not changed significantly, but I appreciate my increased knowledge. May 23, 2013 5:3   2 Not alot since specifics not really covered as well as recent cd heard on diabetes for test review puposesam not using HGBA1C as diagnostic tool. THE ONE THINGS I AM STRESSING WITH EVERY glucose intolerant, diabetic or family history patients is DAILY ACTIVITY and regular meal patterns each meal with protein. May 22, 2013 10:   3 giving Metformin to pts with Metabolic Syndrome May 22, 2013 8:   4 Looking at the individual tailoring education working on team flow looking at other reasons for elevated or lower A1C thinking in terms or prevention of type 1 May 19, 2013 6:   5 Work in occ health. Pressing harder for employees with pre-diabetes to see their personal doctors nd referring pre -diabetes employes to our in-house dietician. Have posters from conference vendors hung in my office May 18, 2013 6:   6 strong support of more of the team approach for pts May 18, 2013 7:   8 safe effective medication utilization May 15, 2013 7:   9 Using less SU, more DPP4 and GLP-1 meds, adding basal insulin sooner May 14, 2013 1:   11 Being more aggressive in treating diabetic patients. May 14, 2013 5:   12 Avoid the concomitant use of GLP-1 agonists and DPP4 inhibitors in therapy May 13, 2013 4:	:32 AM 34 AM 50 PM 20 PM 06 AM
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4Looking at the individual tailoring education working on team flow looking at other reasons for elevated or lower A1C thinking in terms or prevention of type 1May 21, 2013 3:55Work in occ health. Pressing harder for employees with pre- diabetes to see their personal doctors nd referring pre -diabetes employes to our in-house dietician. Have posters from conference vendors hung in my officeMay 19, 2013 6:26strong support of more of the team approach for ptsMay 18, 2013 6:27Recommending modifications of diabetic medication therapiesMay 16, 2013 7:58safe effective medication utilizationMay 15, 2013 11:9Using less SU, more DPP4 and GLP-1 meds, adding basal insulin soonerMay 14, 2013 1:210no change in practiceMay 14, 2013 1:211Being more aggressive in treating diabetic patients.May 14, 2013 5:7	50 PM 20 PM 06 AM
other reasons for elevated or lower A1C thinking in terms or prevention of type 15Work in occ health. Pressing harder for employees with pre- diabetes to see their personal doctors nd referring pre -diabetes employes to our in-house dietician. Have posters from conference vendors hung in my officeMay 19, 2013 6:26strong support of more of the team approach for ptsMay 18, 2013 6:27Recommending modifications of diabetic medication therapiesMay 16, 2013 7:58safe effective medication utilizationMay 15, 2013 11:9Using less SU, more DPP4 and GLP-1 meds, adding basal insulin soonerMay 14, 2013 1:210no change in practiceMay 14, 2013 1:211Being more aggressive in treating diabetic patients.May 14, 2013 5:2	20 PM 06 AM
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7Recommending modifications of diabetic medication therapiesMay 16, 2013 7:58safe effective medication utilizationMay 15, 2013 11:9Using less SU, more DPP4 and GLP-1 meds, adding basal insulin soonerMay 15, 2013 7:510no change in practiceMay 14, 2013 1:211Being more aggressive in treating diabetic patients.May 14, 2013 5:7	
8 safe effective medication utilization May 15, 2013 11:   9 Using less SU, more DPP4 and GLP-1 meds, adding basal insulin sooner May 15, 2013 7:   10 no change in practice May 14, 2013 1:2   11 Being more aggressive in treating diabetic patients. May 14, 2013 5:7	57 AM
9 Using less SU, more DPP4 and GLP-1 meds, adding basal insulin sooner May 15, 2013 7:3   10 no change in practice May 14, 2013 1:2   11 Being more aggressive in treating diabetic patients. May 14, 2013 5:3	
10no change in practiceMay 14, 2013 1:211Being more aggressive in treating diabetic patients.May 14, 2013 5:7	:08 AM
11Being more aggressive in treating diabetic patients.May 14, 2013 5:1	35 AM
	29 PM
12 Avoid the concomitant use of GLP-1 agonists and DPP4 inhibitors in therapy May 13, 2013 4:2	14 AM
recommendations.	24 PM
13Made some changes in order of meds used for Type 2 DM.May 13, 2013 3:4	48 PM
14Being more aggressive with treatment of T2DMMay 13, 2013 2:4	40 PM
15 nothing May 13, 2013 11:	:55 AM
16 I am trying to meet patients where they are on the continuum of change May 13, 2013 10:	:38 AM
17checking annual vitamin B12 levels if on metforminMay 13, 2013 10:	:13 AM
18The focus group was a great additon and I enjoyed that as much as the conference.May 13, 2013 8:4	44 AM
19practicing smarterMay 13, 2013 8:2	27 AM
20 N/A May 13, 2013 8:4	11 AM