

**Emerging Challenges in Primary Care: 2020**

**Conversations in Primary Care: 2020**

**Emerging Challenges and Clinical Updates in Primary Care: 2020**

# **Optimizing Outcomes in Diabetes with GLP-1 RA Therapy: Case Based Strategies for Long-Term Patient Success**



Novo Nordisk Grant ID: 26132

January 29, 2021

# Emerging Challenges, Clinical Updates, and Conversations in Primary Care, 2020:

This curriculum focused on the use of GLP-1 therapies for patients with type 2 diabetes

## Participation



22,122  
Total Attendees



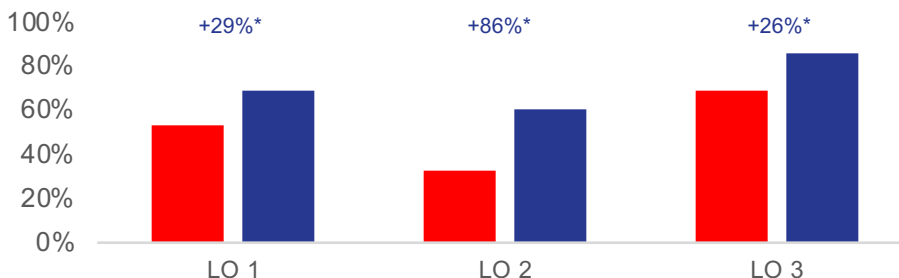
15 Virtual  
Sessions



8759 certificates  
issued to date

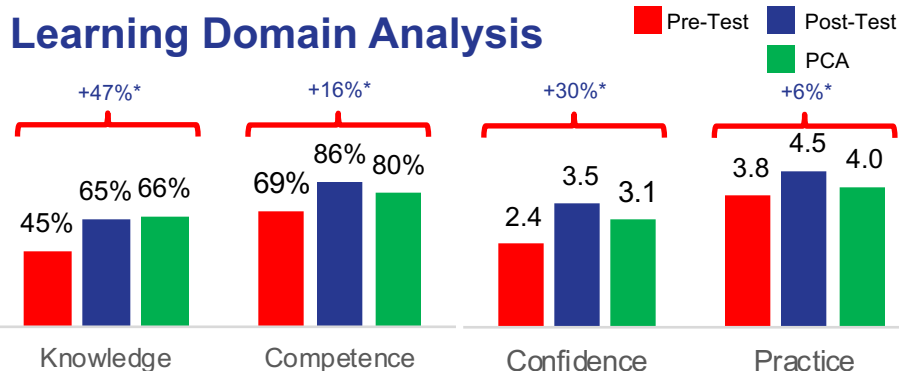
2020 Session	Date	Attendees
Conversations in Primary Care, Episode 3	4/4/20	3,169
Conversations in Primary Care, Episode 3, Rebroadcast	4/11/20	1,358
Conversations in Primary Care, Episode 4	5/16/20	2,412
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Emerging Challenges in Primary Care, Episode 1 <i>Miami: Florida, Georgia, Alabama, Mississippi, South Carolina</i>	4/25/20	1,834
Emerging Challenges in Primary Care, Episode 2 <i>Baltimore: Maryland, Pennsylvania, Virginia, West Virginia, Delaware, Ohio</i>	5/2/20	1,741
Emerging Challenges in Primary Care, Episode 3 <i>Tampa: Florida, Georgia, Alabama, Mississippi, South Carolina</i>	5/9/20	1,068
Emerging Challenges in Primary Care, Episode 4 <i>National: Birmingham with National Simulcast</i>	5/30/20	2,270
Emerging Challenges in Primary Care, Episode 6 <i>Atlanta: Georgia, Florida, Alabama, Tennessee, North Carolina, South Carolina, Mississippi</i>	6/13/20	2,235
Emerging Challenges in Primary Care, Episode 7 <i>St. Louis: Missouri, Iowa, Nebraska, Kansas, Oklahoma, Arkansas, Illinois</i>	6/20/20	743
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Emerging Challenges and Clinical Updates in Primary Care, Episode 2	8/15/20	1,387
Emerging Challenges and Clinical Updates in Primary Care, Episode 5	9/12/20	858
<b>Total</b>		<b>22,122</b>

## Learning Gains Across Objectives



- **LO 1, 29%\* Improvement:** Recognize the glycemic and cardiorenal effects of GLP-1 RAs in the management of T2DM
- **LO 2, 86%\* Improvement:** Discuss the differences between injectable and oral GLP-1 RA formulations, and how to individualize treatments based on unique patient needs and medication characteristics
- **LO 3, 26%\* Improvement:** Integrate GLP-1 RA therapy into earlier therapeutic decision-making, based on the newest treatment guidelines

## Learning Domain Analysis



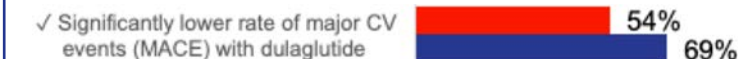
- In each of the four curriculum learning domains, substantial and significant gains were achieved from Pre- to Post-Test
- The strongest improvements, from lowest Pre-Test scores, were measured in Knowledge of clinical trial data on GLP-1 agents
- Highest Post-Test scores (86%) were measured in Competence to select and modify GLP-1 therapy for patients with a history of T2D
- Low Pre- and Post-Test Confidence despite gains indicates possible learner awareness of gaps in Knowledge
- Practice strategy ratings, on considering the cardiovascular benefits of antihyperglycemic therapy, increased to a high average value at Post-Test (4.5)

## Persistent Learning Gaps/Needs

### Outcomes of clinical trials of GLP-1 therapies

Despite improvements in score on two Knowledge items covering the results of the REWIND and PIONEER 4 trials, learners remained challenged at Post-Test in correctly identifying their results

Which of the following outcomes was reported by the REWIND trial, which compared dulaglutide to placebo in patients with T2D and high cardiovascular disease (CVD) risk?

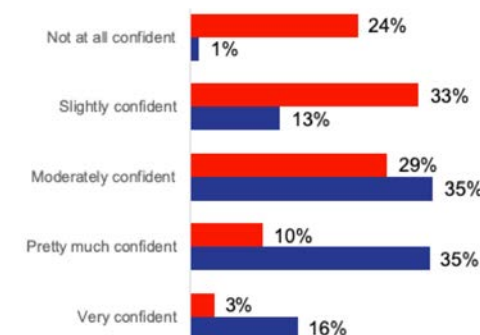


The PIONEER 4 trial, which compared oral semaglutide to injectable liraglutide and placebo, reported which of the following outcomes?



### Confidence in treatment decisions

Learners lacked confidence at baseline to determine which patients with T2D are appropriate for GLP-1 RA therapy based on current ADA guidelines



Novo Nordisk 26132



# Curriculum Patient Impact

In the Post-Test, learners (N = 9,215) were asked to report how many patients with T2D they see per week in any clinical setting by selecting a range. The resulting distribution of learner responses was then extrapolated to reflect the total number of learners who have attended the sessions.

The findings reveal that this education has the potential to impact

**13,758,144**  
patients on an annual basis.

161,879–191,419 patients on a weekly basis

242,457–  
286,701

## Course Director

### **Mark Stolar, MD**

Associate Professor of Clinical Medicine  
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Northwestern University Medical School  
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## Activity Planning Committee

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Sheila Lucas, CWEP

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Donald and Barbara Zucker School of Medicine at  
Hofstra/Northwell University  
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Advanced Internal Medicine Group, P.C.  
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Fellow, American Association of Clinical Endocrinologists  
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UC Riverside School of Medicine  
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Metabolism  
AMC Community Division  
The Endocrine Group  
Albany, NY

### **Neil Skolnik, MD**

Professor of Family and Community  
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Thomas Jefferson University  
Associate Director  
Family Medicine Residency Program  
Abington Jefferson Health  
Philadelphia, PA

# Commercial Support

The Emerging Challenges in Primary Care: 2020, Conversations in Primary Care: 2020, and Emerging Challenges and Clinical Updates in Primary Care: 2020 series of CME activities were supported through educational grants or donations from the following companies:

- Abbott Diabetes Care Inc.
- Amgen
- Astellas Pharma Global Development, Inc.
- AstraZeneca Pharmaceuticals LP.
- Bayer Healthcare Pharmaceuticals Inc.
- Biogen MA, Inc.
- Esperion Therapeutics, Inc.
- Ferring Pharmaceuticals, Inc.
- Galderma Laboratories L.P.
- Genentech, a member of the Roche Group
- Gilead Sciences, Inc.
- GlaxoSmithKline
- Grifols
- Kaneka Pharma America LLC;
- Lilly
- Novartis Pharmaceuticals Corporation
- Novo Nordisk Inc
- Takeda Pharmaceuticals U.S.A., Inc.

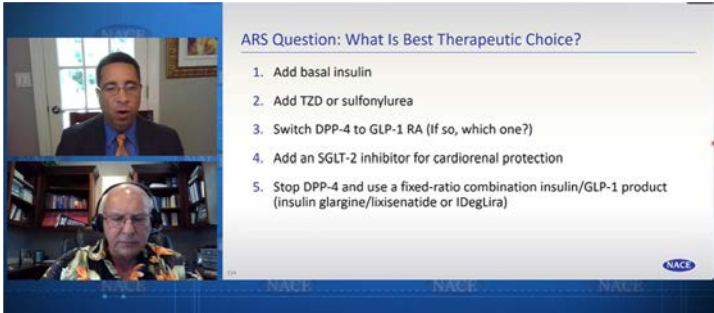
# Overview

# Learning Objectives

- Recognize the glycemic and cardiorenal effects of GLP-1 RAs in the management of T2DM
- Discuss the differences between injectable and oral GLP-1 RA formulations, and how to individualize treatments based on unique patient needs and medication characteristics
- Integrate GLP-1 RA therapy into earlier therapeutic decision-making, based on the newest treatment guidelines

# Curriculum Overview

12 Accredited Live Virtual Symposia with  
3 Rebroadcasts: April – September 2020

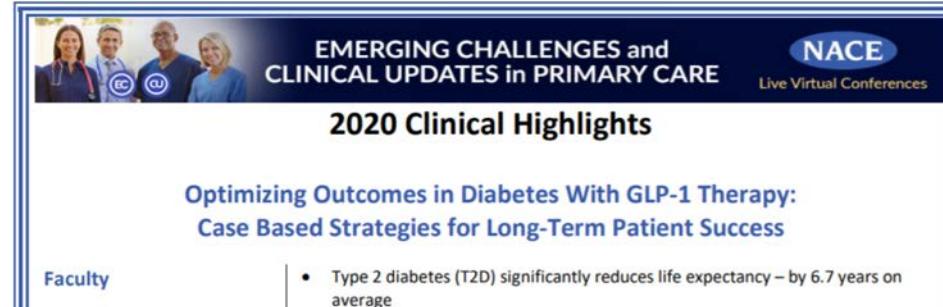


ARS Question: What Is Best Therapeutic Choice?

1. Add basal insulin
2. Add TZD or sulfonylurea
3. Switch DPP-4 to GLP-1 RA (If so, which one?)
4. Add an SGLT-2 inhibitor for cardiorenal protection
5. Stop DPP-4 and use a fixed-ratio combination insulin/GLP-1 product (insulin glargine/lixisenatide or iDegLira)

## Clinical Highlights eMonograph

eMonograph, containing key teaching points from the CME activity, was distributed 1 week after the meeting to all attendees.



EMERGING CHALLENGES and CLINICAL UPDATES in PRIMARY CARE

NACE Live Virtual Conferences

### 2020 Clinical Highlights

#### Optimizing Outcomes in Diabetes With GLP-1 Therapy: Case Based Strategies for Long-Term Patient Success

Faculty

- Type 2 diabetes (T2D) significantly reduces life expectancy – by 6.7 years on average

## Podcast

### The NACE Clinical Highlights Show



Optimizing Outcomes in Diabetes With GLP-1 Therapy  
Launch: May 31, 2020

<https://www.buzzsprout.com/457981/3998114-optimizing-outcomes-in-diabetes-with-glp-1-therapy>



## Enduring CME Symposium Webcast

Available at:

<https://www.naceonline.com/courses/optimizing-outcomes-in-diabetes-with-glp-1-therapy-case-based-strategies-for-long-term-patient-success>

Optimizing Outcomes in Diabetes with GLP-1 Therapy: Case Based Strategies for Long-Term Patient Success



### COURSE SUMMARY

Cost: Free

Start Date: 06/30/2020

Expiration Date: 06/29/2021

Target Audience: Primary Care Providers

Format: Webcast

Estimated Time To Complete CME Activity: 1.25 hours

Credit(s):

1.25 AMA PRA Category 1 Credit(s)<sup>TM</sup>  
1.25 AANP Contact Hours including 0.75 pharmacology hours

Hardware/Software Requirements: Any web browser

### Speakers



Javier Morales, MD, FACP, FACE  
Clinical Associate Professor of Medicine  
Donald and Barbara Zucker School of Medicine at  
Hofstra/Northwell University  
Vice President  
Advanced Internal Medicine Group, P.C.  
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Riverside, CA





# Outcomes Methodology

Learning outcomes were measured using matched Pre-Test and Post-Test scores for Knowledge, Performance, Confidence, and practice strategy and across all of the curriculum's Learning Objectives.

Outcomes Metric	Definition	Application
<b>Percentage change</b>	This is how the score changes resulting from the education are measured. The change is analyzed as a relative percentage difference by taking into account the magnitude of the Pre-Test average.	Differences between Pre-Test, Post-Test, and PCA score averages
<b>P value (p)</b>	This is the measure of the statistical significance of a difference in scores. It is calculated using dependent or independent samples t-tests to assess the difference between scores, taking into account sample size and score dispersion. Differences are considered significant for when $p \leq .05$ .	Significance of differences between Pre-Test, Post-Test, and PCA scores and among cohorts
<b>Effect size (d)</b>	This is a measure of the strength/magnitude of the change in scores (irrespective of sample size). It is calculated using Cohen's d formula, with the most common ranges of d from 0-1: $d < .2$ is a small effect, $d = .2-.8$ is a medium effect, and $d > .8$ is a large effect.	Differences between Pre-Test and Post-Test score averages
<b>Power</b>	This is the probability (from 0 to 1) that the "null hypothesis" (no change) will be appropriately rejected. It is the probability of detecting a difference (not seeing a false negative) when there is an effect that is dependent on the significance (p), effect size (d), and sample size (N).	Differences between Pre-Test and Post-Test score averages
<b>Percentage non-overlap</b>	This is the percentage of data points at the end of an intervention that surpass the highest scores prior to the intervention. In this report, it will reflect the percentage of learners at Post-Test who exceed the highest Pre-Test scores.	Differences between Pre-Test and Post-Test score averages

# Participation

2020 Session	Date	Attendees
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# Participation



**22,122\***  
Total Attendees



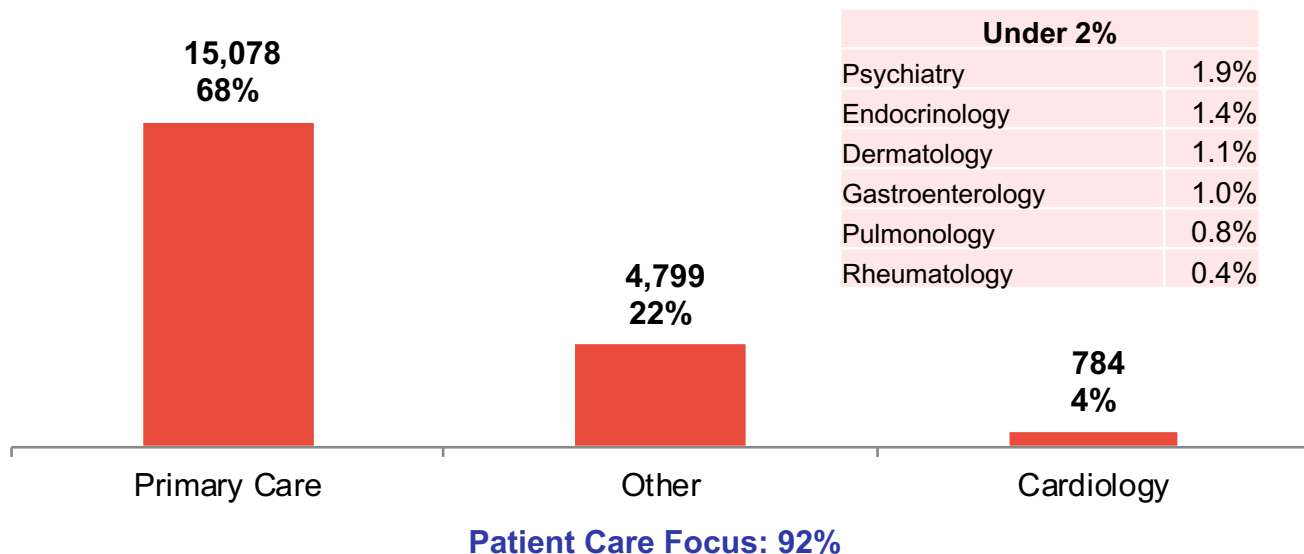
**15 Virtual Sessions**

**6,261 Follow-up Participants**  
**28% Rate of follow-up engagement**

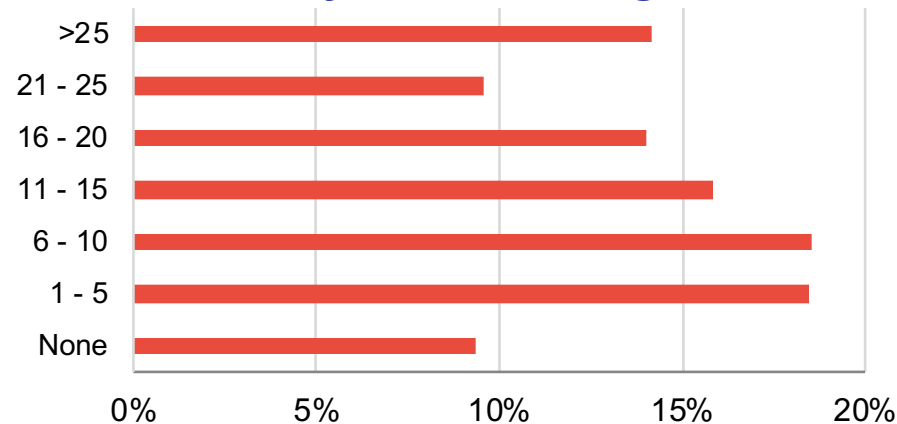
\*These numbers represent the total number of attendees, irrespective of assessment participation

# Level 1: Demographics and Patient Reach

## Specialty

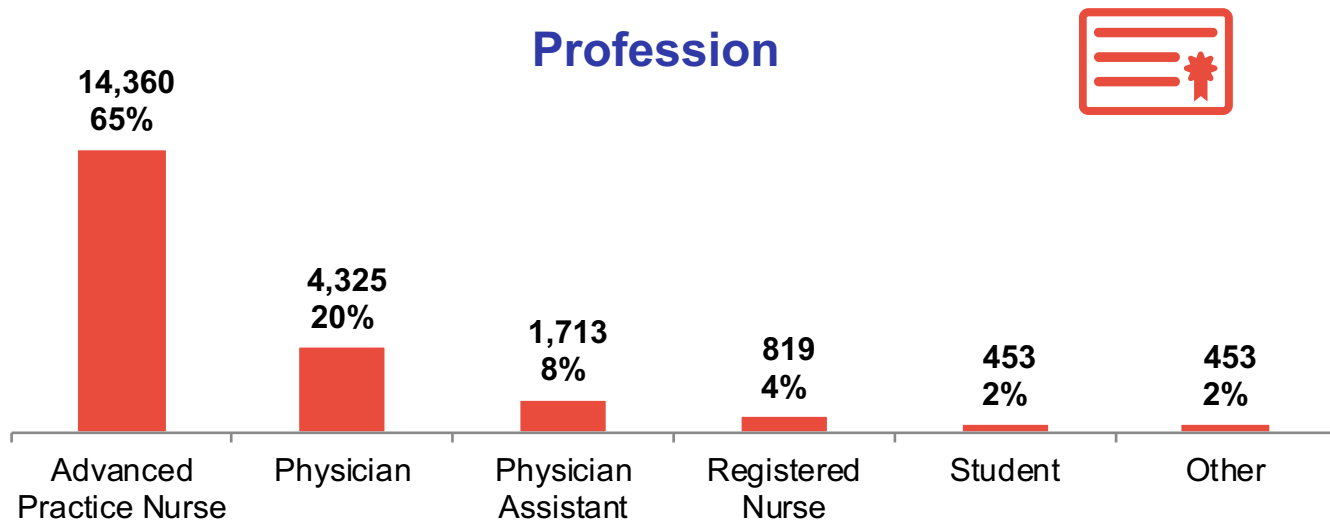


## Patients with type 2 diabetes seen each week, in any clinical setting:

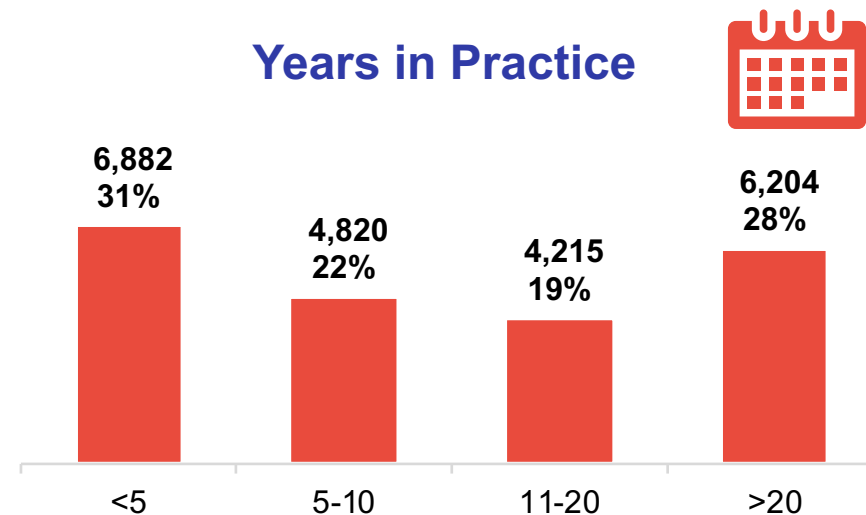


Average number of T2D patients seen each week per clinician: 13

## Profession



## Years in Practice

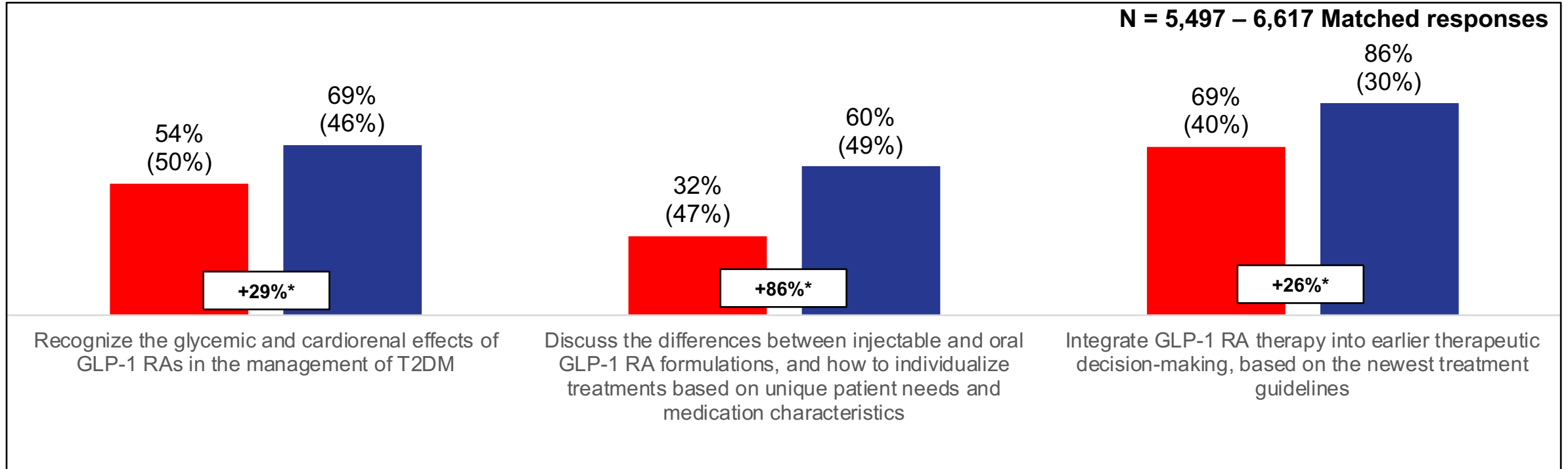




**Level 2-5:  
Outcomes Metrics**

# Learning Objective Analysis

Pre-Test  
Post-Test



- Across all three curriculum Learning Objectives, substantial and significant improvements were measured from Pre- to Post-Test
- The strongest gains were measured on the differences between injectable and oral GLP-1 RA formulations, and individualizing treatment
  - Despite these gains, scores on this Objective were low at Post-Test (60%)
- Highest scores at Pre- and Post-Test (69% and 86%) were measured on integrating GLP-1 RA therapy into therapeutic decision-making based on current guidelines

# Learning Objective Analysis

Matched data, \* indicates significance,  $p < 0.05$

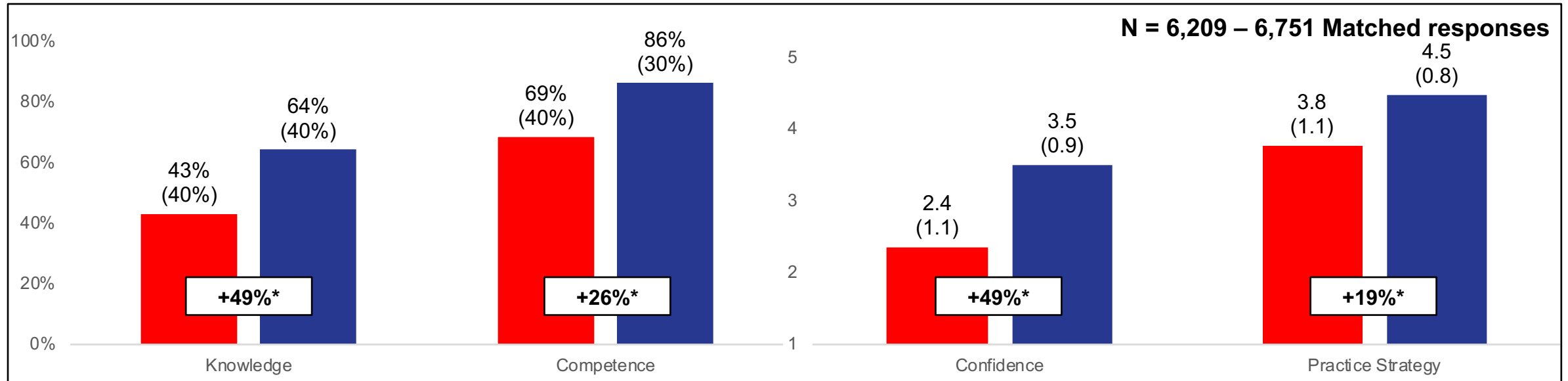
## Cohort comparison by profession

Learning Objective	Advanced Practice Nurses				Physicians			
	N	Pre-Test	Post-Test	Change	N	Pre-Test	Post-Test	Change
Recognize the glycemic and cardiorenal effects of GLP-1 RAs in the management of T2DM	1,829	54% (50%)	68% (47%)	+25%*	515	56% (50%)	77% (42%)	+37%*
Discuss the differences between injectable and oral GLP-1 RA formulations, and how to individualize treatments based on unique patient needs and medication characteristics	1,803	25% (43%)	56% (50%)	+124%*	508	42% (49%)	74% (44%)	+74%*
Integrate GLP-1 RA therapy into earlier therapeutic decision-making, based on the newest treatment guidelines	2,131	66% (40%)	86% (30%)	+30%*	626	75% (38%)	89% (28%)	+19%*

- For both advanced practice nurses and physicians, significant gains were measured from Pre- to Post-Test on each of the three curriculum Learning Objectives
- On two of the three Objectives, advanced practice nurses achieved stronger improvements compared to physicians, though physicians had higher scores at Pre- and Post-Test
  - Physicians had greater gains in recognizing the glycemic and cardiorenal effects of GLP-1 RAs
- Despite both groups having the strongest gains in discussing the differences between injectable and oral GLP-1 RA formulations and individualizing treatment, the lowest Pre- and Post-Test scores were measured in this area

# Learning Domain Analysis

Pre-Test  
Post-Test



- In each of the four curriculum learning domains, substantial and significant gains were achieved from Pre- to Post-Test
- The strongest improvements, from lowest Pre-Test scores, were measured in Knowledge of clinical trial data on GLP-1 agents
  - Though strong gains were seen in this area, low Post-Test scores (64%) represent opportunities for further education
- Highest Post-Test scores (86%) were measured in Competence to select and modify GLP-1 therapy for patients with a history of T2D
- Low Pre- and Post-Test Confidence despite gains indicates possible learner awareness of gaps in Knowledge
- Practice strategy ratings, on considering the cardiovascular benefits of antihyperglycemic therapy, increased to a high average value at Post-Test (4.5)



# Learning Domain Analysis

## Cohort comparison by profession

Matched data, \* indicates significance,  $p < 0.05$

Learning Domain	Advanced practice nurses				Physicians			
	N	Pre-Test	Post-Test	% Change	N	Pre-Test	Post-Test	% Change
Knowledge	2,024	40% (39%)	62% (40%)	+54%*	585	49% (41%)	75% (37%)	+52%*
Competence	2,131	66% (40%)	86% (30%)	+30%*	626	75% (38%)	89% (28%)	+19%*
Confidence	2,042	2.3 (1.0)	3.5 (0.9)	+53%*	571	2.5 (1.1)	3.7 (0.9)	+47%*
Practice	2,200	3.7 (1.1)	4.5 (0.8)	+21%*	627	3.9 (1.0)	4.5 (0.8)	+16%*

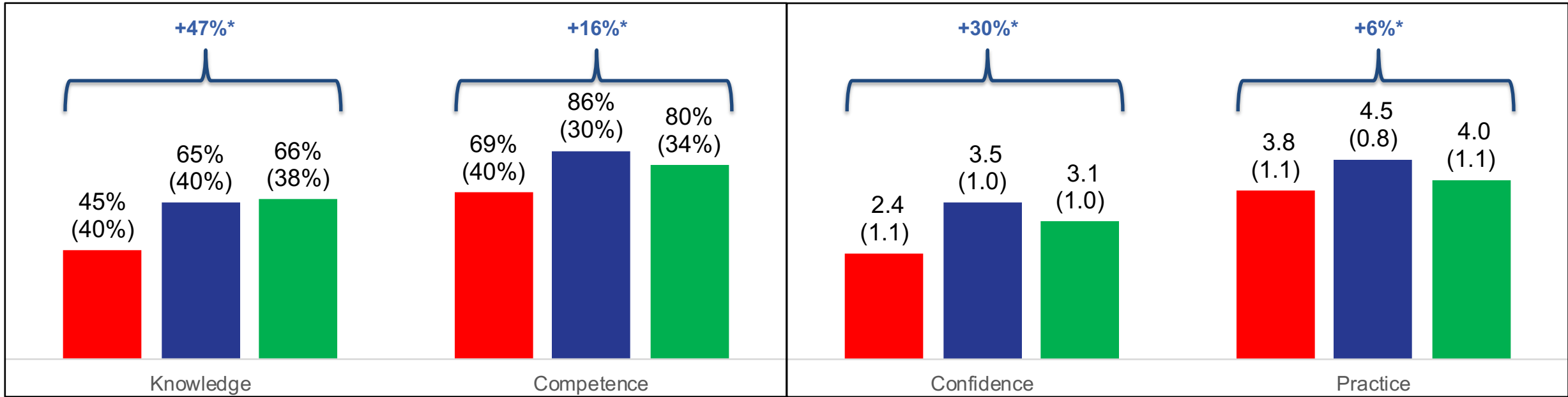
- When comparing the scores of advanced practice nurses and physicians by learning domain, both groups achieved significant gains from Pre- to Post-Test, across all four domains
  - Except for physicians in Knowledge, improvements across all domains for both groups were statistically significant
- In all four learning domains, advanced practice nurses achieved stronger gains compared to physicians from Pre- to Post-Test

# 4-Week Retention Analysis

## By Learning Domain

Pre-Test Post-Test PCA

N = 2,623 – 2,810 Matched responses



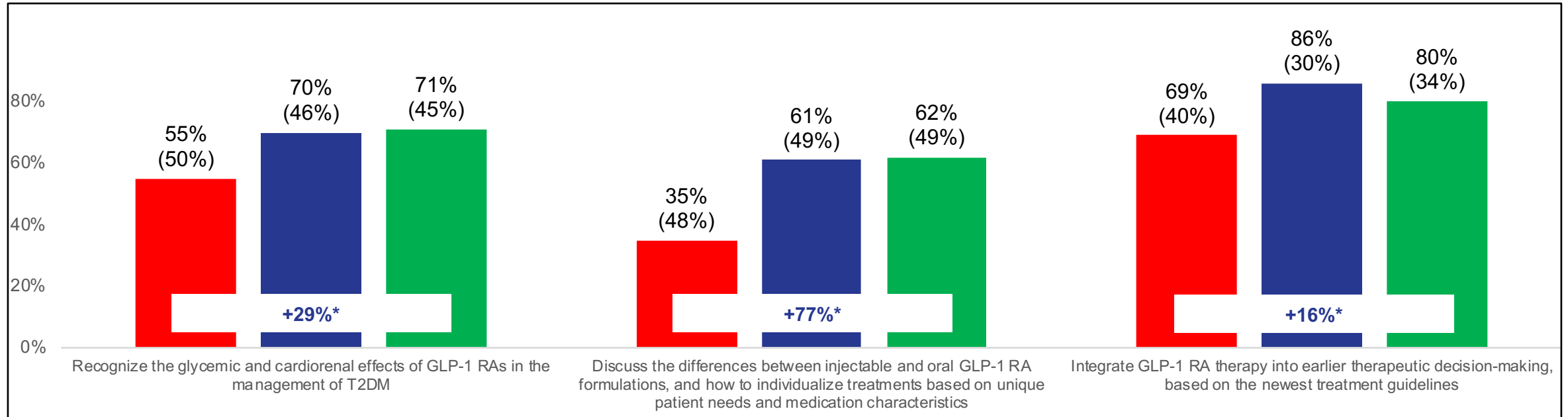
- Four to six weeks following their engagement in one of the curriculum sessions, learners were prompted to complete a brief Post Curriculum Assessment (PCA), which repeated items from each of the four curriculum learning domains
- In each of the four curriculum learning domains, substantial and significant net gains were achieved from Pre-Test to PCA measurements
  - Despite these gains, some score slippage was seen from Post-Test to PCA in Competence, Confidence, and practice strategy
- In Knowledge, proficiency was well retained, with no change in score from Post-Test to PCA measurements

# 4-Week Retention Analysis

## By Learning Objective

Pre-Test Post-Test PCA

N = 2,347 – 2,780 Matched responses

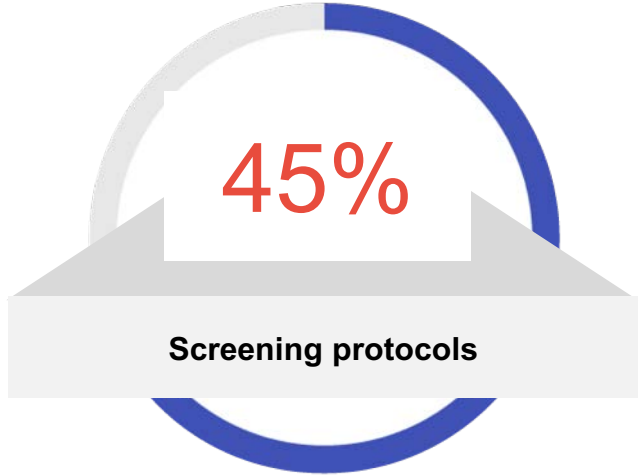
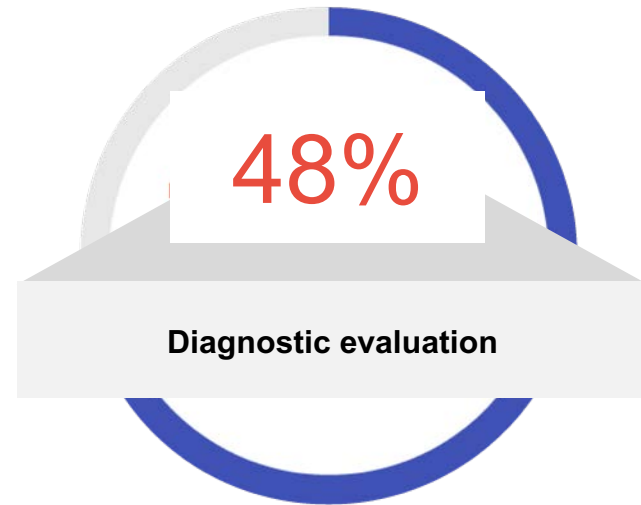
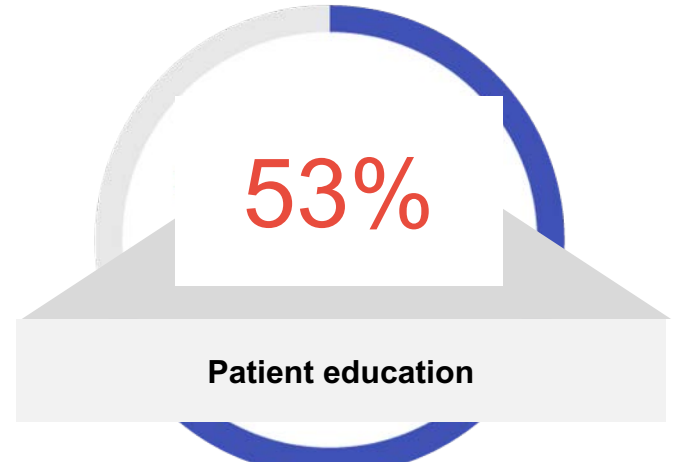
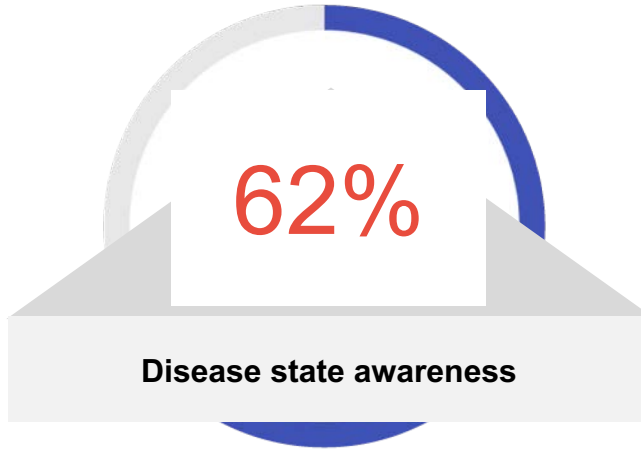
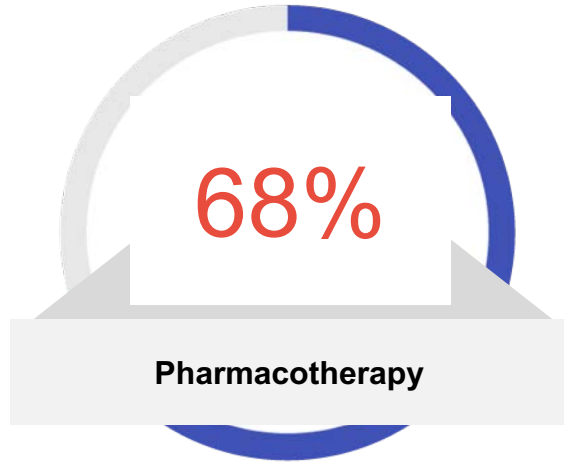


- When examining results by Learning Objective, substantial and significant net gains were achieved from Pre-Test to PCA measurements on each of the three Objectives
- Ongoing improvements in score were achieved from Post-Test to PCA in recognition of the glycemic and cardiorenal effects of GLP-1 Ras, and discussion of differences between oral and injectable GLP-1 RA formulations

(4-week Post Assessment)

**Please select the specific areas of *skills, or practice behaviors*, you have improved regarding the treatment of patients with diabetes since this CME activity. (Select all that apply.)**

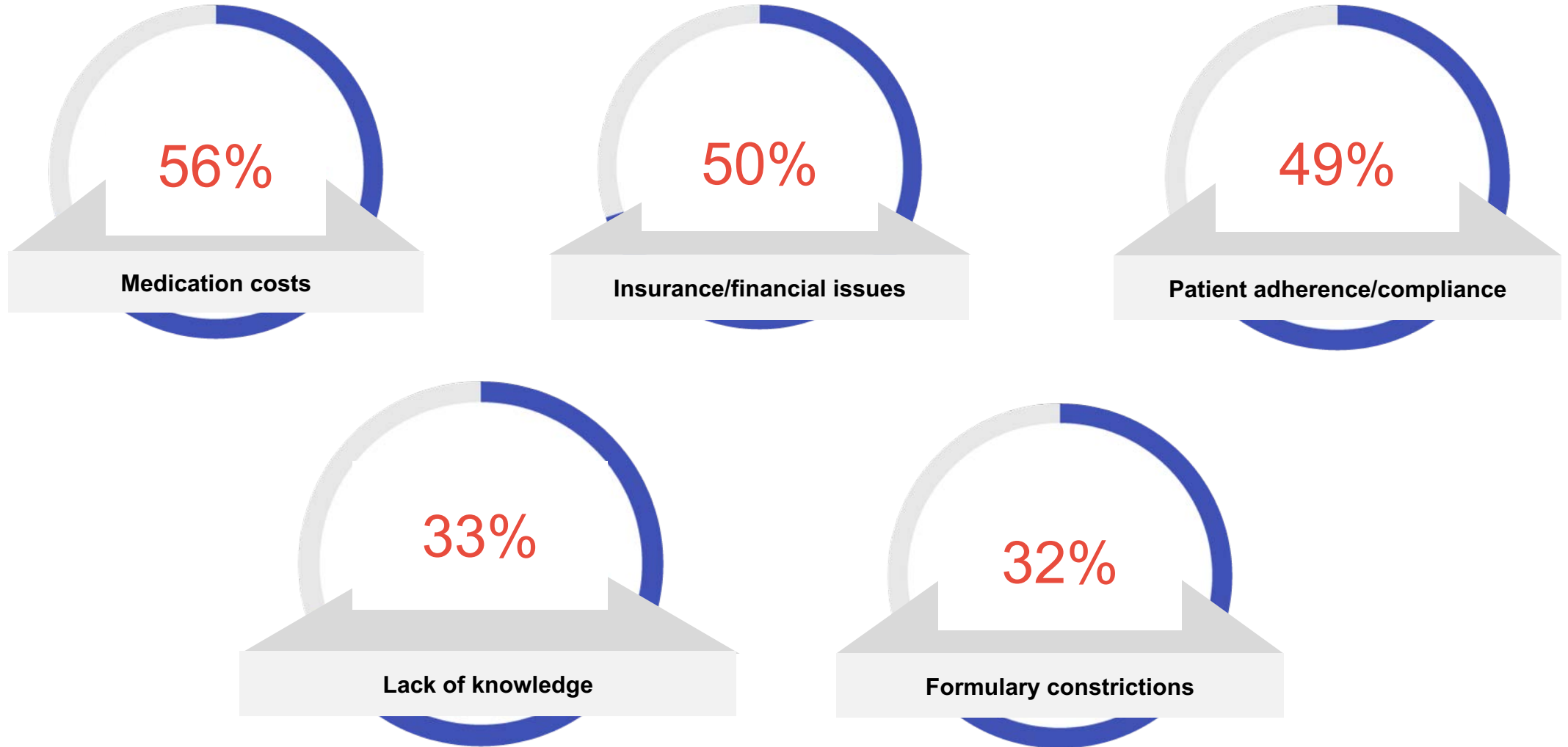
N = 5,933



(4-week Post Assessment)

**What specific *barriers* have you encountered that may have prevented you from successfully implementing strategies for patients with diabetes since this CME activity? (Select all that apply.)**

N = 5,933



# Identified Learning Gap:

## *Outcomes of clinical trials of GLP-1 therapies*

Despite improvements in score on two Knowledge items covering the results of the REWIND and PIONEER 4 trials, learners remained challenged at Post-Test in correctly identifying their results

**Which of the following outcomes was reported by the REWIND trial, which compared dulaglutide to placebo in patients with T2D and high cardiovascular disease (CVD) risk?**

### **Results:**

- At PCA, 69% of learners correctly answered: “Significantly lower rate of major CV events (MACE) with dulaglutide”

**The PIONEER 4 trial, which compared oral semaglutide to injectable liraglutide and placebo, reported which of the following outcomes?**

### **Results:**

- At PCA, 60% of learners correctly answered: “Oral semaglutide non-inferior to injectable liraglutide for reducing A1c”

# Overall Educational Impact

- Substantial, significant improvements were seen across all four curriculum learning domains, from Pre- to Post-Test (Knowledge, Competence, Confidence, and practice strategy)
  - These gains were stronger for advanced practice nurses compared to physicians across all domains, though physicians achieved higher scores in Knowledge, Competence, and Confidence
  - These gains were seen across all individual Knowledge and Competence items, with improvements ranging from 22% to 86%
- Highest Post-Test scores were measured on learner Competence to correctly add GLP-1 therapy when consistent with ADA 2020 guidelines
- Significant improvements ranging from 26% to 86% were measured across all Learning Objectives, with all Post-Test scores between 60% and 86%
- The analysis of the Knowledge and Competence domains identified an **opportunity for further education on outcomes of clinical trials of GLP-1 agents**
  - Despite strong increases seen on two Knowledge items discussing the REWIND and PIONEER 4 trials, learners struggled at Post-Test to correctly select their results
  - Despite improved competence to correctly add GLP-1 therapy, learners lacked confidence at baseline to determine which patients with T2D are appropriate for GLP-1 RA therapy based on current ADA guidelines.

# Appendix

**Slides 25 – 27: Pre-Test to Post-Test  
matched item responses**

**Slides 28 – 30: Pre-Test, Post-Test, and  
PCA matched item responses\***

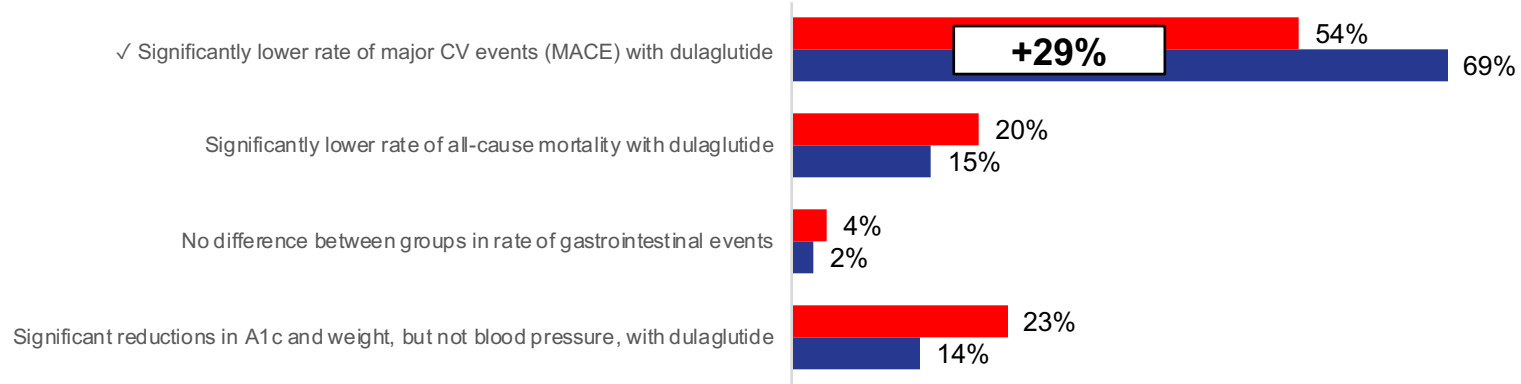


# Knowledge Items

Pre-Test  
Post-Test

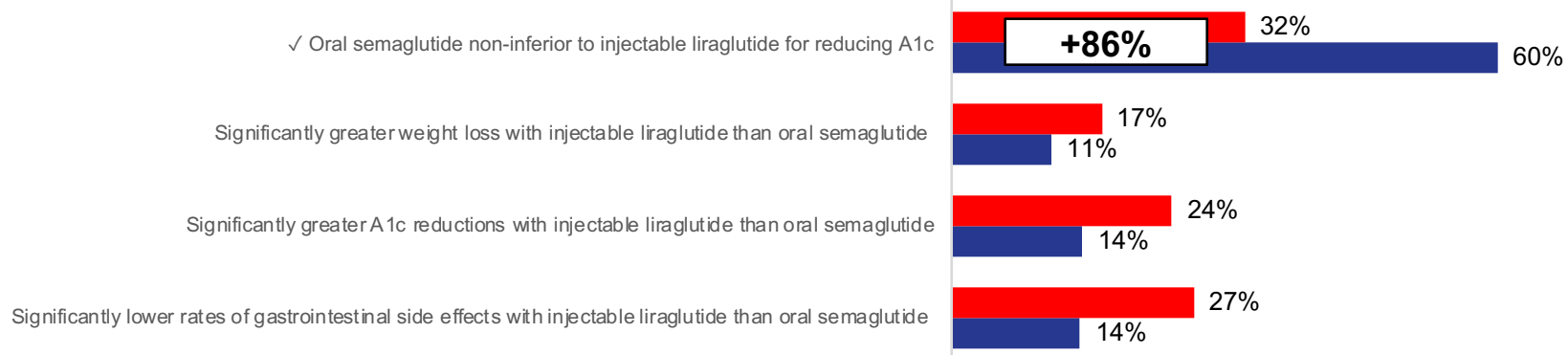
Which of the following outcomes was reported by the REWIND trial, which compared dulaglutide to placebo in patients with T2D and high cardiovascular disease (CVD) risk?

N = 5,563 Matched responses



The PIONEER 4 trial, which compared oral semaglutide to injectable liraglutide and placebo, reported which of the following outcomes?

N = 5,497 Matched responses

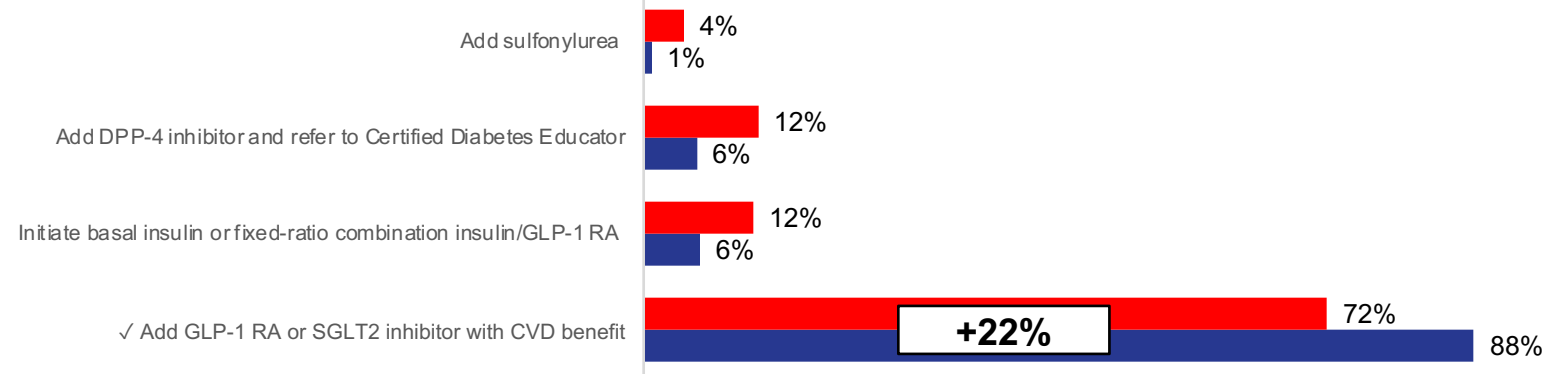


# Competence Items

Pre-Test  
Post-Test

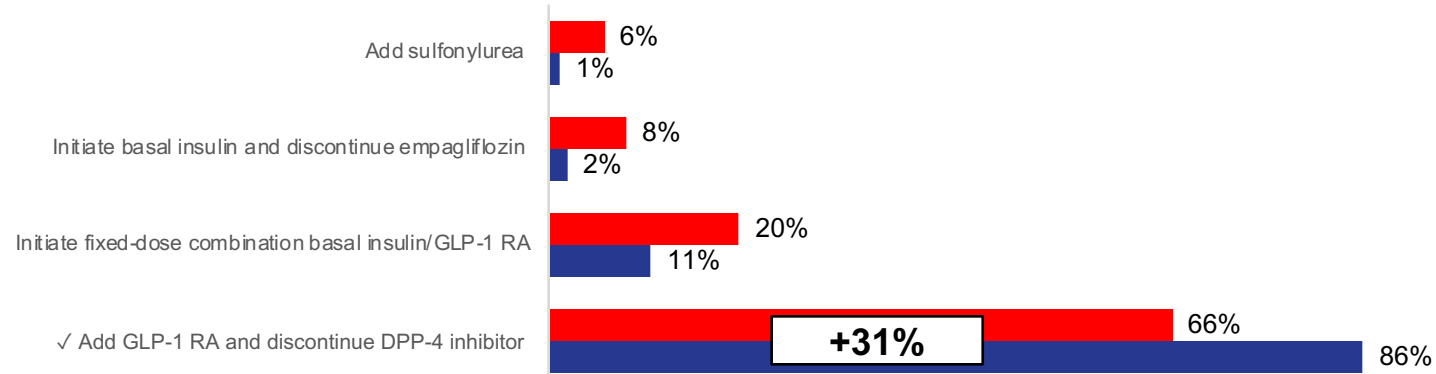
59 y/o man with 6-year history of T2D, hypertension, dyslipidemia, obesity (BMI 30 kg/m<sup>2</sup>), NSTEMI 6 months ago. Current meds: Metformin 1000 mg bid, atorvastatin 80 mg qd, metoprolol succinate 100 mg bid, lisinopril 20 mg qd, aspirin 81 mg qd. Reports daily walking x 30 minutes and low-fat diet; frustrated by continued weight gain (10 lbs in last year). Today: A1C 8.1%, eGFR 66 mL/min/1.73m<sup>2</sup>. According to 2020 ADA guidelines, which of the following might be appropriate at this time?

N = 5,820 Matched responses



67 y/o woman with 9-year history T2D, hypertension, dyslipidemia, obesity (BMI 32 kg/m<sup>2</sup>). Current meds: Metformin 1000 mg bid, sitagliptin 100 mg qd, empagliflozin 25 mg qd, rosuvastatin 40 mg qd, fosinopril 20 mg qd. Swims 3 x week and consumes low-fat diet designed by diabetes educator; weight stable over last year. Today: A1C 7.7%, normal heart rate and rhythm, eGFR 58 mL/min/1.73 m<sup>2</sup>, albumin: creatinine ratio 122 mg/g. According to 2020 ADA guidelines, which of the following might be appropriate at this time?

N = 5,924 Matched responses

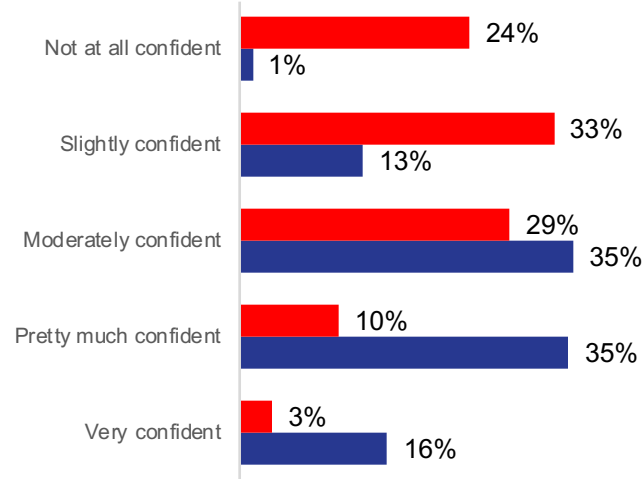


# Confidence and Practice Strategy Items

Pre-Test  
Post-Test

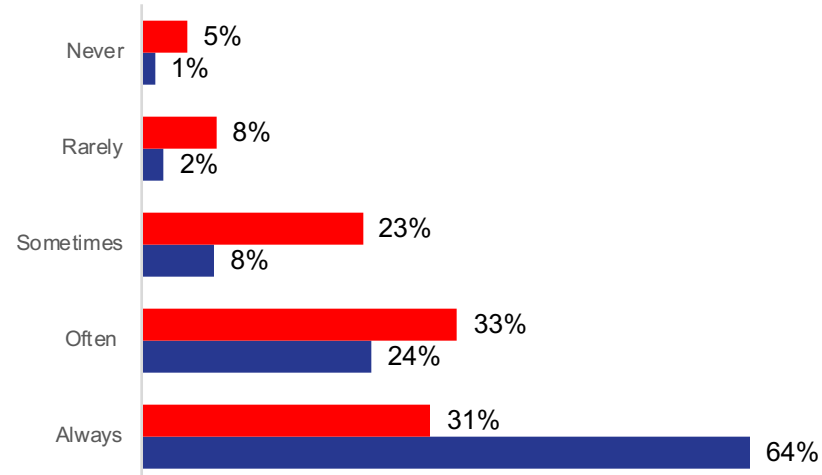
How confident are you in your ability to determine which patients with T2D are appropriate for GLP-1 RA therapy based on current ADA guidelines?

N = 6,274 Matched responses



How often do you consider the cardiorenal benefits of antihyperglycemic medications when selecting therapy for patients with T2D?

N = 6,751 Matched responses



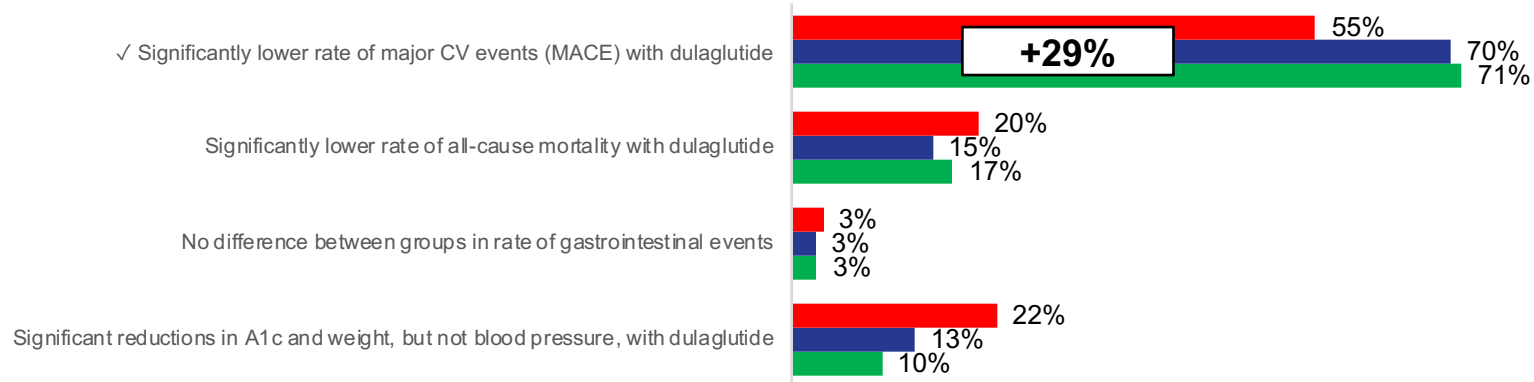
# Knowledge Items

## Post Curriculum Assessment (PCA)



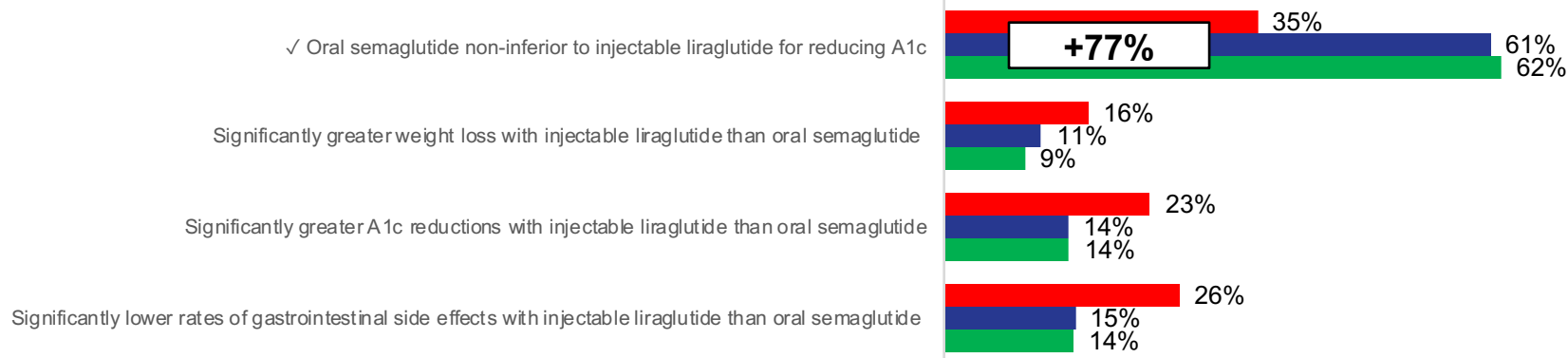
Which of the following outcomes was reported by the REWIND trial, which compared dulaglutide to placebo in patients with T2D and high cardiovascular disease (CVD) risk?

N = 2,347 Matched responses



The PIONEER 4 trial, which compared oral semaglutide to injectable liraglutide and placebo, reported which of the following outcomes?

N = 2,351 Matched responses



Note: data are matched.  
Correct answer is designated by a ✓.



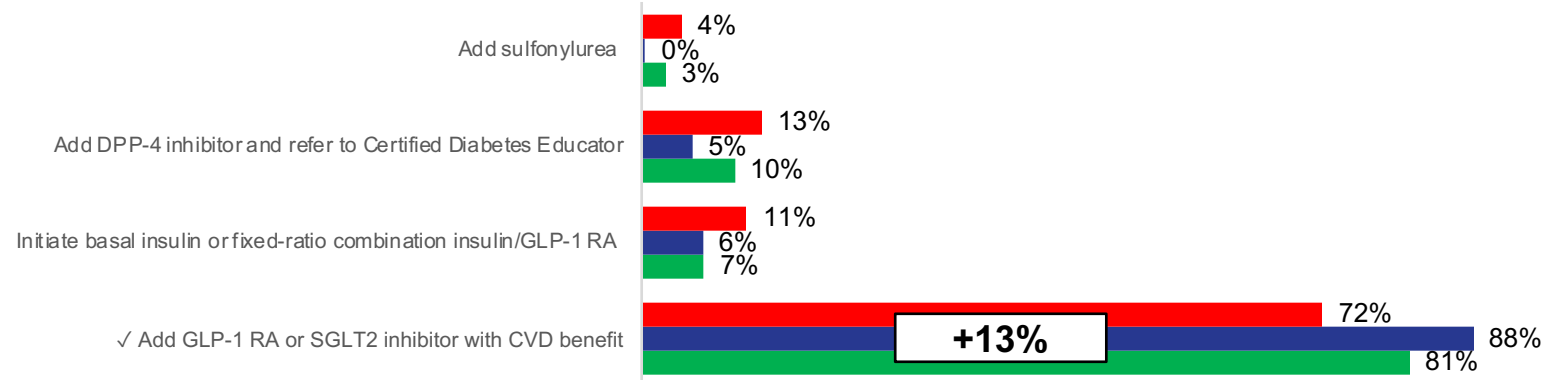
# Competence Items

## Post Curriculum Assessment (PCA)



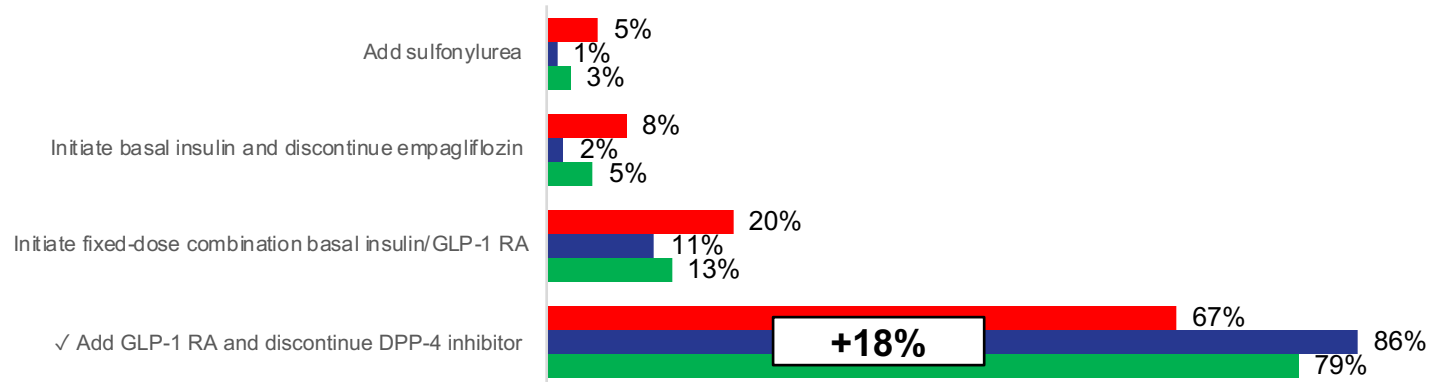
59 y/o man with 6-year history of T2D, hypertension, dyslipidemia, obesity (BMI 30 kg/m<sup>2</sup>), NSTEMI 6 months ago. Current meds: Metformin 1000 mg bid, atorvastatin 80 mg qd, metoprolol succinate 100 mg bid, lisinopril 20 mg qd, aspirin 81 mg qd. Reports daily walking x 30 minutes and low-fat diet; frustrated by continued weight gain (10 lbs in last year). Today: A1C 8.1%, eGFR 66 mL/min/1.73m<sup>2</sup>. According to 2020 ADA guidelines, which of the following might be appropriate at this time?

N = 2,445 Matched responses



67 y/o woman with 9-year history T2D, hypertension, dyslipidemia, obesity (BMI 32 kg/m<sup>2</sup>). Current meds: Metformin 1000 mg bid, sitagliptin 100 mg qd, empagliflozin 25 mg qd, rosuvastatin 40 mg qd, fosinopril 20 mg qd. Swims 3 x week and consumes low-fat diet designed by diabetes educator; weight stable over last year. Today: A1C 7.7%, normal heart rate and rhythm, eGFR 58 mL/min/1.73 m<sup>2</sup>, albumin: creatinine ratio 122 mg/g. According to 2020 ADA guidelines, which of the following might be appropriate at this time?

N = 2,538 Matched responses



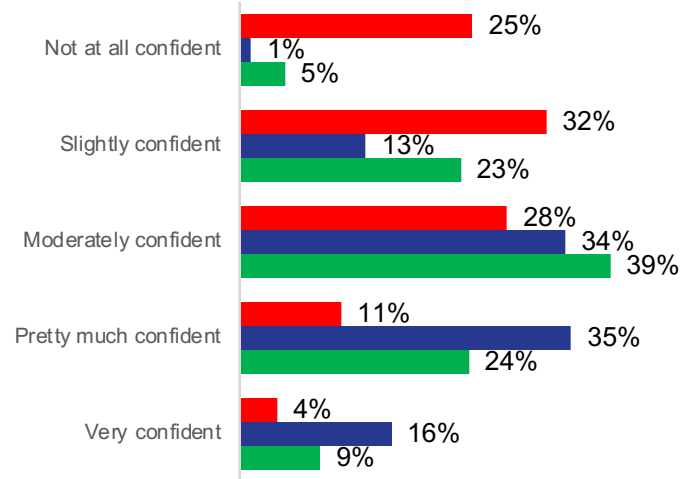
# Confidence and Practice Strategy Items

## Post Curriculum Assessment (PCA)



How confident are you in your ability to determine which patients with T2D are appropriate for GLP-1 RA therapy based on current ADA guidelines?

N = 2,639 Matched responses



How often do you consider the cardiorenal benefits of antihyperglycemic medications when selecting therapy for patients with T2D?

N = 2,810 Matched responses

