

Increasing Physician Awareness of and Referral to the National Diabetes Prevention Program (DPP) using Continuing Medical Education (CME)

Justin Kelley MPH, Nikki L Rogers PhD, CPH, and Michael Dohn MD, MSc, CPH
Department of Community Health, Center for Global Health, Boonshoft School of Medicine



Importance

Diabetes is a growing public health threat.

- One in eleven individuals have diabetes and one in three individuals have prediabetes.
- Without intervention, 15-30% of individuals with prediabetes will develop diabetes in five years (CDC, 2015a).

The National Diabetes Prevention Program (DPP) led by the Centers for Disease Control and Prevention (CDC) is an evidence-based program shown to prevent or delay the development of diabetes in individuals with prediabetes (CDC, 2015b).

Objective

A no-cost continuing medical education (CME) program was created to increase physician awareness of and referral to the DPP. The goal was to promote the DPP among first-line treatments for prediabetes.

Methods

The types and requirements of different CME programs were examined.

- An *AMA PRA* Category 1 Credit™* online enduring materials format was chosen as the most effective and convenient program to target primary care physicians (AMA, 2010).
- One CME credit was sought to maximize incentive for and ease of program participation.
- Table 1 shows *AMA PRA Category 1 Credit™* and enduring materials requirements.

Table 1. American Medical Association Requirements for Continuing Medical Education

AMA PRA Category 1 Credit™	Enduring Materials Format
1. Conform to the AMA's definition of CME.	1. Meet all AMA core requirements for certifying an activity.
2. Address demonstrated educational needs.	2. Provide clear instructions to the learner on how to successfully complete the activity.
3. Communicate to prospective participants a clearly identified educational purpose and/or objectives in advance of participation in the activity.	3. Provide an assessment of the learner that measures achievement of the educational purpose and/or objective(s) of the activity with an established minimum performance level; examples include, but are not limited to, patient-management case studies, a post-test, and/or application of new concepts in response to simulated problems.
4. Be designed using AMA approved learning formats and learning methodologies appropriate to the activity's educational purpose and/or objectives; credit must be based on AMA guidelines for the type of learning format used.	4. Communicate to the participants the minimum performance level that must be demonstrated in the assessment in order to successfully complete the activity for <i>AMA PRA Category 1 Credit™</i> .
5. Present content appropriate in depth and scope for the intended physician audience.	5. Provide access to appropriate bibliographic sources to allow for further study.
6. Be planned in accordance with the relevant CEJA opinions and the ACCME Standards for Commercial Support, and be nonpromotional in nature.	
7. Evaluate the effectiveness in achieving its educational purpose and/or objectives.	
8. Document credits claimed by physicians for a minimum of six years.	
9. Be certified for <i>AMA PRA Category 1 Credit™</i> in advance of the activity; i.e., an activity may not be retroactively approved for credit.	

*AMA: American Medical Association
PRA: Physician Recognition Award

Reading material shared information about prediabetes and the DPP.

- Figure 1 shows excerpts from the reading material.
- A certificate was created for successful completion of the CME program (Figure 2).
- The CME program was published on the Wright State University online learning gateway called Pilot (Figure 3) and advertised to physicians (Figure 4).
- Fellow DPP stakeholders tested the program and gave feedback.

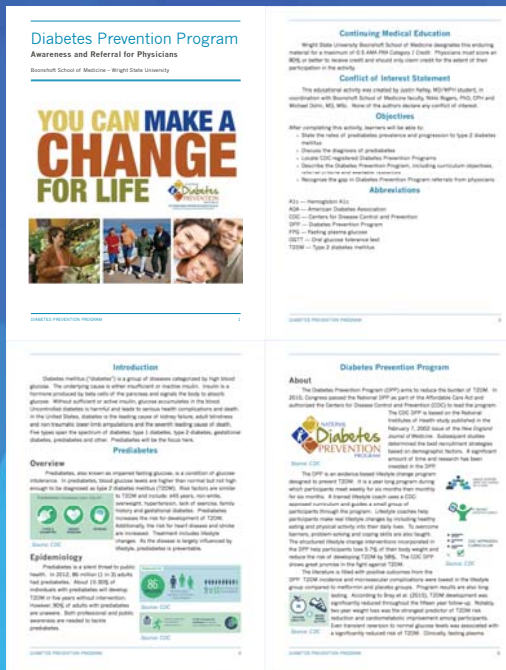


Figure 1. Diabetes Prevention Program continuing medical education reading material excerpts.

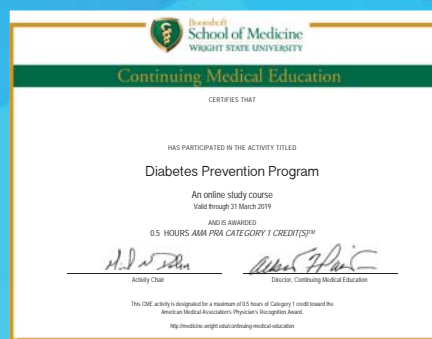


Figure 2. Diabetes Prevention Program continuing medical education certificate.

Results

The CME included CDC-based reading material highlighting awareness of prediabetes and the DPP in addition to a ten question assessment. Stakeholders took approximately thirty minutes to complete the CME. A 0.5 credit *AMA PRA Category 1 Credit™* online enduring materials format was created and approved by the CME Program, Boonshoft School of Medicine, Wright State University.

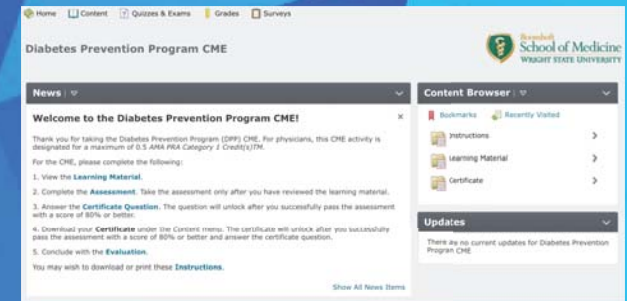


Figure 3. Diabetes Prevention Program continuing medical education Pilot page.

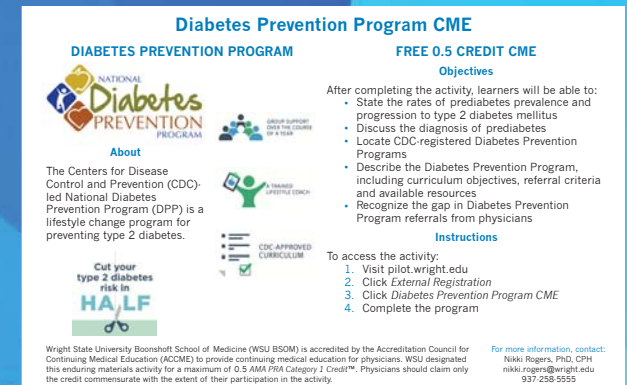


Figure 4. Diabetes Prevention Program continuing medical education advertisement.

Conclusions

The DPP CME was designed with simplicity to maximize dissemination among primary care physicians. The burden of diabetes can be prevented and reduced for healthier communities with physician referral of patients with prediabetes to DPPs.

References

American Medical Association (AMA). (2010). *The physician's recognition award and credit system: Information for accredited providers and physicians*. Retrieved on 20 April 2016 from <https://download.ama-assn.org/resources/doc/cme/x-pub/prc-booklet.pdf>

Centers for Disease Control and Prevention (CDC). (2015a). *Diabetes report card 2014*. Atlanta, GA: Centers for Disease Control and Prevention, United States Department of Health and Human Services.

Centers for Disease Control and Prevention (CDC). (2015b). *National diabetes prevention program: Research-based prevention program*. Retrieved on 20 April 2016 from <http://www.cdc.gov/diabetes/prevention/prediabetes-type2/preventing.html>