

Des Moines University Application for Continuing Education Credit

Activity Information

Date of application: October 7, 2020

Organization: Multiple

Activity title: Iowa Diabetes + Wellness Summit

Date: November 14, 2019

Location: FFA Enrichment Center
1055 SW Prairie Trail Parkway
Ankeny, IA 50023

Time: 8 am – 4:30 pm

Activity director: Karen Crimmings, RN, CIC

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Activity coordinator: Andrew Minear, MPH

Phone: 515-725-2839

Email: andrew.minear@idph.iowa.gov

Format: ACCME C5; CPME Standard 3.2, 9.0

- | | |
|----------------------------------------------------|------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Live | <input type="checkbox"/> Grand Rounds/Regularly scheduled series (RSS) |
| <input type="checkbox"/> Journal-based CME | <input type="checkbox"/> Remote site teleconference |
| <input type="checkbox"/> Online/Enduring materials | <input type="checkbox"/> Other: |

Frequency of activity:

- | | |
|------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Once | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Other: |

Type of credit requested: (additional requirements and fees may apply)

- | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> American Osteopathic Association (AOA) credit | <input checked="" type="checkbox"/> AMA PRA Category 1 Credit™ through the Iowa Medical Society |
| <input type="checkbox"/> Category 1-A | <input checked="" type="checkbox"/> Podiatry credit (CPME) |
| <input type="checkbox"/> Category 1-B | <input checked="" type="checkbox"/> Certificates of participation |
| <input checked="" type="checkbox"/> Category 2-A | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Category 2-B | |
| <input checked="" type="checkbox"/> Nursing credit (IBON) | |
| <input type="checkbox"/> American Academy of Family Physicians (AAFP) Prescribed credit ***Additional fee | |

Planning Committee

Identify below members of the planning committee who have input into the planning process and selection of content. To comply with national CME standards, Des Moines University requires all planners and developers of content for an educational activity to complete and submit a financial conflict of interest form. It's the responsibility of the activity director to ensure that no conflicts of interest occur during the planning and content delivery process. If needed, attach separate documentation. *AOA Standards 2.2.4.2, 3.3, 3.5; ACCME C7, SCS 1.1, SCS 6.1-6.5, C9, SCS 2.1-2.3, SCS 4.2-4.5, C10, SCS 5.2; CPME Standard 1.3, 1.6, 5.2, 5.3*

The activity director(s), activity coordinator, and all planning committee members must complete a "Disclosure of Relevant Financial Relationships" form. The webform can be found online at <https://cme.dmu.edu/disclosure>.

Name, Credentials, Title	Phone	Email	COI
Ami Bolles <i>Strategic Account Manager, Telligen</i>		abolles@telligen.com	None
Hannah Shultz <i>Communications Specialist, University of Iowa College of Public Health; Institute for Public Health Practice, Midwestern Public Health Training Center</i>	319-335-8451	hannah-shultz@uiowa.edu	None
Karen Crimmings, RN, CIC <i>Chronic Disease Prevention & Health Promotion Service Manager, CG Public Health</i>	641-421-9323	kcrimmings@cghealth.com	None
Laurene Hendricks <i>Iowa Department of Public Health</i>		laurene.hendricks@idph.iowa.gov	None
Carol Hibbs <i>CEO, Marshalltown YMCA-YWCA</i>	641-752-8658 *205	carol.hibbs@ymca-ywca.org	None
Laurie Walkner, RN, MA <i>Program Coordinator, Midwestern Public Health Training Center</i>	319-335-6836	laurie-walkner@uiowa.edu	None
Kathy Kunath, RN <i>Clinical Project Manager, Iowa Chronic Care Consortium</i>	515-971-3234	kathy.kunath@iowaccc.com	None
Andrew Minear <i>Iowa Department of Public Health</i>	515-725-2839	andrew.minear@idph.iowa.gov	None
Trina Radske-Suchan, PT, CSCS, FMSC <i>Executive Vice President, COO, Community Health Partners</i>	515-512-9221	trina.suchan@my-chp.com	None

Cari Seddon, MA, RD, CDE <i>Director, Community Integration, Iowa Healthcare Collaborative</i>	515-283-9301	seddonc@ihconline.org	None
Kathy Wisgerhof, RN, MA, CPHQ <i>Clinical Quality Manager, Iowa Primary Care Association</i>	515-333-5029	kwisgerhof@iowapca.org	None
Wendy Mobley-Bukstein, PharmD, BCACP, CDE, CHWC, FAPhA <i>Associate Professor of Pharmacy Practice, Drake University</i>	515-271-2294	wendy.mobley-bukstein@drake.edu	None
Kady Reese <i>Director, Education & Engagement, Iowa Medical Society</i>	515-421-4776	kreese@iowamedical.org	None

Target Audience

AOA Standards 2.1.8, 3.1.1, 3.1.2, 3.2; ACCME C3; CPME Standard 3.2

Public health professionals, physicians, nurses, advance practice nurses, chiropractors, physical therapists, health coaches, certified diabetes educators, dietitians, pharmacists, diabetes prevention program facilitators, diabetes self-management education coordinators, and third-party payers.

Estimated number of attendees: 200

Purpose and Mission

Describe the purpose and mission of this CME activity. Must be in harmony with the Des Moines University CME [mission statement](#). *AOA Standard 2.2.2.1; CPME 1.1*

The summit will provide an engaging forum to discuss latest practices, opportunities, resources, and tools for addressing diabetes prevention, control and management. National, state, and local experts will share innovative and best practice strategies for reducing the burden of diabetes and empowering patients and their families to live healthier lives.

Educational Format

AOA Standard 2.1.7; ACCME C5; CPME Standard 3.2

<input checked="" type="checkbox"/>	Case presentation	<input type="checkbox"/>	Interactive response system
<input type="checkbox"/>	Skills demonstration	<input type="checkbox"/>	Simulated patient
<input checked="" type="checkbox"/>	Lecture	<input type="checkbox"/>	Laboratory session
<input checked="" type="checkbox"/>	Panel discussion	<input type="checkbox"/>	Mentoring/coaching
<input checked="" type="checkbox"/>	Small group discussion	<input checked="" type="checkbox"/>	Question and answer session
<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Workshops
<input type="checkbox"/>	Round table	<input type="checkbox"/>	Other:

Identifying Professional Practice Gaps

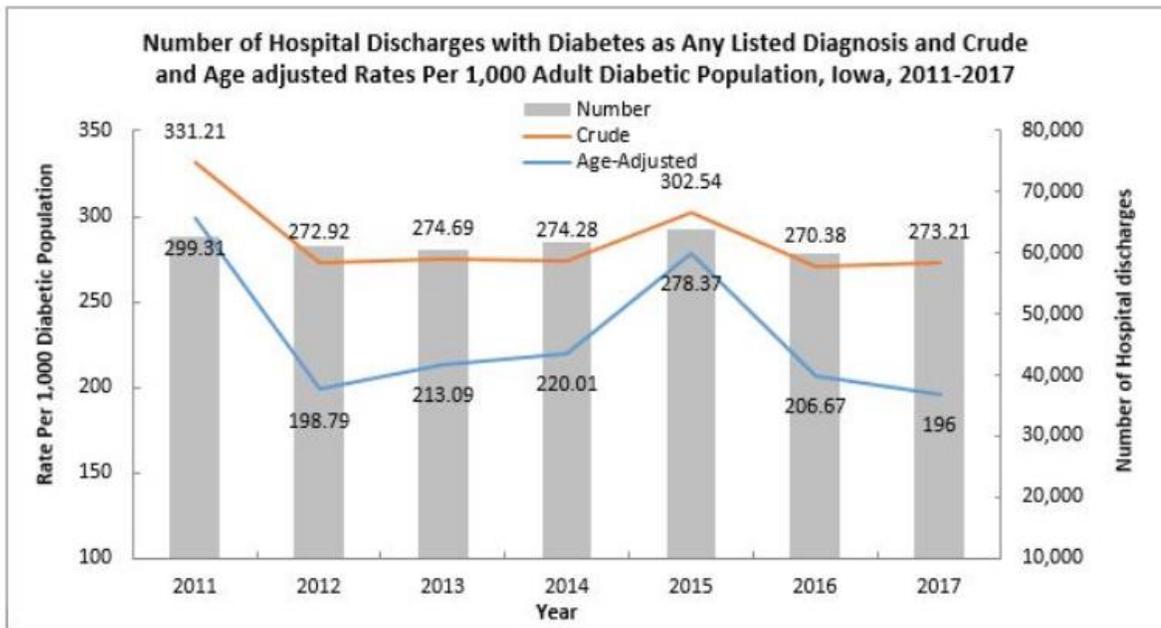
The CME planning process begins with identifying professional practice gaps(s). The practice gap is the difference between what actually occurs and what the ideal or evidence-based practice should be. Describe below what practice gap(s) this CME activity will address. How do you know there is an educational need from the target audience? What clinical problems or opportunities for improvement will the activity address? What types of gaps in the target audience did you identify? (e.g., for clinical care: patient outcomes to improve, new methods of diagnosis or treatment to implement, better ways to deliver care) *ACCME C2, C3; AOA Standards 2.1.8, 2.2.3.3.1; CPME Standards 2.0, 3.0*

Diabetes is a group of diseases characterized by high blood sugar. When a person has diabetes, the body either does not make enough insulin (type 1) or is unable to properly use insulin (type 2). When the body does not have enough insulin or cannot use it properly, blood sugar builds up in the blood.

People with diabetes can develop high blood pressure and high cholesterol and triglycerides. High blood sugar, particularly when combined with high blood pressure and lipids, can lead to heart disease, stroke, blindness, kidney failure, amputations of the legs and feet, and even early death. Diabetes is the seventh leading cause of death in the United States.

On average, one in three adults in the United States has prediabetes according to the CDC. About nine in 10 people with prediabetes do not know they have it. In Iowa, only 7.8 percent of individuals have been told by a doctor or health care provider that they have prediabetes or are borderline diabetic.

Diabetes Inpatient Rate: 2011-2017



Hospital discharges among adults >= 18 years of age for which diabetes (ICD9-code 250) was listed as any of the diagnoses (principal diagnoses and secondary diagnosis)

The number of Iowa adults (>=18 years of age) with diagnosed diabetes (by age: 18-44, 45-64, 65-74, and 75 and over) was used from the DDT website (except 2016 and 2017 which were based on BRFSS estimates):

<http://apps.nccd.cdc.gov/DDTSTRS/StateSurvData.aspx>

Educational Need

Is the identified educational need of the target audience related to: (select all that apply) *ACCME C2, C3; CPME Standard 3.0, 3.1, 9.5*

- Knowledge (facts and information acquired by a person through experience or education)
- Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)
- Performance (what the participant actually does in practice)
- Patient outcomes (actual outcomes in individual patients and/or patient populations)
- Community (change in population health status)

Barriers

What factors outside of the provider's control have been identified that would have an effect a change in patient outcomes. Include examples of identified factors outside of your organization's control that will have an impact on patient outcomes. *ACCME C18*

Lack of health insurance and differing practice patterns between generalist and specialist physicians.

Patients' adherence, attitude, beliefs, and knowledge about diabetes may affect diabetes self-management. Culture and language capabilities influence the patient's health beliefs, attitudes, health literacy, thereby affecting diabetes self-management. Other influential factors include the patient's financial resources, co-morbidities, and social support.

Clinician's attitude, beliefs and knowledge about diabetes also influence diabetes management. Clinicians may further influence the patient's perception through effective communication skills and by having a well-integrated health care system.

What potential or real barriers are physicians faced with if this gap is to be addressed? Describe the educational strategies that have or are being implemented to remove, overcome or address these barriers to change? *ACCME C19*

Exercising for 30 minutes a day – Clinicians can encourage patients to take advantage of any extra time they may have, do as much as they can, and make physical activity part of their daily routine.

Too tired – Clinicians can encourage patients to find a time when their energy is the highest, reminding them that increasing the amount of physical activity they do will actually increase energy.

Afraid the blood sugar level will drop too low – Clinicians should monitor medications and develop a safe exercise plan. The patient should be prepared when exercising with regular Gatorade, glucose tabs, or another fast-acting carbohydrate to treat a low sugar level if one should occur. Wearing a diabetes ID is another important safety precaution.

Afraid it'll make the condition worse – Physical activity is important for everyone's general health – whether you have diabetes or not. Exercise helps lower A1C and has many other health benefits.

Collaboration with Stakeholders

If your organization is engaged in collaborative or cooperative relationships with other stakeholders, describe these relationships. *ACCME C20; CPME 1.6*

The following organizations collaborated to host this educational activity: Telligen, Midwestern Public Health Training Center, CG Public Health, Marshalltown YMCA-YWCA, Iowa Chronic Care Consortium, Iowa Department of Public Health, Community Health Partners, LLC, Iowa Healthcare Collaborative, Iowa Primary Care Association, Drake University, Iowa Medical Society, and Des Moines University.

Sources of Professional Practice Gaps

Check the procedures you will use to identify the CME needs of the intended target audience. AOA credit is requested, for a multi topic activity, each presentation must have an evidence based needs assessment source. *AOA Standards 2.1.2, 2.1.3, 2.2.3.1; ACCME C2, C21; CPME 2.1*

<input type="checkbox"/>	OMT/OPP as part of the profession. No additional documentation necessary.
<input checked="" type="checkbox"/>	Core competencies that are non-clinical (professionals, communications, system based practice, etc.)
<input type="checkbox"/>	Faculty development programs. No additional documentation necessary.
<input checked="" type="checkbox"/>	Evaluation results from previous CME activities. Attach past evaluation summary with relevant suggestions highlighted.
<input type="checkbox"/>	Request of medical staff or administration. Attach documentation or emails with relevant suggestions highlighted.
<input checked="" type="checkbox"/>	Expert opinion from university or physician leaders. Attach meeting notes or survey results with relevant suggestions highlighted.
<input type="checkbox"/>	Questionnaire (Learner Perceived Needs). Attach questionnaire summary with relevant suggestions highlighted.
<input checked="" type="checkbox"/>	Literature reviews. Site the source or include a copy of the article. <ul style="list-style-type: none"> • US Endocrinology, 2008;4(2): DOI: http://doi.org/10.17925/USE.2008.04.2.42
<input checked="" type="checkbox"/>	Public health priorities. <ul style="list-style-type: none"> • Iowa Department of Public Health: Diabetes Prevention • Iowa Department of Public Health: Diabetes Management
<input type="checkbox"/>	New medical technology. Describe:
<input type="checkbox"/>	Tests that determine learner competence (e.g., pre- and post- test results, self-assessment activities). Attached a copy of the test with relevant sections highlighted.
<input type="checkbox"/>	Quality data or quality improvement initiative from organization. Attach reports or documentation with relevant sections highlighted.
<input checked="" type="checkbox"/>	Data from local, statewide, regional, or national resources. Attach relevant reports or documentation. <ul style="list-style-type: none"> • Iowa Diabetes Prevention Action Plan 2018 – 2020
<input checked="" type="checkbox"/>	Data from outside sources such as the National Institutes of Health or Public Health Service. Attach relevant reports or documentation. <ul style="list-style-type: none"> • Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2017. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017 • Centers for Disease Control and Prevention, United States Diabetes Surveillance System and National Health Interview Survey
<input checked="" type="checkbox"/>	Results of evidence-based medicine studies. Attach studies.
<input type="checkbox"/>	Legal or regulatory requirements (OSHA, JCAHO, etc). Attach reports or documentation with relevant sections highlighted.
<input type="checkbox"/>	Licensure or State mandate (ex: risk management). Attach reports or documentation with relevant sections highlighted.
<input checked="" type="checkbox"/>	Change in national standard of practice. Attach reports or documentation with relevant sections highlighted. <ul style="list-style-type: none"> • Patient Protection and Affordable Care Act of 2009. Pub. L No. 111-148, Title X, Sec 10407, 42 USC 247b-9a.

<input type="checkbox"/>	Board preparation courses based on pass rate/board scores. No additional documentation necessary.
<input type="checkbox"/>	Quality resource website databases (e.g., ahrq.gov, guideline.gov)
<input type="checkbox"/>	Other:

Learner Attributes

Educational activities must be developed in the context of desirable learner attributes. The Accreditation Council for Continuing Medical Education (ACCME)/American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) endorses the sets of competencies developed by The Institute of Medicine (IOM) and the Accreditation Council for Graduate Medical Education (ACGME) as measures of quality and success in educational programming. Please check the appropriate attributes that apply to the development of and desired results for this educational activity or series. *AOA; ACCME C6*

<input type="checkbox"/>	Osteopathic Philosophy/ Osteopathic Manipulative Medicine (AOA)	Demonstration and application of knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty; dedication to life-long learning and to incorporating the practice of osteopathic philosophy and OMM in patient care.
<input checked="" type="checkbox"/>	Medical Knowledge (ACGME/ABMS, AOA)	Demonstration and application of established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
<input checked="" type="checkbox"/>	Patient Care (ACGME/ABMS AOA,)	Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
<input checked="" type="checkbox"/>	Patient-Centered Care (IOM, ACGME)	<input checked="" type="checkbox"/> Identify, respect, and care about patients' differences, values, preferences, and expressed needs.
		<input type="checkbox"/> Relieve pain and suffering.
		<input checked="" type="checkbox"/> Coordinate continuous care.
		<input checked="" type="checkbox"/> Listen to, clearly inform, communicate with, and educate patients.
		<input checked="" type="checkbox"/> Share decision making and management.
		<input checked="" type="checkbox"/> Continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
<input checked="" type="checkbox"/>	Works in Interdisciplinary Teams (IOM)	Demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
<input type="checkbox"/>	Professionalism (ACGME/ABMS, AOA)	Manifested through a commitment to carry out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
<input type="checkbox"/>	Practice-Based Learning and Improvement (ACGME/ABMS, AOA)	Involves the investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

<input type="checkbox"/>	Employ Evidence-Based Practice (IOM)	Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
<input type="checkbox"/>	Apply Quality Improvement (IOM)	<input type="checkbox"/> Identify errors and hazards in care.
		<input type="checkbox"/> Understand and implement basic safety design principles, such as standardization and simplification.
		<input type="checkbox"/> Continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs.
		<input type="checkbox"/> Design and test interventions to change processes and systems of care, with the objective of improving quality.
<input type="checkbox"/>	Systems-Based Practice (ACGME/ABMS, AOA)	Manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.
<input checked="" type="checkbox"/>	Interpersonal and Communication Skills (ACGME/ABMS, AOA)	Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
<input type="checkbox"/>	Utilize Informatics (IOM)	Communicate, manage knowledge, mitigate error, and support decision making using information technology.

Learning Objectives

Define specific goals/objectives for the CME activity. What changes in knowledge, attitudes, or skills are expected as a result of this activity? What changes in patient care are expected? What will attendees know, or be able to do, as a result of participating in the activity? *AOA Standards 2.1.5, 2.2.3.2, 2.2.3.3.1; ACCME C7, SCS 1.1; CPME 3.0, 4.1, 7.1, 9.2*

See agenda.

Activity Schedule

The accredited provider shall use the objectives developed for an educational activity to select the content, speakers, learning methods for the activity. If needed, attach separate documentation. *AOA Standard 2.2.3.3.1; CPME 7.1*

Time	Agenda	CME/CE
8 am	Registration	0.0
9 am	Opening Remarks	0.0

9:15 am	Patient Testimonial	0.25
9:30 am	Engaging the Disengaged: Strategies to Promote Behavior Change in Diabetes <i>William Polonsky, PhD</i> , Associate Clinical Professor in Psychiatry at the University of California San Diego	1.5
11 am	Break	0.0
11:30 am	Breakout Session 1A – Health Inequities for People with Disabilities and Diabetes <i>Anne Crotty, MPH</i> , Program Associate, Child Health Specialty Clinic, University of Iowa <i>Maggie Ferguson, MS, CRC, CBIS</i> , Program Manager, Inclusive Health and Wellness Initiative for Iowans with Disabilities, Iowa Department of Public Health <i>Mike Hoenig, MA</i> , Program Coordinator, State and Community Projects; UIHC Center for Disabilities and Development, University of Iowa <p>People with intellectual disabilities are five times more likely to have diabetes than the general population. Despite a greater need for health care, people with disabilities are also less likely to receive preventative care, more likely to delay treatment, and tend to receive less adequate care in managing their diabetes. A collaboration between Iowa Department of Public Health and Iowa’s University Center for Excellence on Developmental Disabilities, Iowa is leading the way promote the inclusion of people with disabilities in public health and health care initiatives. This presentation will describe the multiple factors contributing to health inequities for people with disabilities and diabetes, as well as Iowa initiatives to address inequities, and examples of innovative community-based projects that are promoting inclusive health and wellness.</p> <ul style="list-style-type: none"> • Explain underlying reasons for health inequities among people with disabilities and diabetes. • Describe Iowa initiatives to address health inequities for people with disabilities as they relate to diabetes. • Describe at least three community-based examples that are promoting inclusive health and wellness for people with disabilities and diabetes. 	1.0
	Breakout Session 1B – The Impact of Weight Bias on Patients and Non-Diet Weight Neutral Approaches Specific to Patients with Diabetes <i>Alison St. Germain, MS, RD, LD</i> , Iowa Academy of Nutrition & Dietetics <p>Learn how weight stigma and bias hinders communication and causes patient harm. Explore the framework of Health at Every Size® and Intuitive eating and how to apply in diabetes education. Presenter will provide examples and handouts for practitioners to use with patients. Specific activities will be demonstrated to use with clients.</p> <ul style="list-style-type: none"> • Deconstruct weight stigma and learn how it hinders clinician-patient communication and how it increases the likelihood of poor health outcomes. 	

	<ul style="list-style-type: none"> Explore non-diet weight neutral approaches to well-being as an alternative to weight centered interventions with specific application to diabetes. <p>Breakout Session 1C – Iowa’s Innovative Dental, Medical, and Community Integration Activities</p> <p><i>Katie McBurney, BSHM, RDH, Lifelong Smiles Coalition</i> <i>Kate LaFollette, RN, Care Coordinator, Telligen</i> <i>Joy Laudick, RN, CDP, Director of Clinical Quality Management, Senior Housing Management, Inc.</i></p> <p>Health care transformation is changing the patient/client care landscape in Iowa. State and federal agencies, and public and private payers point to elements that guide providers from volume to value-based practices. Better care, better outcomes, and affordable cost is the goal and expectation. Iowa is becoming a leader in integrated oral and clinical care. Public health, community service organizations and clinicians are thoughtfully integrating and coordinating care practice. Evidence shows oral and dental care as preventing diabetes and other serious illness, containing costs and improving overall health. Partners in the LIFELONG SMILES Coalition are executing innovative programs. Their experiences and stories can provide your organization directions needed for integrated sustainable community health.</p> <ul style="list-style-type: none"> Recognize the importance of oral care as part of a diabetes prevention and treatment plan while discussing the need to advance coordinated care among health disciplines. List two impacts of Mouth Care Matters training for healthcare professionals. Examine how social determinants of health (including access to oral care) impact overall quality of life and hospital readmissions. 	
12:30 pm	Lunch	0.0
1 pm	<p>Poster Sessions</p> <ul style="list-style-type: none"> Everyone with Diabetes Counts: Strategies and Accomplishments, <i>Telligen</i> Walk with Ease Program – A Diabetes Prevention and Control Intervention, <i>Patricia O’Connell, Community Health Partners</i> Strengthening Community Through Collaboration, <i>Family YMCA of Black Hawk County</i> 	0.5
1:30 pm	<p>Breakout Session 2A – The Med Talk": Strategies to Help People with Type 2 Diabetes Start and Stick to Their Diabetes Medications</p> <p><i>Megan Muñoz, RN, MSN, CMSRN, CDE, Diabetes Educator, UnityPoint Clinic</i> <i>Cynthia J. Fiester, RN, BSN, Linn County Public Health</i></p> <p>Medication safety and adherence have a well-recognized impact on medical outcomes, costs, productivity and quality of life for people living with Type 2 Diabetes. Medication safety and adherence was a Linn County Diabetes Subcommittee area of focus for the SIM grant (2017-19). This presentation builds on Linn County’s findings, and aligns with Iowa’s Diabetes Statewide Strategic</p>	1.0

	<p>Plan, and national movements by the American Diabetes Association, to close the gap between ideal diabetes outcomes and the current state. The presentation will highlight differences between practitioner and patient perceptions of Type 2 diabetes. A discussion on strategies for engaging and empowering patients to initiate and adhere to their medications will be included. The audience will walk away with tools and “real-world” methods to help them discuss new diabetes medications, maximize current regimens, modify glucose checking techniques, and overcome patient resistance to changes in care. All of these components address patient reported barriers to medication adherence and support public health efforts to improve diabetes outcomes.</p> <ul style="list-style-type: none"> • Identify the depth of the medication adherence problem in T2D. • Identify barriers to medication adherence in T2D. • Identify at least two techniques that can be applied to practice to improve medication adherence. • Identify at least one resource that can impact medication adherence outcomes. 	
	<p>Breakout Session 2B – Dental and Diabetes: A Bi-Directional Dilemma <i>Mary Kelly, MS, RDH, CDP, Trainer, Oral Health Connections</i></p> <p>The relationship between dental and diabetes is well-documented and supported by research and data. By simply brushing one’s teeth a person with diabetes can realize improved glycemic control and oral health especially with periodontal disease which may eventually lead to tooth loss. This presentation will discuss opportunities for diabetes educators, clinicians and dietitians to understand the bidirectional relationship between oral health and glucose control, create shared outcomes through interprofessional practice, set oral health management goals that assist with diabetes management and create shared outcomes.</p> <ul style="list-style-type: none"> • Define the relationship between glycemic control and oral health. • Perform an oral health screening. • List common oral health diseases. • Suggest oral hygiene management goals for their clients. • Create shared overall health improvement goals through interprofessional practice. 	
	<p>Breakout Session 2C – A Collaborative Approach to Designing, Implementing and Evaluating DM Management and Prevention at the Iowa City Free Medical Clinic <i>Mara Cheney, MPH, Johnson County Public Health</i> <i>Estefany Guido, Iowa City Free Medical & Dental Clinic</i> <i>Barbara Vinograde, Iowa City Free Medical & Dental Clinic</i></p> <p>Johnson County Public Health (JCPH) and the Iowa City Free Medical Clinic (FMC) have a long-standing partnership to address the health needs of Johnson County’s uninsured and underinsured residents. FMC serves a population considered at high risk for diabetes, and while having offered a chronic disease Case Management Clinic for many years, FMC experienced barriers to sustained</p>	

	<p>diabetes educational services due to reliance on volunteers. In order to address patient needs as an objective of the countywide Health Improvement Plan priority of Diabetes Screening and Education, JCPH and FMC collaborated to apply for grant funding through the American Medical Association Foundation (AMAF) to increase the scope of Case Management programming offered by the clinic. Utilizing AMAF funding, FMC has contracted a bilingual Community Health Worker (CHW) through JCPH to lead culturally relevant Motivational Interviewing-based diabetes management and prevention programming since May 2018. Participating patients receive quarterly on-site educational services, health metric checks, and guidance with goal setting. JCPH provided technical assistance to expand the previous programming utilized at the clinic and develop a program evaluation plan. To date, the CHW has worked with 85 patients (82.3% diabetic, 17.6% pre-diabetic) and data will continue to be tracked to determine patient retention and program sustainability.</p> <ul style="list-style-type: none"> • Provide a framework for collaborative methods of developing, implementing, and evaluating diabetes prevention and management programming. 	
<p>2:30 pm</p>	<p>Break</p>	<p>0.0</p>
<p>2:45 pm</p>	<p>Breakout Session 3A – Treating Obesity in the Setting of Diabetes <i>Jamie Pitlick, PharmD</i>, Associate Professor of Pharmacy Practice, Drake University and MercyOne Des Moines Diabetes and Endocrinology Care <i>Christine Langel, ARNP</i>, MercyOne Des Moines Diabetes and Endocrinology Care</p> <p>Overweight and obese individuals should be encouraged to participate in a comprehensive lifestyle program with emphasis on adherence to a lower calorie diet, increasing physical activity, and behavioral modification as first-line weight loss strategies. Motivating and encouraging patients to participate in these lifestyle programs is a challenge. MercyOne Des Moines Diabetes & Endocrinology has an interprofessional collaboration of doctors, advanced nurse practitioners, dietitians, and pharmacists working to develop a comprehensive program for the treatment of obesity. The purpose of the presentation will be to review the treatment of obesity as a disease, and discuss the results (breakthroughs and barriers) of the clinic initiative.</p> <ul style="list-style-type: none"> • Describe the treatment of obesity as a disease, including evidence-based comprehensive lifestyle programs. • Compare and contrast medical treatment options for patients with diabetes and obesity. • Discuss the results(breakthroughs and barriers) of the interprofessional obesity clinic initiative. <hr/> <p>Breakout Session 3B – Increased Access and Patient Success in a DPP Through Innovative Community Partnerships <i>Erin Raftery, RN, BSN, MPH</i>, Care Manager, Eastern Iowa Health Center <i>Emmaly Fenton Renshaw</i>, Certified Diabetes Prevention Lifestyle Coach and</p>	<p>1.0</p>

	<p>Chronic Disease Program Coordinator, YMCA of the Cedar Rapids Metropolitan Area</p> <p>YMCA and Eastern Iowa Health Center in Cedar Rapids Iowa have worked together to refine and improve the referral process for primary care patients who are pre-diabetic to the YMCA Diabetes Prevention Program. Through staff education, motivational interviewing, patient education, working to reduce patient barriers, and building a model for referring outside the primary provider organization has both increased access and patient success in the program. With the addition of an electronic community referral option and the current trends of decreasing grant funding we will also discuss how we are tackling new opportunities and barriers in continuing to improve and enhance patient’s access to the diabetes prevention program.</p> <ul style="list-style-type: none"> • Apply innovative ways to reduce barriers for low income patients to the YMCA Diabetes Prevention Program. • Prepare patients prior to DPP program enrollment for increased engagement and successful outcomes. 	
	<p>Breakout Session 3C – Reducing Health Disparities in the Pacific Island Culture: A Targeted Diabetes Intervention</p> <p><i>Brooke Gomez, Chief Operating Officer, Crescent Community Health Center</i> <i>Emma Kraayenbrink, PharmD, Infocus Pharmacy Services</i></p> <p>Our presentation will briefly outline the history of the Pacific Island culture, emphasizing the prevalence for diabetes. We will share the structure of our program highlighting achieved successes through the use of a community health worker model. Lastly, we will share outcomes related to diabetes, ER use, visit compliance and more.</p> <ul style="list-style-type: none"> • Highlight the benefits of a community health worker model. • Demonstrate how reducing barriers to healthcare can improve health outcomes. • Emphasize how cultural sensitivity can enhance patient-provider relationships. • Identify how community partnerships can contribute to healthier communities. 	
3:45 pm	Closing Remarks	0.0
4 pm	Adjourn	0.0
	Total	5.25

Speaker Information

List speaker with pertinent credentials. Speakers who refuse to sign the financial conflict of interest form may not participate in the CME activity. For a multi topic activity, each presentation must have an evidence-based needs assessment source. A biographic sketch and/or CV is required for all speakers. If needed, attach separate documentation. AOA Standards 2.2.4.2, 3.3, 3.5, ACCME C7, SCS 2.1-2.3, SCS 3.7, SCS 6.1-6.5, C8, SCS 3.7-3.10, SCS 4.2-4.5, C10, 5.1, 5.2; CPME Standard 5.0, 7.1

All speakers, moderators, and panel members must complete a “Disclosure of Relevant Financial Relationships” form. The webform can be found online at <https://cme.dmu.edu/disclosure>.

Name, Credentials, Title	Phone, Email	Honorarium Amount? (if applicable)	Paying Speaker Expenses? (if applicable)	COI
Mary Kelly, MS, RDH, CDP <i>Trainer, Oral Health Connections</i>	marykellyrdh@msn.com		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Patricia O’Connell <i>Community Health Partners</i>	patricia.oconnell@my-chp.com		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
William Polonsky, PhD <i>Associate Clinical Professor in Psychiatry at the University of California San Diego</i>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Consultant for Livongo, Sanofi, Servier, Insulet, Lifescan, Abbott, Lilly, Roche, Xeris, Novo Nordisk, Mannkind, and Ascensia
Brooke Gomez <i>Chief Operating Officer, Crescent Community Health Center</i>	bgomez@crescentchc.org		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Megan Muñoz, RN, MSN, CMSRN, CDE	megan.munoz@unitypoint.org		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Self-Managed Stock Shareholder,


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<i>Diabetes Educator, UnityPoint Clinic</i>				Dexcom and Tandem
Katie McBurney, BSHM, RDH <i>Lifelong Smiles Coalition</i>	katie.mcburney@idph.iowa.gov		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Jamie Pitlick, PharmD <i>Associate Professor of Pharmacy Practice, Drake University and MercyOne Des Moines Diabetes and Endocrinology Care</i>	jamie.pitlick@drake.edu		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Erin Raftery, RN, BSN, MPH <i>Care Manager, Eastern Iowa Health Center</i>	eraftery@eihc.co		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Alison St. Germain, MS, RD, LD <i>Iowa Academy of Nutrition & Dietetics</i>	alisonst@iastate.edu		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Anne Crotty, MPH <i>Program Associate, Child Health Specialty Clinic, University of Iowa</i>	anne-crotty@uiowa.edu		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Suzie Stroud, MSW <i>Pacific Island Health Project at Crescent Community Health Center</i>	sstroud@crescentchc.org	—	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Cynthia J. Fiester, RN, BSN	cindy.fiester@linncounty.org		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None


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<i>Linn County Public Health</i>				
Emma Kraayenbrink, PharmD <i>Infocus Pharmacy Services</i>	ekraayenbrink@infocuspharmacy.com		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Kate LaFollette, RN <i>Care Coordinator, Telligen</i>	Kate.LaFollette@area-d.hcgis.org		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Joy Laudick, RN, CDP <i>Director of Clinical Quality Management, Senior Housing Management, Inc.</i>	jlaudick@seniorhousingcompanies.com		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Christine Langel, ARNP <i>MercyOne Des Moines Diabetes and Endocrinology Care</i>	clangel@mercydesmoines.org		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Emmaly Fenton Renshaw <i>Certified Diabetes Prevention Lifestyle Coach and Chronic Disease Program Coordinator, YMCA of the Cedar Rapids Metropolitan Area</i>	renshaw@crmetroymca.org		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None
Maggie Ferguson, MS, CRC, CBIS <i>Program Manager, Inclusive Health and Wellness Initiative for Iowans with Disabilities, Iowa</i>	maggie.ferguson@idph.iowa.gov		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None

<i>Department of Public Health</i>				
Mike Hoenig, MA <i>Program Coordinator</i> <i>State and Community Projects</i> <i>UIHC Center for Disabilities and Development, University of Iowa</i>	michael-hoenig@uiowa.edu		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None

Level of Outcomes

Please indicate the level of outcomes this educational activity will address. Select one.

- Level 1 outcomes, or the “smile sheet,” rate the CME activity’s quality, usefulness, objectives, presentation, and/or speakers.
- Level 2 measures a change in participants’ knowledge, skills, or attitude – an intention to change.
- Level 3 is a self-reported change in health professionals’ behavior or practice.
- Level 4 is an objectively measured change in clinician behavior or practice.
- Level 5 is an objectively measured change in patient health status.

Evaluation

Describe how you will determine if your CME activity is effective in meeting the needs for which the activity was designed. The approved CME evaluation should be used along with other effective tools. *AOA Standards 2.1.6, 2.1.7, 2.1.9, 2.1.10, 2.1.11, 3.14; ACCME C11, C13, C22; CPME Standard 4.1*

- | | |
|---------------------------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Post-activity evaluation* | <input type="checkbox"/> Patient outcomes data |
| <input type="checkbox"/> Use of audience polling device | <input type="checkbox"/> Questionnaire |
| <input type="checkbox"/> Pre-test | <input type="checkbox"/> Planning group review |
| <input type="checkbox"/> Post-test | <input type="checkbox"/> Other: |
| <input type="checkbox"/> 90-day follow-up assessment | |
| <input type="checkbox"/> Verbal interview of participants summarized in writing | |

* DMU CME will provide a list of required CME evaluation questions.

Describe anticipated ways to evaluate short and long-term learning value of your activity.

Short-term: To assess the short-term learning value of this activity, an evaluation will be distributed to the learners on-site. The feedback provided is used to determine the effectiveness of the content presented and help plan for future activities. It will properly assess the learning and adaptation of the activity. Attendance and attendee satisfaction, per the evaluation, will assist the level of interest and understanding.

Long-term:

Commercial Support

AOA Standards 2.2.3.3.2, 2.2.3.3.3.1-5, 2.2.4.1, ACCME C8, SCS 3.1-3.7, 3.11-3.13, C9, SCS 4.1, 4.2; CPME Standard 6.0

Independence of Activity Planning: When planning a CME activity, the activity director and members of the planning committee confirm that the following decisions will be made free of the control of commercial interests:

1. Identification of needs
2. Determination of education objectives
3. Selection and presentation of content
4. Selection of all personnel and organization that will be in a position to control the content
5. Selection of education methodology
6. Evaluation of the activity

Check this box to indicate you have read, understand and comply with the independence of activity planning standards.

This activity will not be requesting commercial support.

This activity will be requesting commercial support (complete table below).

Company Name	Representative Name	Phone, Email	Requested Amount	Type
				<input type="checkbox"/> Grant <input type="checkbox"/> Exhibit <input type="checkbox"/> In Kind
				<input type="checkbox"/> Grant <input type="checkbox"/> Exhibit <input type="checkbox"/> In Kind

Content Validation

Applies to all those in control of content, including activity director, planning committee members and speakers. Des Moines University expects that all CME activities will adhere to the content validation statement.

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collections and analysis.
3. The content or format of CME activities and related materials will promote improvements or quality healthcare and not a specific proprietary business or commercial interest.
4. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.
5. If your CME educational materials include trade names, names from several companies should be used where available, not just trade names from a single company.
6. Feedback from learners will be collected to determine the effectiveness of this CME activity through questionnaires or other evaluation mechanisms.
7. Educational materials that are part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

Check this box to indicate that you have read, understand, and will comply with the content validation statement.