

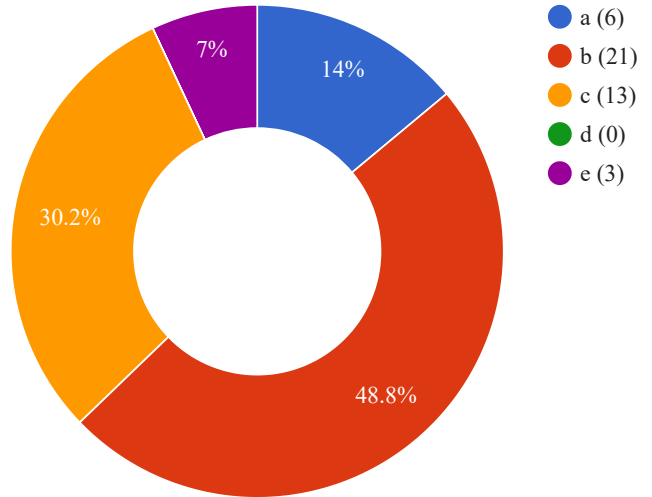
Aggregate Evaluation Results

43 user submissions.

- PLEASE CHOOSE WHAT BEST DESCRIBES YOUR PRACTICE SETTING:

- (A) Academic Centre – researcher
- (B) Academic Centre – clinical
- (C) Community Centre
- (D) Private Practice
- (E) Other

AGGREGATE DATA



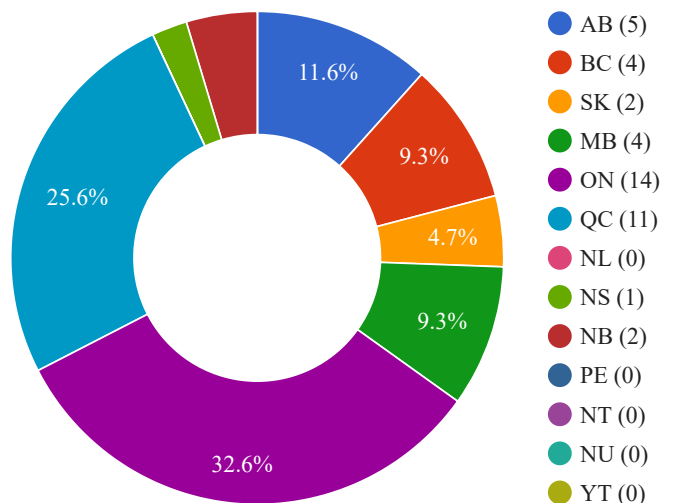
- Please specify (Other Practice)

- Not for Profit
- Nephrology trainee
- Government

- PROVINCE OR TERRITORY

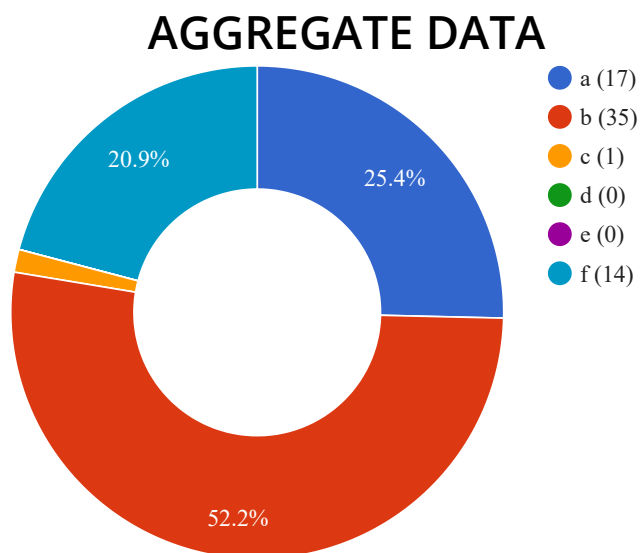
- (A) AB
- (B) BC
- (C) SK
- (D) MB
- (E) ON
- (F) QC
- (G) NL
- (H) NS
- (I) NB
- (J) PE
- (K) NT
- (L) NU
- (M) YT

AGGREGATE DATA



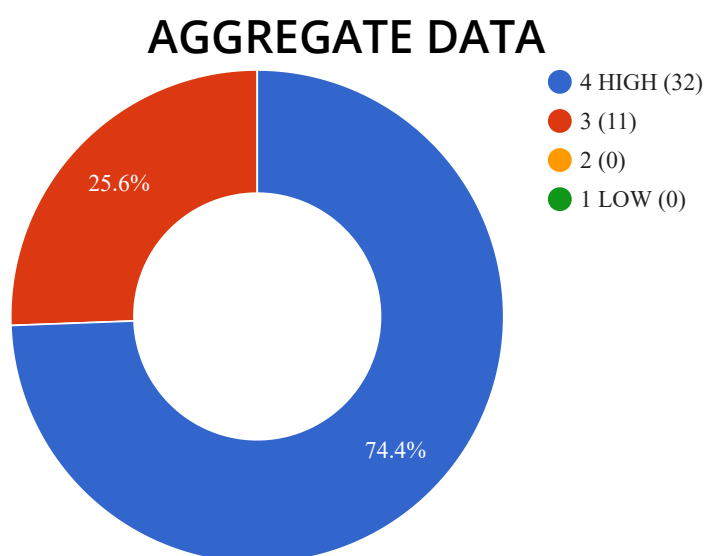
- PLEASE CHOOSE THE ADJECTIVES BELOW THAT YOU FEEL BEST DESCRIBES THE PROGRAM.

- (A) Innovative
- (B) Interesting
- (C) Average
- (D) Ordinary
- (E) Disappointing
- (F) Impactful



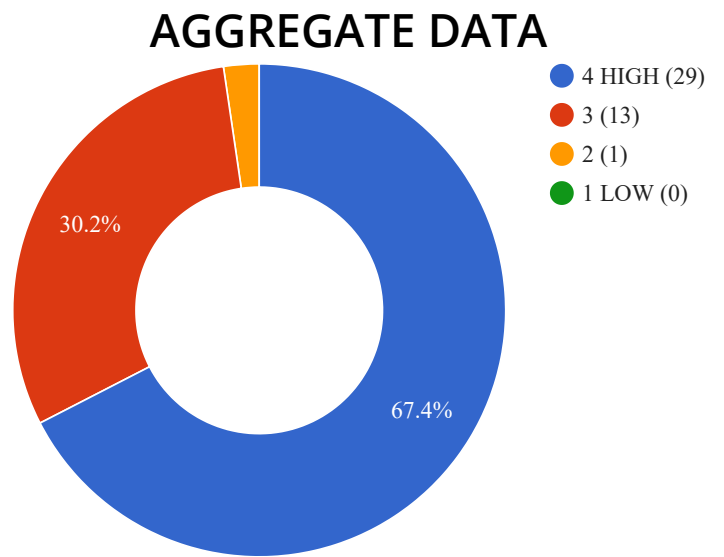
- Summarize renal benefits of SGLT2 inhibitors in patients with type 2 diabetes (T2D) and renal impairment

- (A) 4 HIGH
- (B) 3
- (C) 2
- (D) 1 LOW



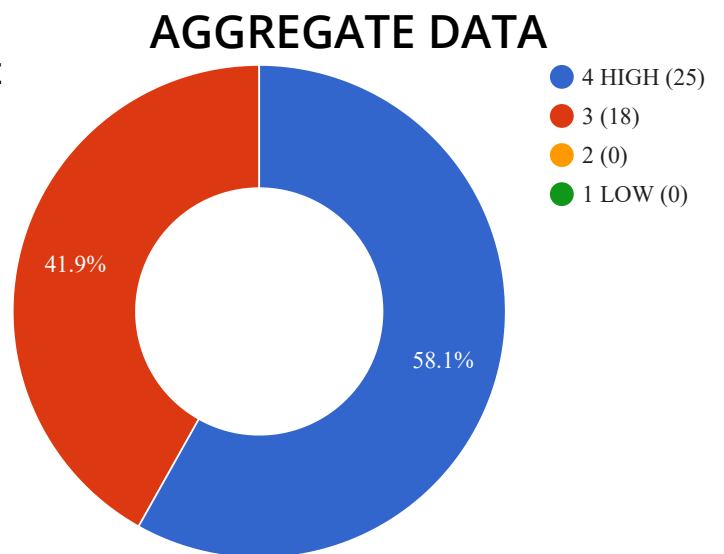
- Describe practical considerations around the use of SGLT2 inhibitors in patients with T2D and renal impairment

- (A) 4 HIGH
- (B) 3
- (C) 2
- (D) 1 LOW



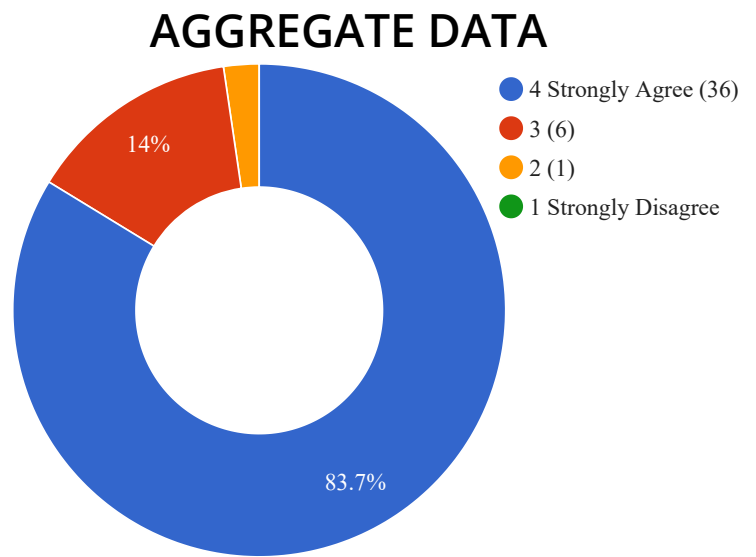
- Recognize knowledge gaps and construct a plan to integrate recent evidence into practice

- (A) 4 HIGH
- (B) 3
- (C) 2
- (D) 1 LOW



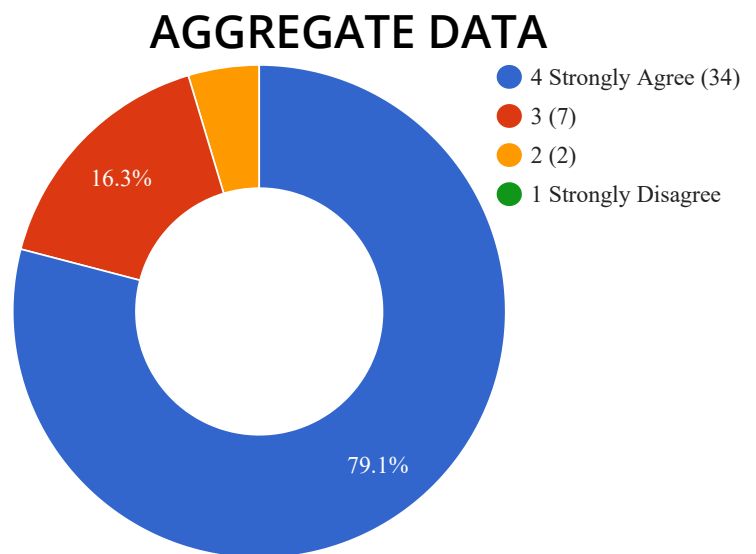
- The program content was thorough and relevant to my practice

- (A) 4 Strongly Agree
- (B) 3
- (C) 2
- (D) 1 Strongly Disagree



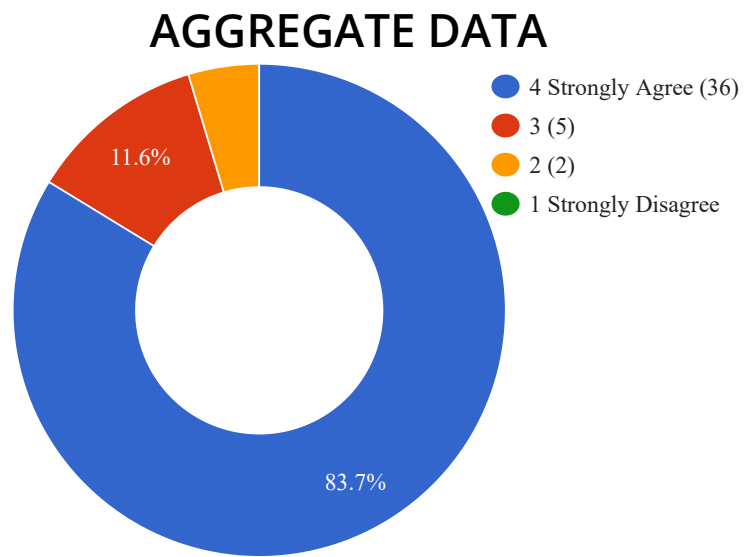
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- The information presented increased my awareness and understanding of the topic

- (A) 4 Strongly Agree
- (B) 3
- (C) 2
- (D) 1 Strongly Disagree



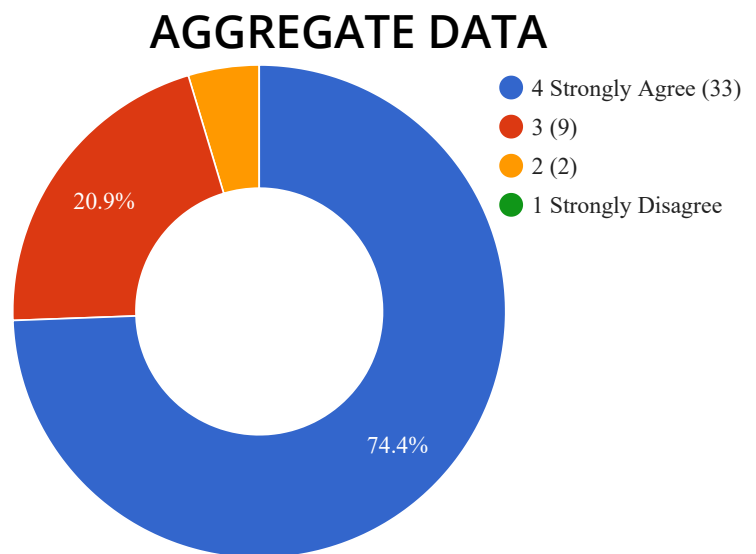
- The program was an effective learning experience and I was able to self-assess my learnings

- (A) 4 Strongly Agree
- (B) 3
- (C) 2
- (D) 1 Strongly Disagree



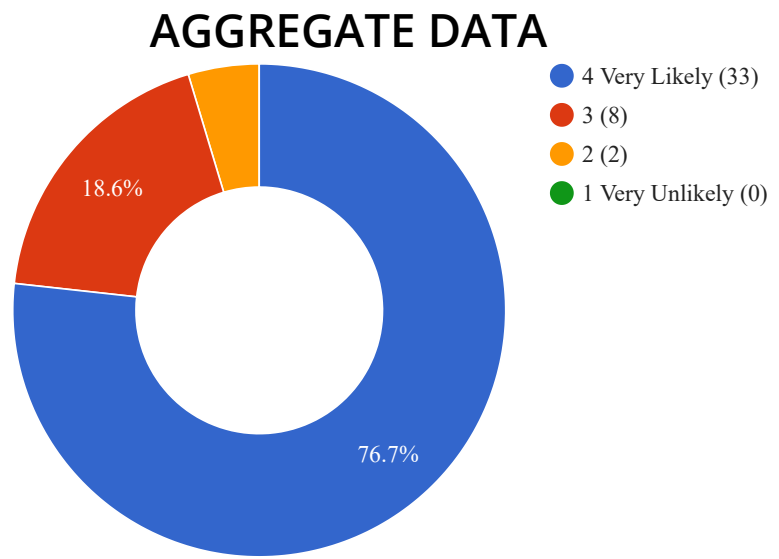
-
- The online platform and program format were user-friendly

- (A) 4 Strongly Agree
- (B) 3
- (C) 2
- (D) 1 Strongly Disagree



- How likely are you to make a change to your clinical practice based on what you learned during this program?

- (A) 4 Very Likely
- (B) 3
- (C) 2
- (D) 1 Very Unlikely



• **WHAT SPECIFIC CHANGES MIGHT YOU MAKE TO YOUR PRACTICE TO INCORPORATE WHAT YOU HAVE LEARNED TODAY? DO YOU REQUIRE ANY ADDITIONAL INFORMATION IN ORDER TO DO SO?**

- May increase use of SGLT-2 inhibitors if my province does a better job covering them.
 - Already widely using these agents.
 - -Counselling patients regarding possible adverse effects of SGLT-2 inhibitors -How to manage other concomitant medications when starting SGLT-2 inhibitors
 - Advocate for use of these agents
 - Adopt the use of SGLTi much more aggressively into practice. Continue use of Canaflogizin until ESRD (until oliguria), likely also dapaflogizin (review the trial when published). Feel safer about amputation risks with safety data presented.
 - Read new literature around SGLT2i in non-diabetic CKD. Review my patients who are at high CV and renal risk to see who may be eligible for this therapy.
 - Increase prescribing SGLT2 inhibitors Discuss with our provincial drug plan so they increase indications and hopefully reduce cost
 - Prescribe sglt2 to patients with diabetic kidney disease rather than leave to gp
 - Review patient charts to identify those with mild to moderate CKD and macroalbuminuria and high risk cardiovascular, to add SGLT2i if they are not already on them.
 - I will be reviewing my clinic population charts to determine those that should be on an SGLT2 inhibitor, and start prescribing them more frequently going forward.
 - I might want to go back to the original studies to check the exact inclusion criterias and make sure to include the patient that fit until new data from DAPA-CKD come out.
 - I may prescribe these agents myself, rather than suggest to their diabetes care provider that they be started.
 - Review role of pharmacy services in multi-disciplinary clinics for developing protocol for institution of SGLT-2 to our patients. Will need to review MB formulary availability
 - Sglt2 should be standard of care along with Raasi
 - Use more SGLT2 inhibitors for my rénal patient with severe renal failure , no matter there HbA1c
 - I'll introduce SGLT2 more frequently in adequate patients
 - I have the knowledge base now to discuss with my patients
 - Be more aggressive with initiating SGLT2i rather than wait for GP or endo to do
 - Initiate in post transplant patient
 - Sglt2i in pts with non diabetic proteinueic kidney disease
 - Review patients who have diabetic néphropathy in my clinic and who have not had an SGTL2i initiated and assess them for initiation of treatment.
 - Consider Medication fornCKD patient but not hemodialysis patients
 - Review all pt eligible
 - If could get coverage would extend SGLT2 inhibitors to non diabetic patients
 - Will start to consider sglt2 inhibitors on pts with egfr less than 30
 - 1. Continue to advocate go access to SGLT2 inhibitors for eGFR less than 30. 2. Look out for composition on non diabetic kidney diseases included in dapagliflozin trial. What proportion were GNs, ADPKD etc
 - Review patients with T2D and CKD to determine if they would benefit from the evidence presented.
 - I do not have a clinical practice
-

- **PLEASE IDENTIFY ANY PERCEIVED BARRIERS TO MAKING THESE CHANGES IN YOUR PRACTICE:**

- Poor drug coverage.
 - .
 - Special Authority coverage restrictions
 - Funding / Pharmacare
 - Insurance coverage. Time in clinic to discuss new treatment and its indication and risks.
 - Cost to the patient Drug plan indications are not reflective of current evidence
 - Figuring out how to get them funded (forms etc)
 - No barriers except for payment issues
 - Cost. There isn't coverage for any SGLT2i in Manitoba without special approval, often requiring documented failure of other diabetic medications. There is coverage under NIHB for dapagliflozin and empagliflozin, but not for canagliflozin which would be the most appropriate in most of my patients.
 - Reimbursement
 - Getting the medication covered by Ramq. Fear of usurping pat's glycemic management.
 - Lack of support from provincial level with respect to formulary and availability.
 - Provincial formularies are a barrier
 - Médication coverage.
 - The integration of many pharmacological options and the costs
 - Coverage of the medications based on the client's plan(s). Some clients may oppose due to increased hydration and diuresis.
 - Managing side effects, would hope to have GP support in this, as Nephros we typically don't follow up these patients as frequently as the GPs do
 - Time and patient engagement in virtual clinic encounters
 - Not tested in transplant patients
 - none
 - Need for continued management of diabetic medication in certain patient that will start SGLT2I
 - Reviews options for hemodialysis patients
 - Patient preference to not take new meds. Cost if not covered
 - drug coverage
 - Drug access - Insurance coverage for renal indications for SGLT2 inhibitors can be difficult in Nova Scotia. Sometimes impossible. Especially if eGFR less than 30.
 - none identified at present
 - I don not have a clinical practice
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- **DID YOU PERCEIVE ANY DEGREE OF BIAS IN ANY PART OF THE PROGRAM?**

- (A) yes
- (B) No

AGGREGATE DATA

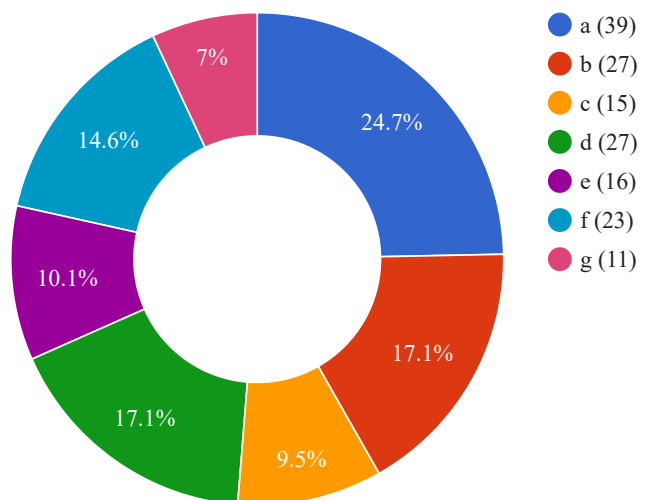


- **Please describe:**

- **PLEASE INDICATE WHICH canMEDS ROLES YOU FELT WERE ADDRESSED DURING THIS EDUCATIONAL ACTIVITY.**

- (A) Medical Expert
- (B) Health Advocate
- (C) Communicator
- (D) Scholar
- (E) Collaborator
- (F) Professional
- (G) Leader

AGGREGATE DATA



- **PLEASE LIST ANY TOPICS YOU WOULD LIKE TO SEE ADDRESSED IN FUTURE PROGRAMS:**

- Phosphate management
- BP updates since the KDIGO Controversies Conference was held.
- Updates on renal amyloid GN management Stones
- Receive additional or updated information on optimal management of this population including the results of the empath research study.
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- **GENERAL COMMENTS:**

- Thanks!
 - Very nice!! Totally educating and interesting. Im resident R5. Very useful to hear about these important data.
 - Excellent format and content. Several technical glitches at my end, but was able to derive great benefit nonetheless. Many thanks!
 - Great format for MOC3 credits that are relevant to me directly. Support providing more of these sessions.
 - Excellent présentation !! Very well organized and easy to follow !
 - Excellent program with world class speakers.
 - Great panel, great platform, really enjoyed the presentation, will definitely register again for any upcoming events, many thanks!!!
 - The questions were very much dependent on immediate recall of specific facts - not really getting at deeper understanding
 - Great presentation, glad that recent DAPA-CKD information was included
 - The live self-assessment website "takingbackdkd.com" was blocked by hospital firewall so Hospital internet could not be used.
 - Excellent presentation with relevant content thank you
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