

**Experts on Call:**  
Lipid Management and  
Cardiovascular Risk Reduction:  
The Evolving Treatment Paradigm

**2015-2016**



**Association of Black Cardiologists, Inc.**  
*Saving the Hearts and Minds of a Diverse America*

**Final Outcome Report**

**Four Live Online Webinars**

Report Date: 02/29/2016

Prepared By:



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# **Course Director**

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## **Activity Planning Committee**

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# Course Accreditation

The Association of Black Cardiologists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Association of Black Cardiologists designates this enduring activity for a maximum of 1.25 *AMA PRA Category 1 Credit*<sup>™</sup>. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

# Commercial Support

Experts on Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm is supported by an educational grant from Amgen.

# Dates and Times

Experts on Call:  
Lipid Management and Cardiovascular Risk Reduction:  
The Evolving Treatment Paradigm

## Live Webinar Schedule

**December 10, 2015**  
12:00pm – 1:30pm EST

**January 19, 2016**  
12:30pm – 1:30pm EST

**January 13, 2016**  
12:00pm – 1:30pm EST

**January 28, 2016**  
3:00pm – 4:30pm EST

# Levels of Evaluation

Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on Moore's model. This outcome study reaches Level 5.

- Level 1: Participation
- Level 2: Satisfaction
- Level 3: Declarative and Procedural Knowledge
- Level 4: Competence
- Level 5: Performance
- Level 6: Patient Health
- Level 7: Community Health



# Level 1: Participation

- 215 attendees
- 36% Physicians; 54% NPs or PAs; 6% RNs; 5% Other
- 61% PCP, 12% Gastroenterology ; 27% Other or did not respond

Did we reach the right audience? **Yes!**

## Level 2: Satisfaction

- 91% rated the activity as very good to excellent
- 98% indicated the activity improved their knowledge
- 93% stated that they learned new strategies for patient care
- 81% said they would implement new strategies that they learned in their practice
- 100% said the program was fair-balanced and unbiased

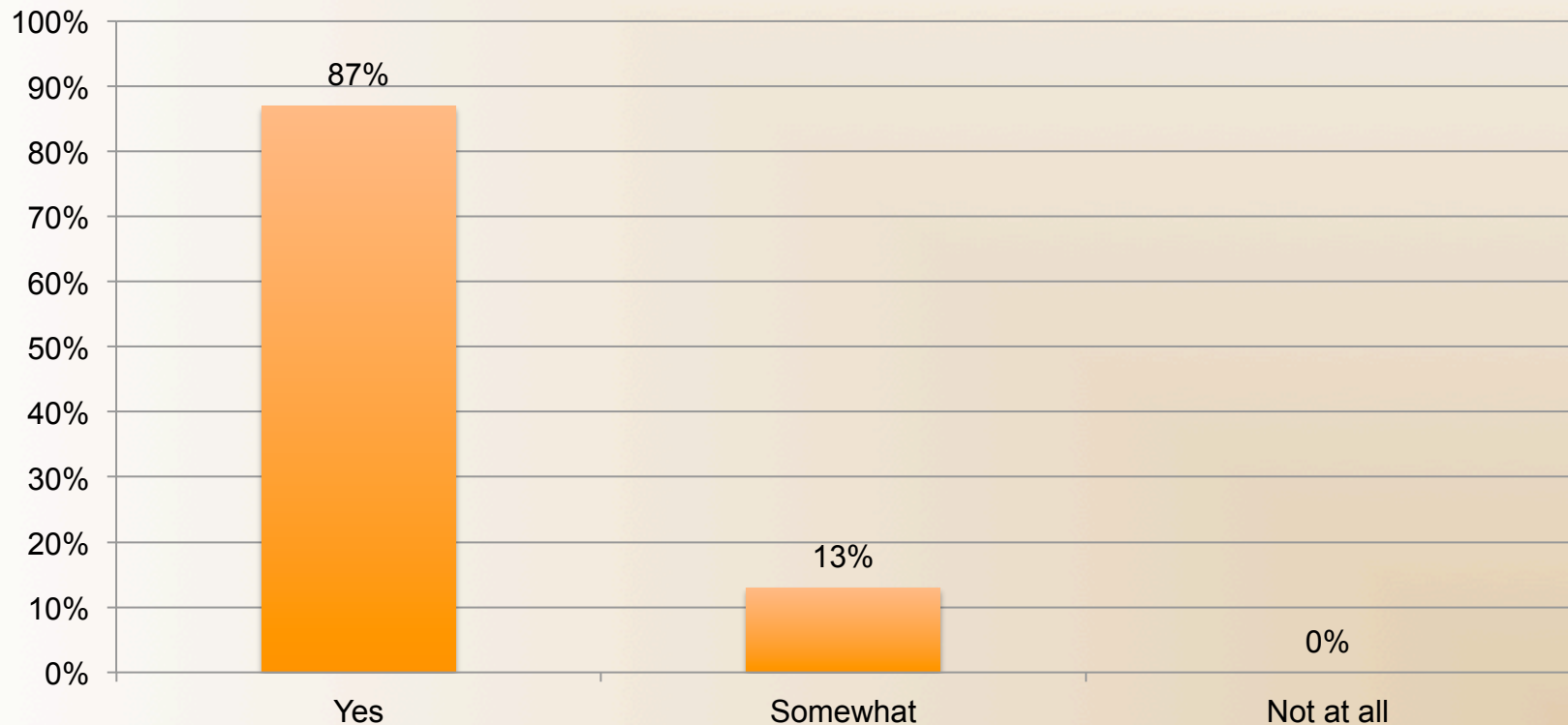
Sample Size: N = 137

Were our learners satisfied? Yes! Data was collected during all four webinars for Experts on Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm.



# Did Learners Say They Achieved Learning Objective?

**Upon completion of this activity, I can now** – Discuss the benefits of LDL-C lowering with pharmacologic therapies that improve cardiovascular outcomes; recognize and understand the role of alternative or additional therapies in conjunction with statins; recognize the strengths and limitations of the 2013 ACC/AHA cholesterol guidelines and how to optimally implement the recommendations; recognize the potential role of emerging pharmacologic therapies to further lower LDL-C in those at high risk for cardiovascular disease; recognize and develop appropriate treatment strategies for special populations (women, elderly, ethnic minorities) that would benefit from lipid lowering therapy.



**Yes! 100% believed they did.**

# Outcome Study Methodology

## Goal

To determine the effect this CME activity had on learners with respect to competence to apply critical knowledge, confidence in treating patients with diseases or conditions discussed, and change in practice behavior.

## Dependent Variables

### 1. Level 3-5: Knowledge, Competence, and Performance

Case-based vignettes and pre- and post-test knowledge questions were asked with each session in the CME activity. Identical questions were also asked to a sample of attendees 4 weeks after the program to assess retention of knowledge. Responses can demonstrate learning and competence in applying critical knowledge. The use of case vignettes for this purpose has considerable predictive value. Vignettes, or written case simulations, have been widely used as indicators of actual practice behavior.<sup>1</sup>

### 2. Practitioner Confidence

Confidence with the information relates directly to the likeliness of actively using knowledge. Practitioner confidence in his/her ability to diagnose and treat a disease or condition can affect practice behavior patterns.

### 3. Level 5: Self-Reported Change in Practice Behavior

Four weeks after CME activity, practitioners are asked if they changed practice behavior.

1. Peabody, J.W., J. Luck, P. Glassman, S. Jain, J. Hansen, M. Spell and M. Lee (2004). *Measuring the quality of physician practice by using clinical vignettes: a prospective validation study*. Ann Intern Med 14(10): 771-80.

# Outcome Study Methodology (Cont.)

## 4. Readiness to Change Behavior (Prochaska and DeClemente Model)

CME activities can motivate providers to move through different stages of change which can ultimately lead them to take action and modify their practice behavior in accordance with the objectives of the education. Movement through these stages of change is an important dependent variable to consider in evaluating the impact of CME. Participants were asked to evaluate their stage of change with respect to specific topics being presented.

- **Pre-contemplation stage:** I do not manage (XXX illness), nor do I plan to this year.
- **Contemplation stage:** I did not manage (XXX illness) before this course, but as a result of attending this course I'm thinking of managing it now.
- **Pre-contemplation/confirmation stage:** I do manage patients with (XXX Illness) and this course confirmed that I do **not** need to change my treatment methods.
- **Preparation for action stage:** I do manage patients with (XXX illness) and this course helped me change my treatment methods.

# Experts on Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm

## Faculty

Jan Basile, MD

Karol E. Watson, MD, PhD

Laurence O. Watkins, MD, MPH, FACC

## Learning Objectives

1. Discuss the benefits of LDL-C lowering with pharmacologic therapies that improve cardiovascular outcomes.
2. Recognize and understand the role of alternative or additional therapies in conjunction with statins.
3. Recognize the strengths and limitations of the 2013 ACC/AHA cholesterol guidelines and how to optimally implement the recommendations.
4. Recognize the potential role of emerging pharmacologic therapies to further lower LDL-C in those at high risk for cardiovascular disease.
5. Recognize and develop appropriate treatment strategies for special populations (women, elderly, ethnic minorities) that would benefit from lipid lowering therapy.



# Key Findings

Experts on Call:

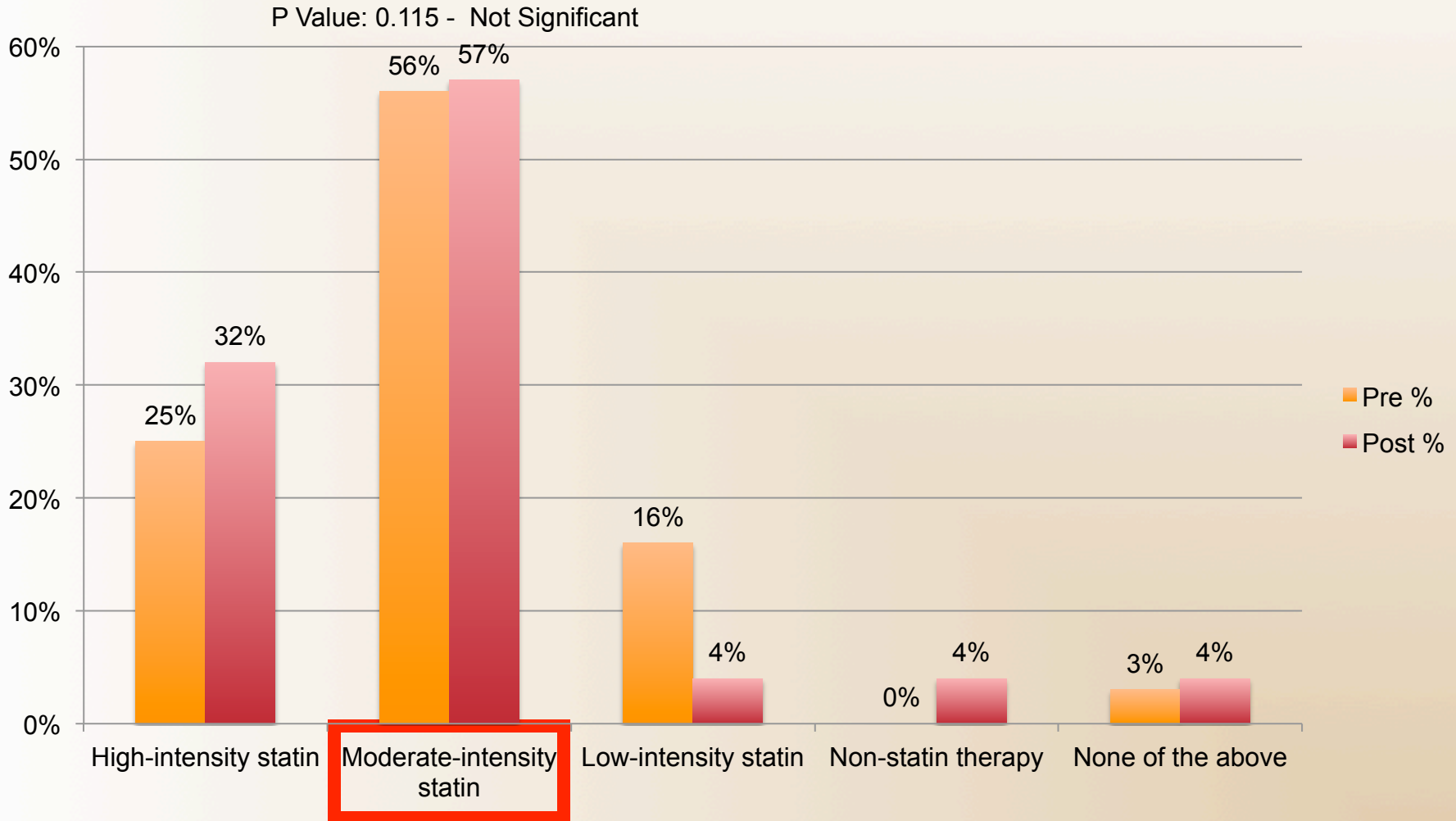
## Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm

Knowledge/Competence	Learners demonstrated significant improvement from pre to post-testing in their answers to <i>three</i> out of <i>five</i> of the case-based questions treating hypercholesterolemia.
Confidence	Whereas the majority of learners rated themselves as having very low confidence in their understanding of treating patients with hypercholesterolemia before the education most of the learners showed high gains in confidence after the program.
Intent to Perform	As a result of this program, 14% of learners who did not treat hypercholesterolemia before are considering doing so, while 56% indicated that they will change their treatment methods.

# Case Vignette Knowledge and Competence Assessment Questions

(presented before and after lecture—boxed answer is correct)

MR, a 61-year-old male with an LDL-C of 130 mg/dL and diabetes has an ASCVD risk of 6.6% based on the new risk-calculator. What therapy should MR be started on according to the ACC/AHA 2013 guidelines? (Learning Objective 1)



Pre N= 131

Post N= 136

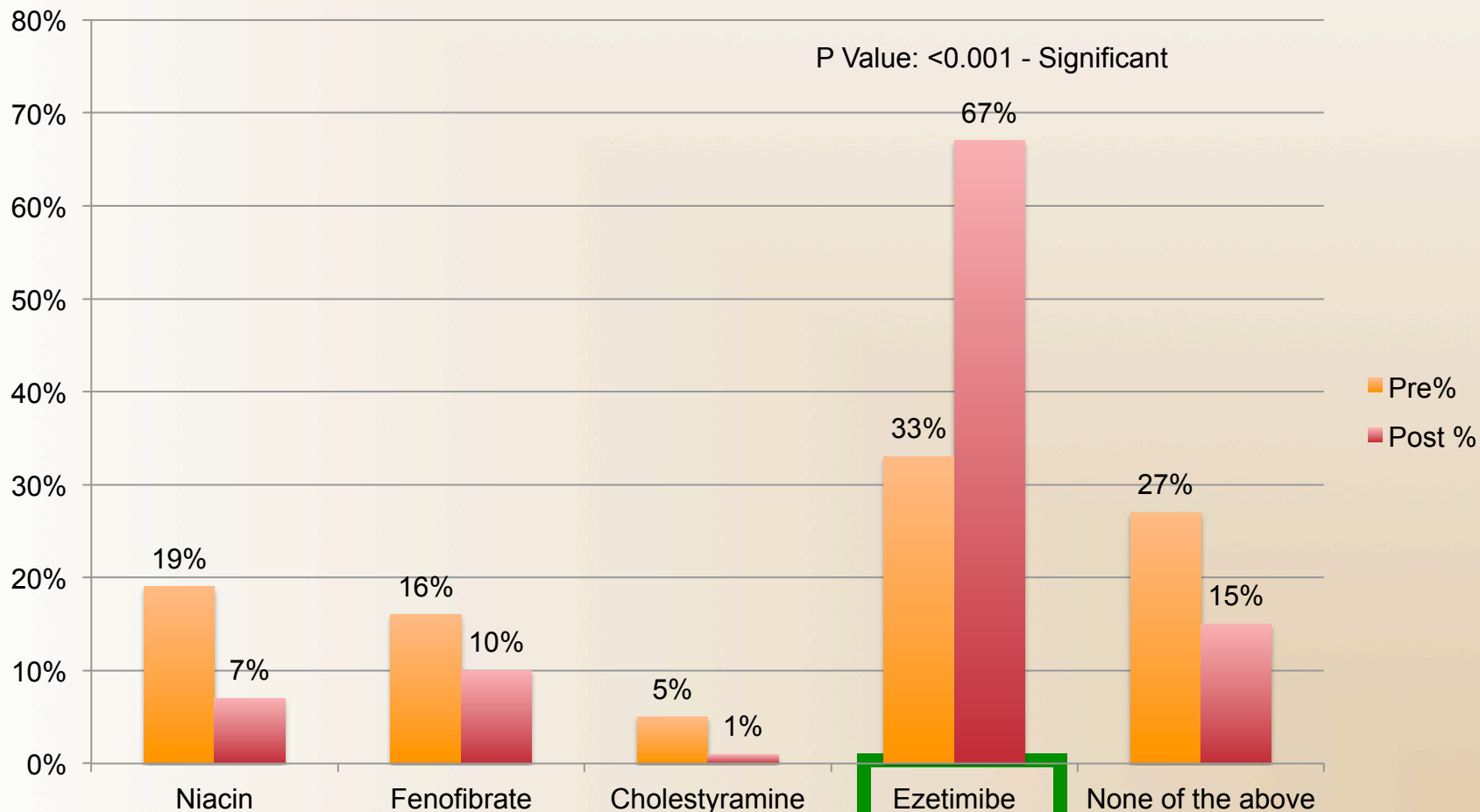
Red highlight indicates no significant difference between pre and post testing.



## Case Vignette Knowledge and Competence Assessment Questions

(presented before and after lecture—boxed answer is correct)

SJ, a 62 year old BF is hospitalized in the Coronary care unit following a non-ST segment MI and stent placement in a 95% right coronary lesion. Her admission lipids are LDL-C=90 mg/dl, HDL=35 mg/dL, triglycerides=160 mg/dl. In addition to being placed on a statin, which of the following treatments has been shown to reduce her risk of cardiovascular death. (Learning Objective 2)



Pre N= 131

Post N= 136

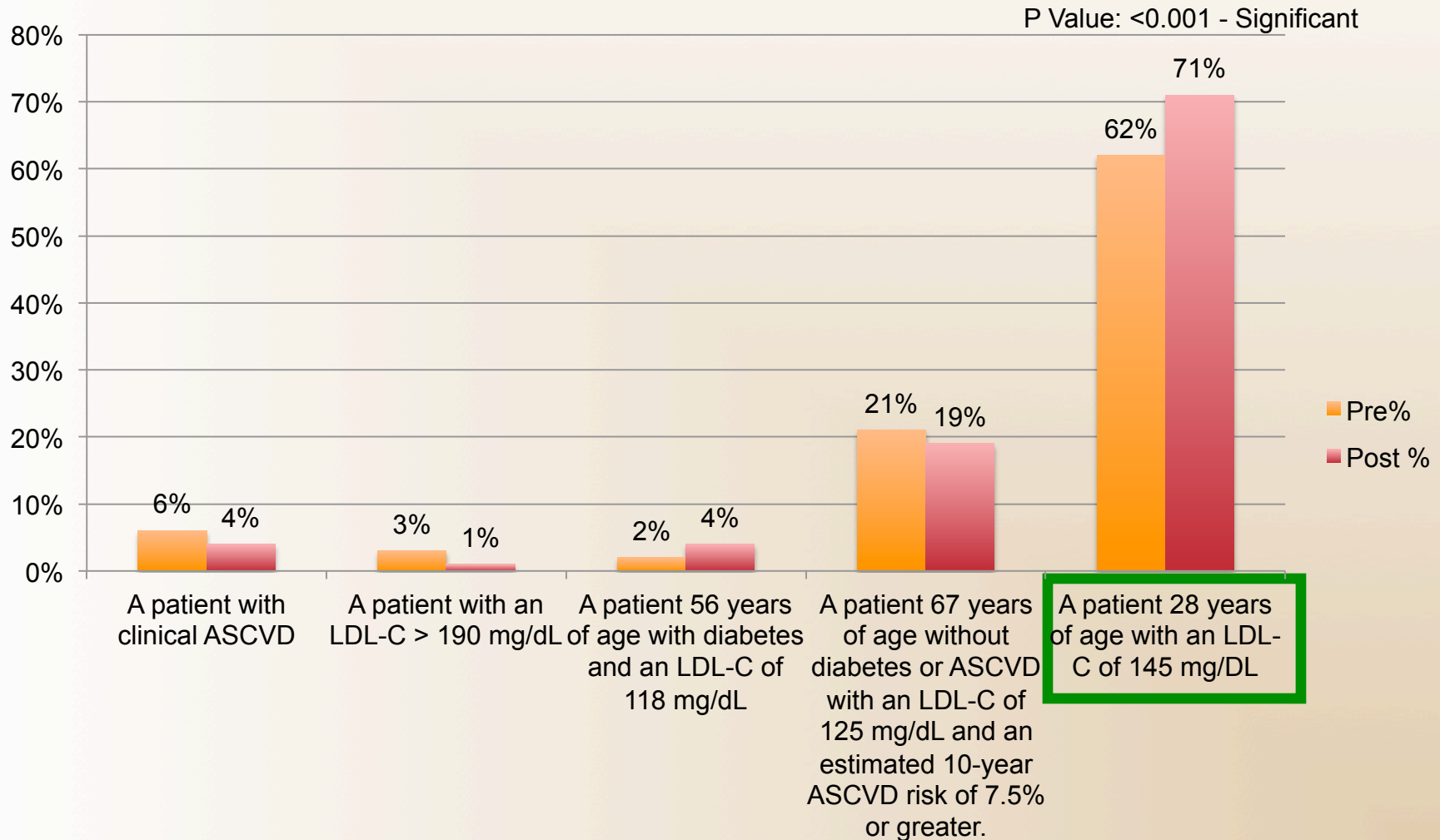
Green highlight indicates no significant difference between pre and post testing.

# Case Vignette Knowledge and Competence Assessment Questions

(presented before and after lecture—boxed answer is correct)

Which of the following is NOT one of the 4 statin benefit groups according to the 2013 ACC/AHA Cholesterol Guideline to Reduce Atherosclerotic CV Disease?

(Learning Objective 3)



Pre N= 131

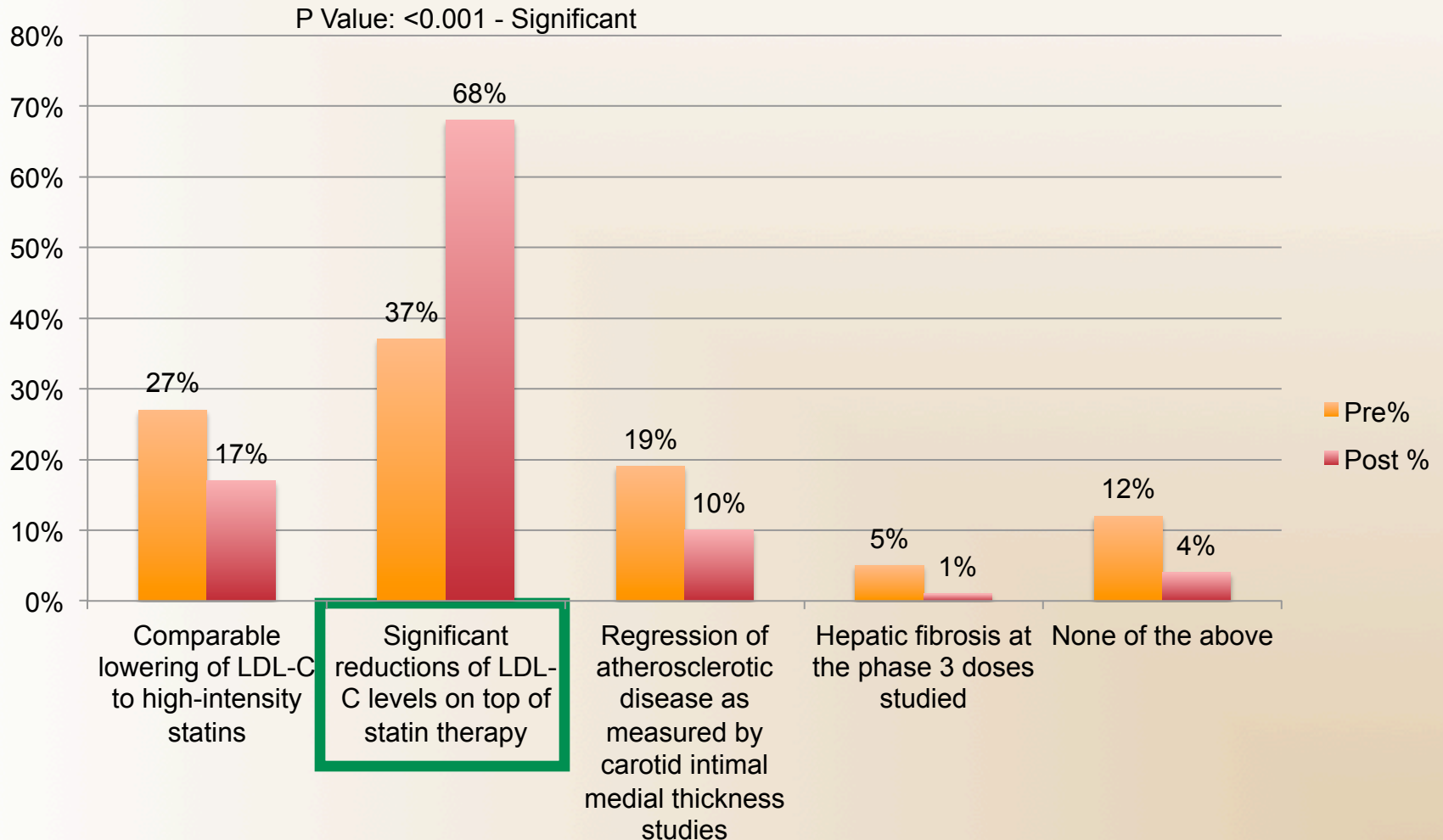
Post N= 136

Green highlight indicates significant difference between pre and post testing.

# Case Vignette Knowledge and Competence Assessment Questions

(presented before and after lecture—boxed answer is correct)

Results to date with PCSK9 antibody use have demonstrated what effect?  
(Learning Objective 4)

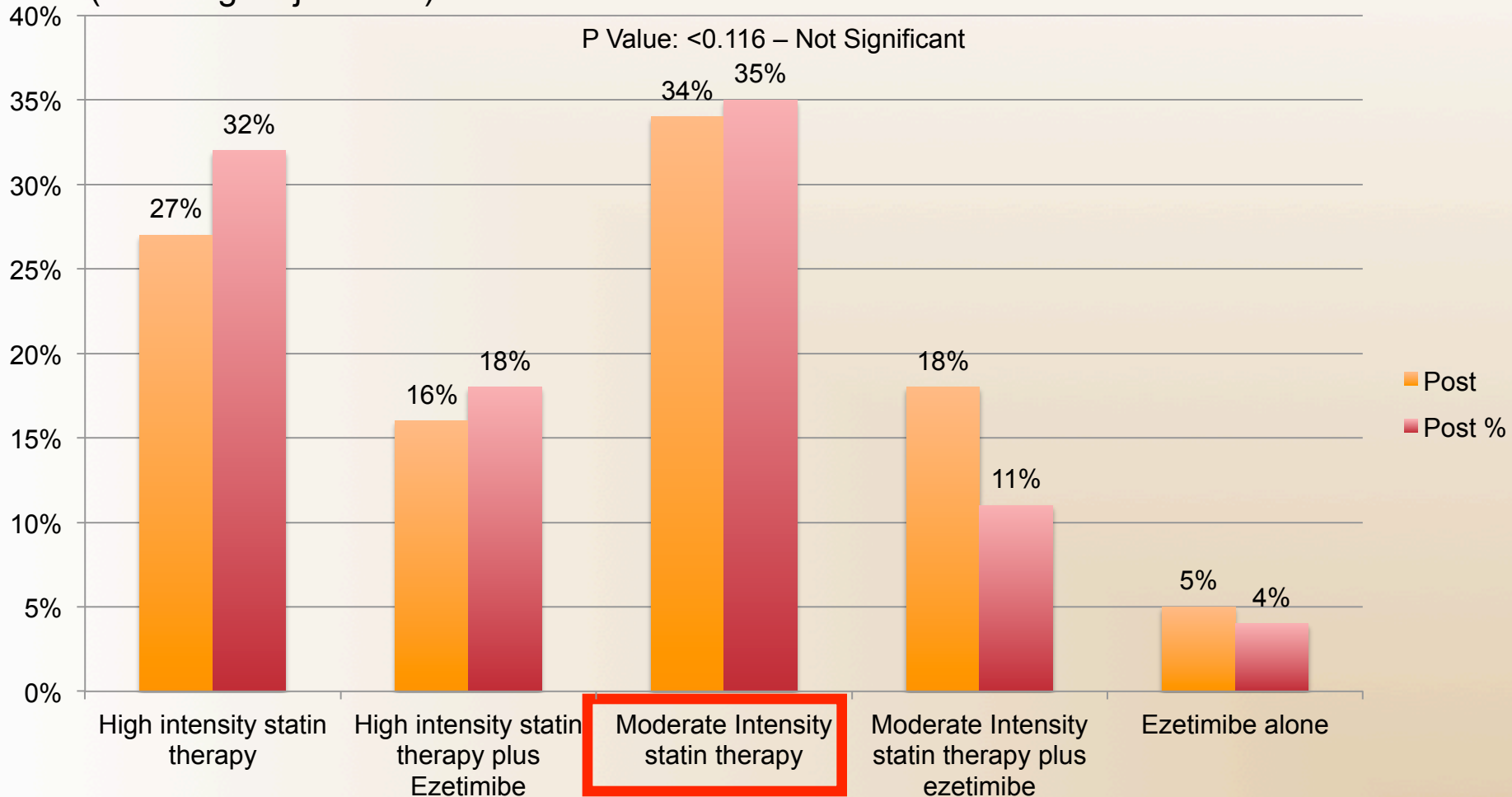


# Case Vignette Knowledge and Competence Assessment Questions

(presented before and after lecture—boxed answer is correct)

According to the 2013 ACC AHA Cholesterol guidelines, which of the following is recommended therapy for a 78 year old male who suffers an NSTEMI?

(Learning Objective 5)



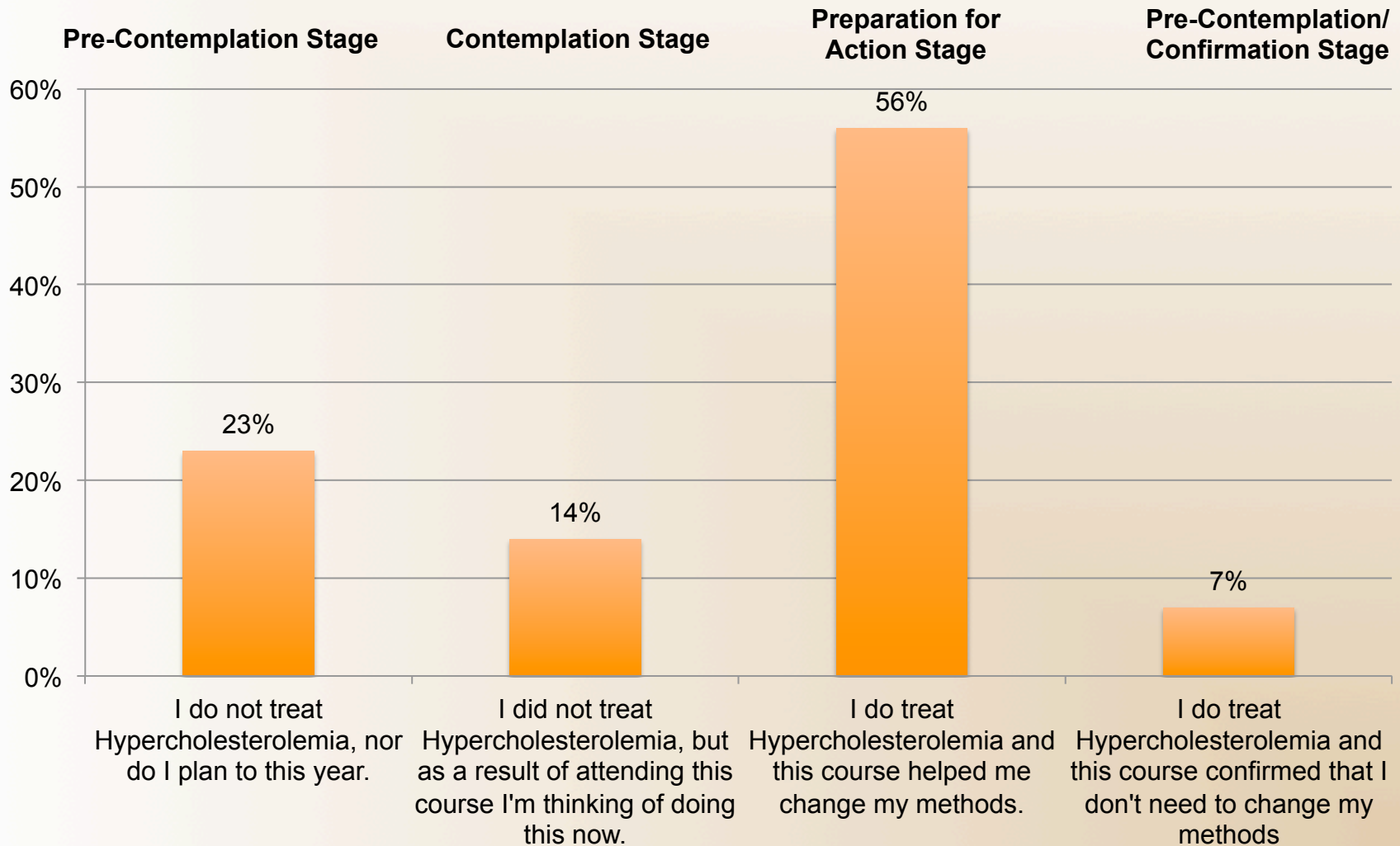
Pre N= 131

Post N= 136

Green highlight indicates significant difference between pre and post testing.

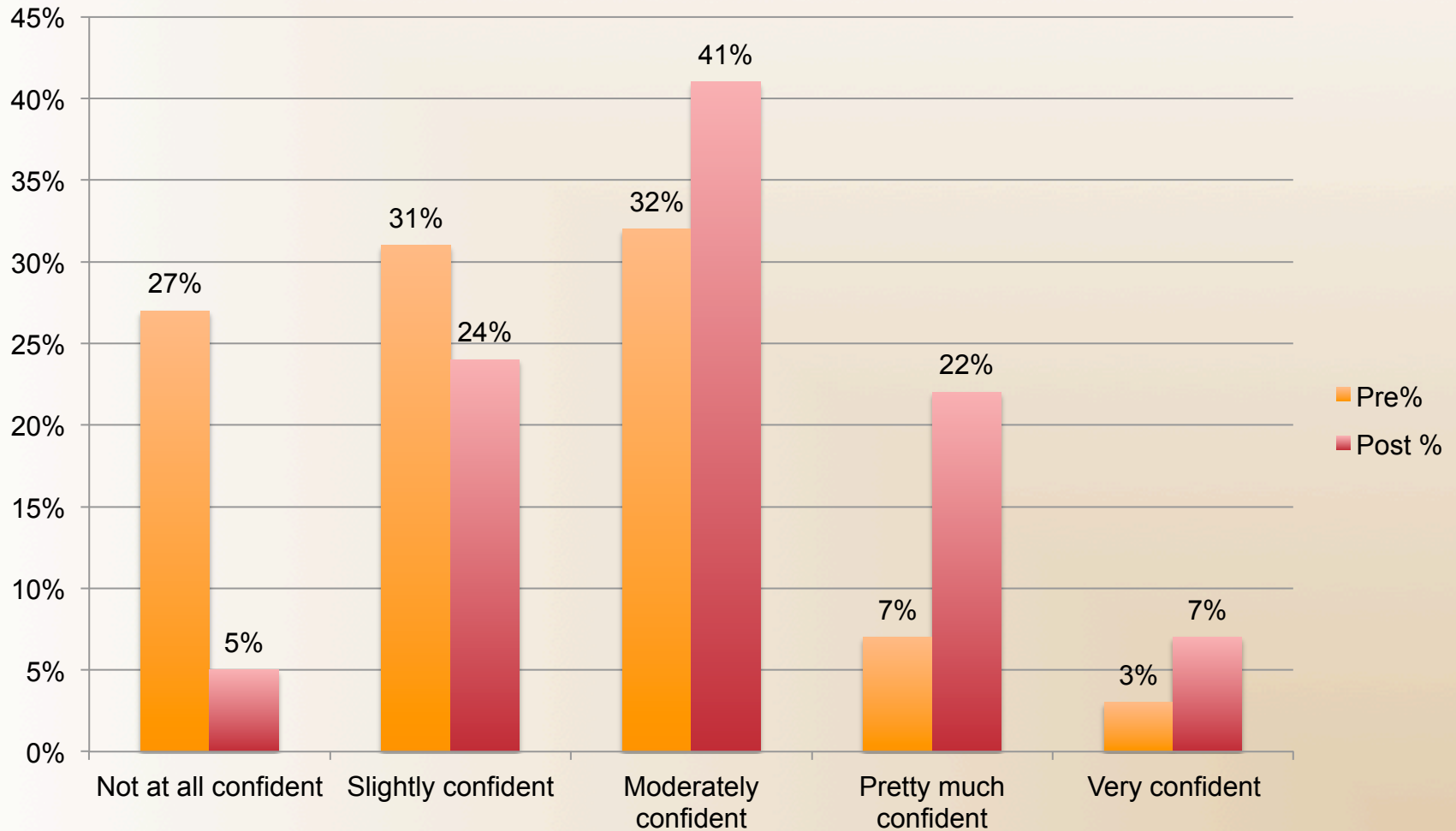
## Change in Practice Behavior Question (presented after the lecture)

Which of the statements below describes your approach to treating Hypercholesterolemia?



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On a scale of 1 to 5, please rate how confident you would be in treating Hypercholesterolemia in patients that are not achieving optimal goals or are refractory to statin therapy?



Pre N= 131

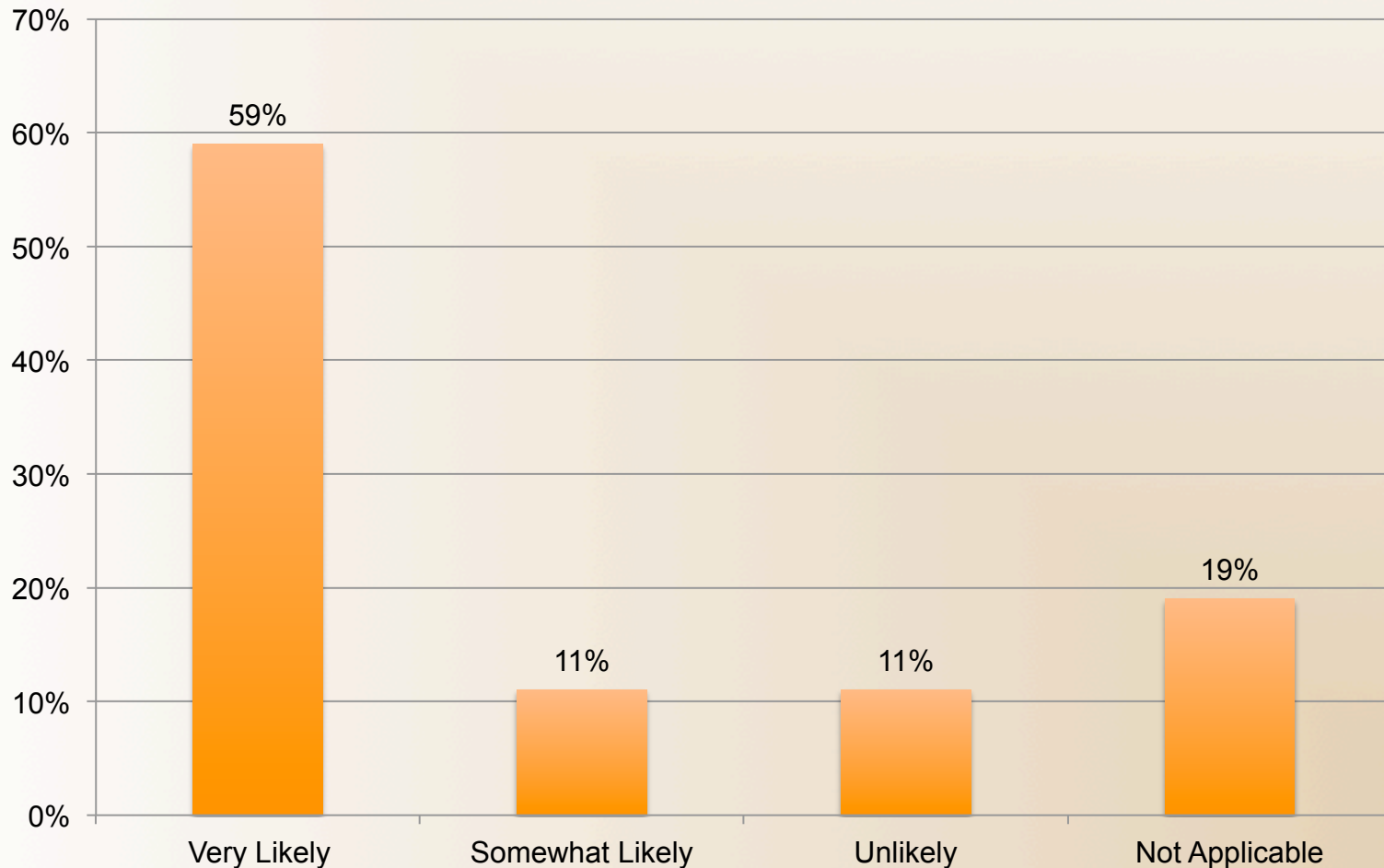
Post N= 136



# Intention to Change Practice Behavior and Implement Learning

## Experts on Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm

How likely are you to implement strategies learned from this presentation in your practice?



# Discussion and Implications

Experts on Call:

## Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm

The need for continued education in the area of Hypercholesterolemia management was demonstrated based on literature reviews and surveys completed prior to the conference series. Attendee knowledge was assessed at 2 points for this program: prior to the lecture and immediately following the lecture using the case vignettes listed above. Data collected from 215 clinicians over 4 meetings indicated improvement in knowledge in all 5 of the areas tested of which 3 achieved statistical significance. Specifically, as a result of this lecture, participants: recognize that ezetimibe has been shown to reduce the risk of major cardiovascular events when added to statin therapy whereas fenofibrate, niacin and cholestyramine have not; know that a 28 y/o patient with an LDL of 145 mg/dL is not a candidate for statin therapy; and understand that addition of PCSK9 antibodies to statin therapy has resulted in significant reductions in LDL-C levels. There was a slight improvement in awareness that a male patient with an LDL-C of 130 mg/dL, diabetes and an ASCVD risk of 6.6% based on the new risk-calculator, should be started on moderate-intensity statin therapy; and realize that a 78 year old male who suffered an NSTEMI would be a candidate for moderate intensity statin therapy based on his age.

Persistent gaps in knowledge were evident with additional education needed in the following areas: selecting appropriate candidates for statin therapy and level of intensity based on current lipid guidelines, the role of non-statin therapy in addition to statins for patients at persistently elevated cardiovascular risk; and the mechanism of action and role of PCSK9 antibody therapy.

## **Discussion and Implications**

Experts on Call:

### **Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm**

After the program, 93% stated that they learned new and useful strategies for patient care. 70% of participants indicated they were likely to implement strategies learned from this presentation in their practice. Moderate to very confident levels rose from 42% to 70% by the end of the program. In addition, 14% of learners who did not manage Hypercholesterolemia before the program are considering doing so, while 56% who do manage Hypercholesterolemia, indicated that they will change their treatment methods as a result of this program. The program content was reinforced to participants with a “Clinical Highlights” document containing key teaching points from the program. This is distributed 1 week after the meeting.

The notable changes in post test scores signify a clear gap in knowledge and an unmet need among primary care clinicians. It continues to be an important area for future educational programs.