



*Emerging Challenges  
in Primary Care: 2016*



**Strategies of Care in OAB:  
Individualizing Treatment Based on Patient Profile**

Astellas ID: 022888  
Medtronic ID: 158528

**Final Outcome Report  
for 3 Cities**

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# Course Accreditation

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

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Maintenance of Certification: Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 7.25 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity providers' responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Through the American Board of Medical Specialties ("ABMS") and Association of American Medical Colleges' ("AAMC") joint initiative (ABMS MOC Directory) to create a wide array of practice-relevant Maintenance of Certification ("MOC") Activities, Emerging Challenges in Primary Care has met the requirements as a MOC Part II CME Activity, applying exclusively to the general MOC-CME requirement for the following ABMS Member Boards: American Board of Family Medicine and American Board of Preventive Medicine..\*

\* This applies to the full day CME activity entitled Emerging Challenges in Primary Care.



## Commercial Support

The Emerging Challenges in Primary Care: Update 2016 series of CME activities were supported through educational grants or donations from the following companies:

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Shire

Strategies of Care in OAB: Individualizing Treatment Based on Patient Profile, was supported by an educational grant from Astellas Pharma Global Development, Inc. and from Medtronic Pelvic Health Therapies.



# Cities and Dates

## Emerging Challenges in Primary Care: Update 2016 Conference Schedule

April 30, 2016  
Miami, FL

June 18, 2016  
Raleigh, NC

**September 17, 2016**  
**Fort. Lauderdale, FL**

May 7, 2016  
Baltimore, MD

June 25, 2016  
Tampa, FL

September 24, 2016  
San Antonio, TX

May 14, 2016  
St. Louis

August 13, 2016  
Denver, CO

October 8, 2016  
Uniondale, NY

May 21, 2016  
Atlanta, GA

August 20, 2016  
Sacramento, CA

October 15, 2016  
Nashville, TN

June 4, 2016  
Birmingham, AL

August 27, 2016  
Troy, MI

**\*October 22, 2016**  
**San Diego, CA**

June 11, 2016  
Columbus, OH

September 10, 2016  
Anaheim, CA

**October 29, 2016**  
**Houston, TX**

**\*Live and Simulcast**

**\*Bolded cities attended**



# Titles of Presentations

The Critical Role of Primary Care in Pulmonary Arterial Hypertension: Diagnostic and Management Strategies to Improve Outcomes

Applying the Latest Advances and Evidence of Clinical Outcomes to Individualize Heart Failure Treatment – Part I

Applying the Latest Advances and Evidence of Clinical Outcomes to Individualize Heart Failure Treatment: A Case Based Discussion – Part II

## **Strategies of Care in OAB: Individualizing Treatment Based on Patient Profile**

Prostate Cancer Screening in the Primary Care Setting: Understanding the Role of Bio-Markers

Evolving Strategies of Care in Diabetes: The Role and Rationale of Glucoretic Therapy

Using GLP-1 Receptor Agonists: A Better Path For Postprandial Glycemic Control

Evolving Strategies for Cardiovascular Risk Reduction: Beyond Statin Therapy

Strategies for Diagnosis and Treatment of Adult ADHD in Primary Care



# 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

Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1-15





# 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.

# Level 1: Participation

- 710 attendees in 3 city
- 44% Physicians; 48% NPs or PAs; 8% RNs; 0% Other
- 49% in community-based practice
- 74% PCPs, 3% Cardiologist; 2% Pulmonology; 21% Other or did not respond
- 91% provide direct patient care

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



## Level 2: Satisfaction

- 99% rated the activity as excellent
- 99% indicated the activity improved their knowledge
- 98% stated that they learned new and useful strategies for patient care
- 98% said they would implement new strategies that they learned in their practice
- 100% said the program was fair-balanced and unbiased

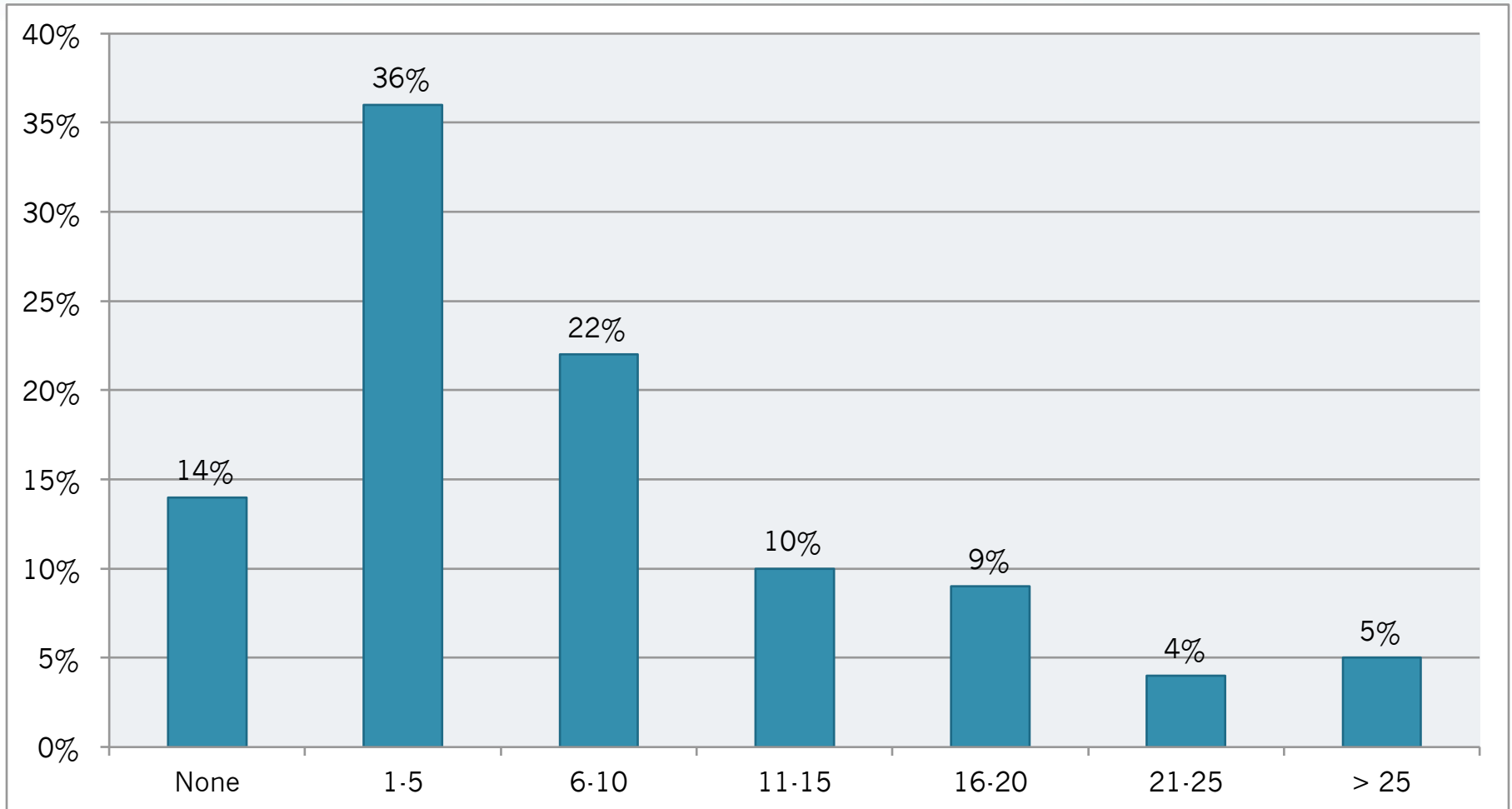
Sample Size: N = approximately 710

Were our learners satisfied? **Yes!** Data was collected in three cities for the Emerging Challenges in Primary Care program.



## Strategies of Care in OAB: Individualizing Treatment Based on Patient Profile

Number of patients seen each week in a clinical setting at risk for overactive bladder:

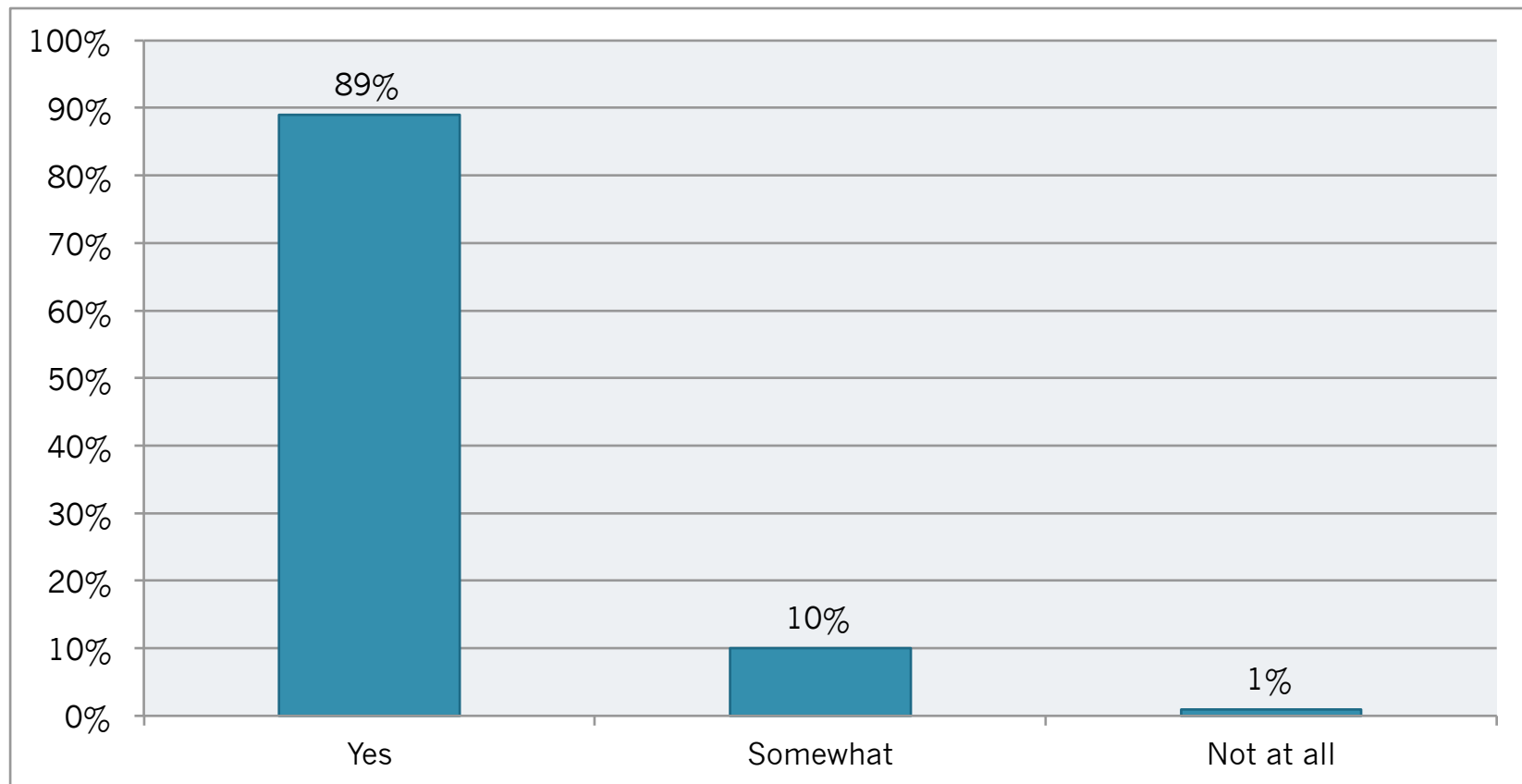


Sample Size: N = approximately 710



## Did Learners Say They Achieved Learning Objective?

**Upon completion of this activity, I can now –** Identify the patient with overactive bladder (OAB) in the office of the primary care physician (PCP) with a simple history, physical and appropriate labs; Identify interventions that can optimize OAB treatment and improve patient satisfaction; Discuss the strategy of matching treatment of OAB based on specific patient needs; Optimize adherence by enhancing communication in order to engage and partner with patients in the treatment plan.



**Yes!** 99% believed they did.

Data was collected in 3 cities.



Sample Size: N = approximately 710

# Strategies of Care in OAB: Individualizing Treatment Based on Patient Profile

## Faculty

Matt T. Rosenberg, MD  
Director, Mid-Michigan Health Center  
Jackson, MI

## Learning Objectives

1. Identify the patient with overactive bladder (OAB) in the office of the primary care physician (PCP) with a simple history, physical and appropriate labs.
2. Identify interventions that can optimize OAB treatment and improve patient satisfaction.
3. Discuss the strategy of matching treatment of OAB based on specific patient needs.
4. Optimize adherence by enhancing communication in order to engage and partner with patients in the treatment plan.



## Key Findings

### Strategies of Care in OAB: Individualizing Treatment Based on Patient Profile

<p>Knowledge/Competence</p>	<p>Learners demonstrated significant improvement from pre to post-testing in their answers to <i>four</i> out of four of the case-based questions regarding treating overactive bladder in all patients.</p>
<p>Confidence</p>	<p>Whereas the majority of learners rated themselves as having very low confidence in their understanding of treating overactive bladder in all patients before the education most of the learners showed very high gains in confidence after the program.</p>
<p>Intent to Perform</p>	<p>As a result of this program, 20% of attendees who did not participate in the evaluation or management of patients with overactive bladder before the meeting are considering doing so, while 67% who do, indicated that they will change their treatment methods.</p>
<p>Change of Practice Behavior</p> <p>4 Weeks Post N= 145</p>	<p>89% of learners who responded to our four week survey indicated that they had changed their practice behavior to implement the learning objectives of this program within four weeks after they attended the activity.</p>



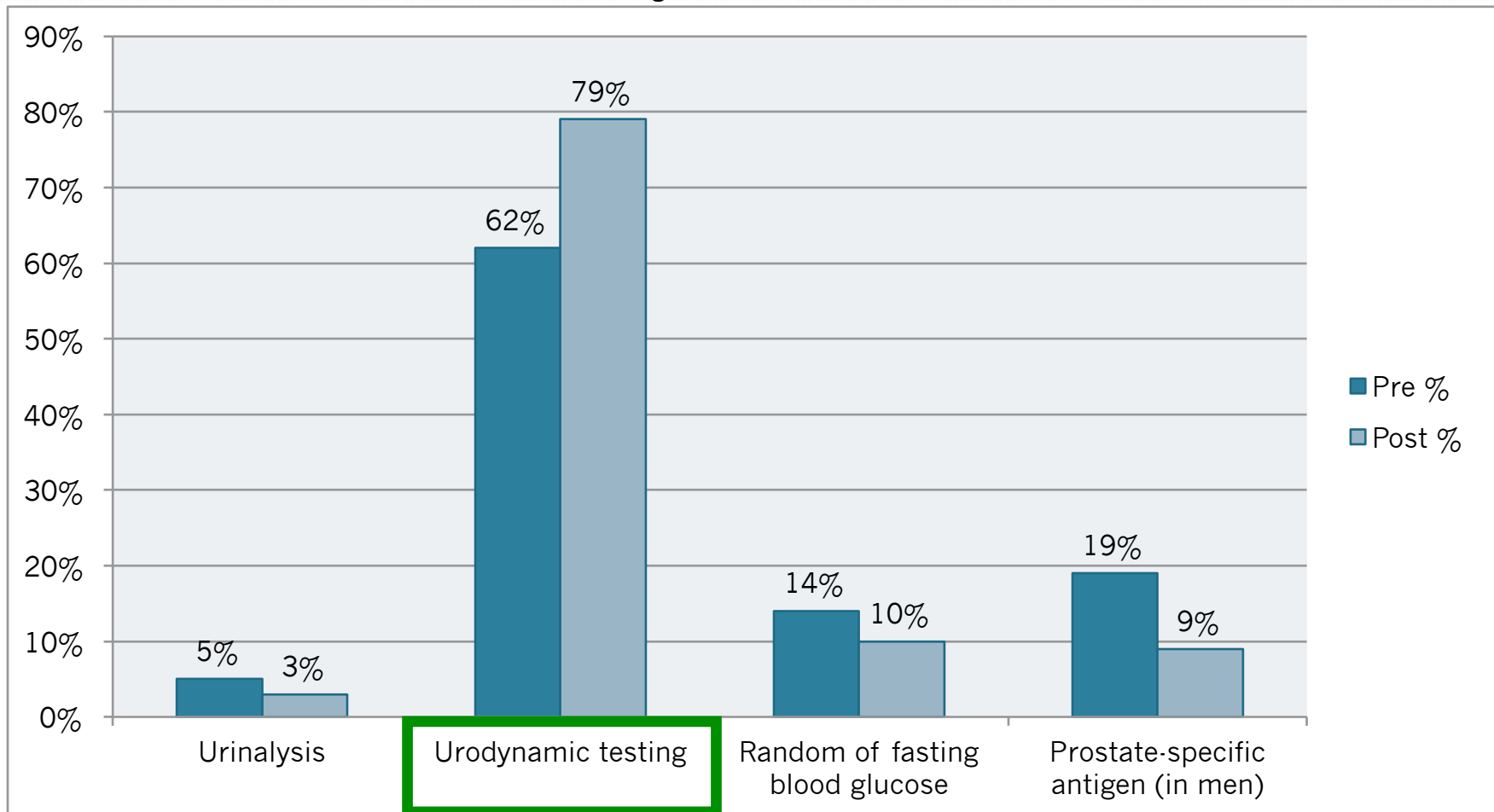


## Case Vignette Knowledge and Competence Assessment Questions

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

All of the following tests should be performed in the workup of a patient with uncomplicated lower urinary tract symptoms, EXCEPT:  
(Learning Objective 1)

P Value: <0.001 – Significant



Pre N = 286

Post N = 396

Green highlight indicates significant difference between pre and post testing.

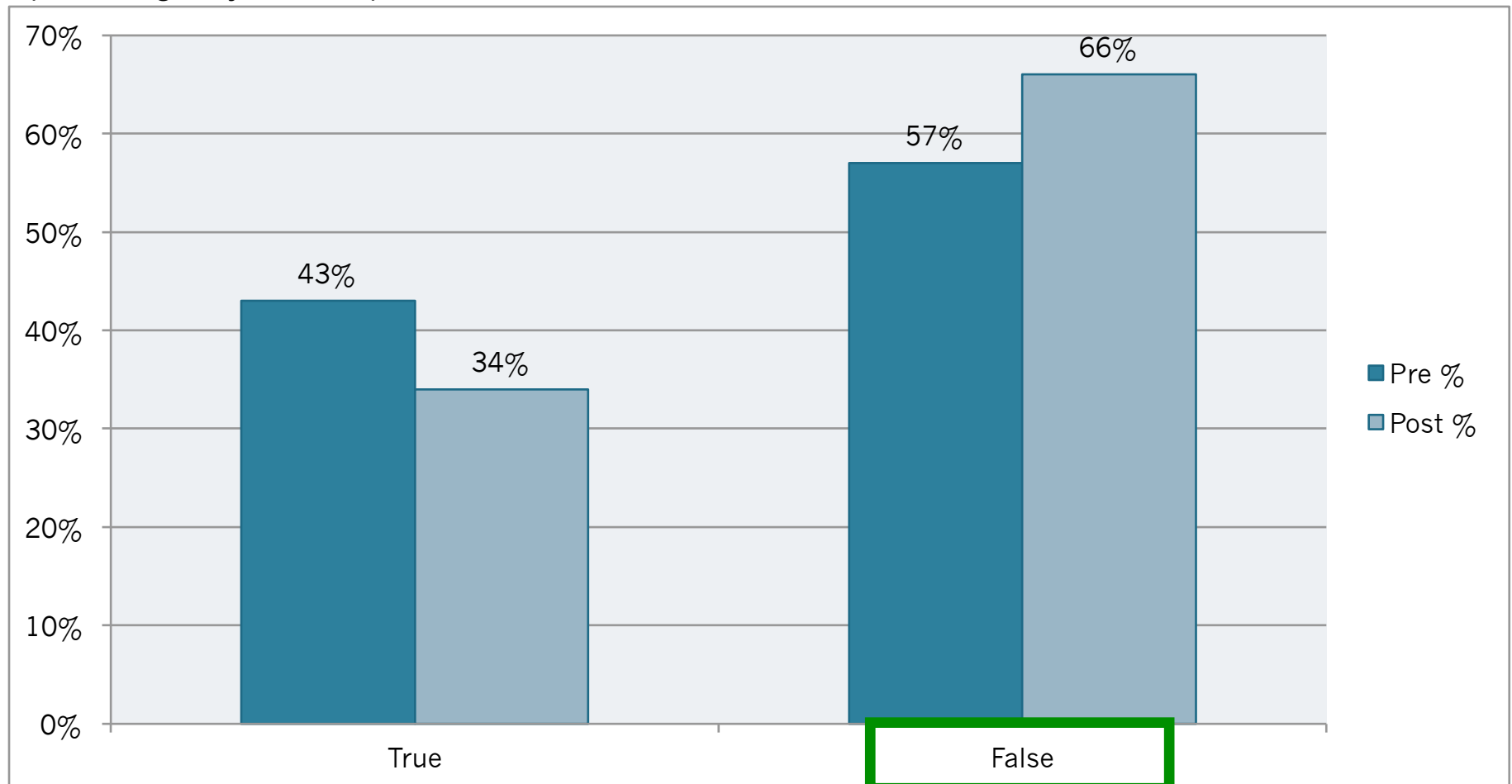
## Case Vignette Knowledge and Competence Assessment Questions (presented before and after lecture—boxed answer is correct)

Clinical trial evidence indicates that behavioral therapy is a good place to start for the treatment of OAB, but it provides no added benefit when used in conjunction with drug therapy.

True or False?

(Learning Objective 2 )

P Value: 0.009 – Significant



Pre N = 383

Post N = 425

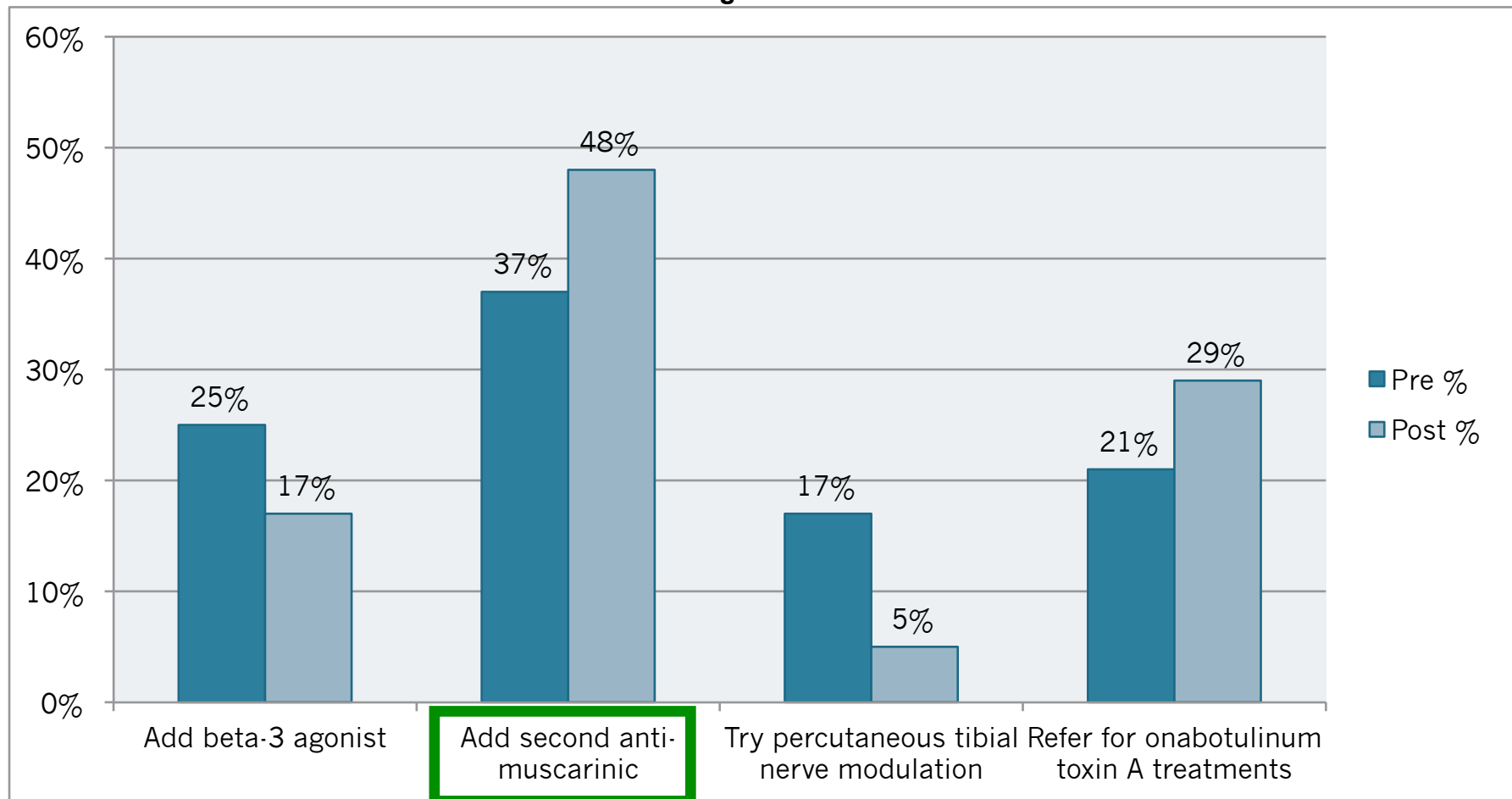
Green highlight indicates significant difference between pre and post testing.

## Case Vignette Knowledge and Competence Assessment Questions

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

A 56-year-old woman with OAB has been treated with an extended-release anti-muscarinic agent for 4 months. Today, she says that although her symptoms have improved, she still has bothersome urinary incontinence and urgency. She asks what can be done. Any of the following would be appropriate at this time, EXCEPT: (Learning Objective 2 & 3 )

P Value: 0.001 – Significant



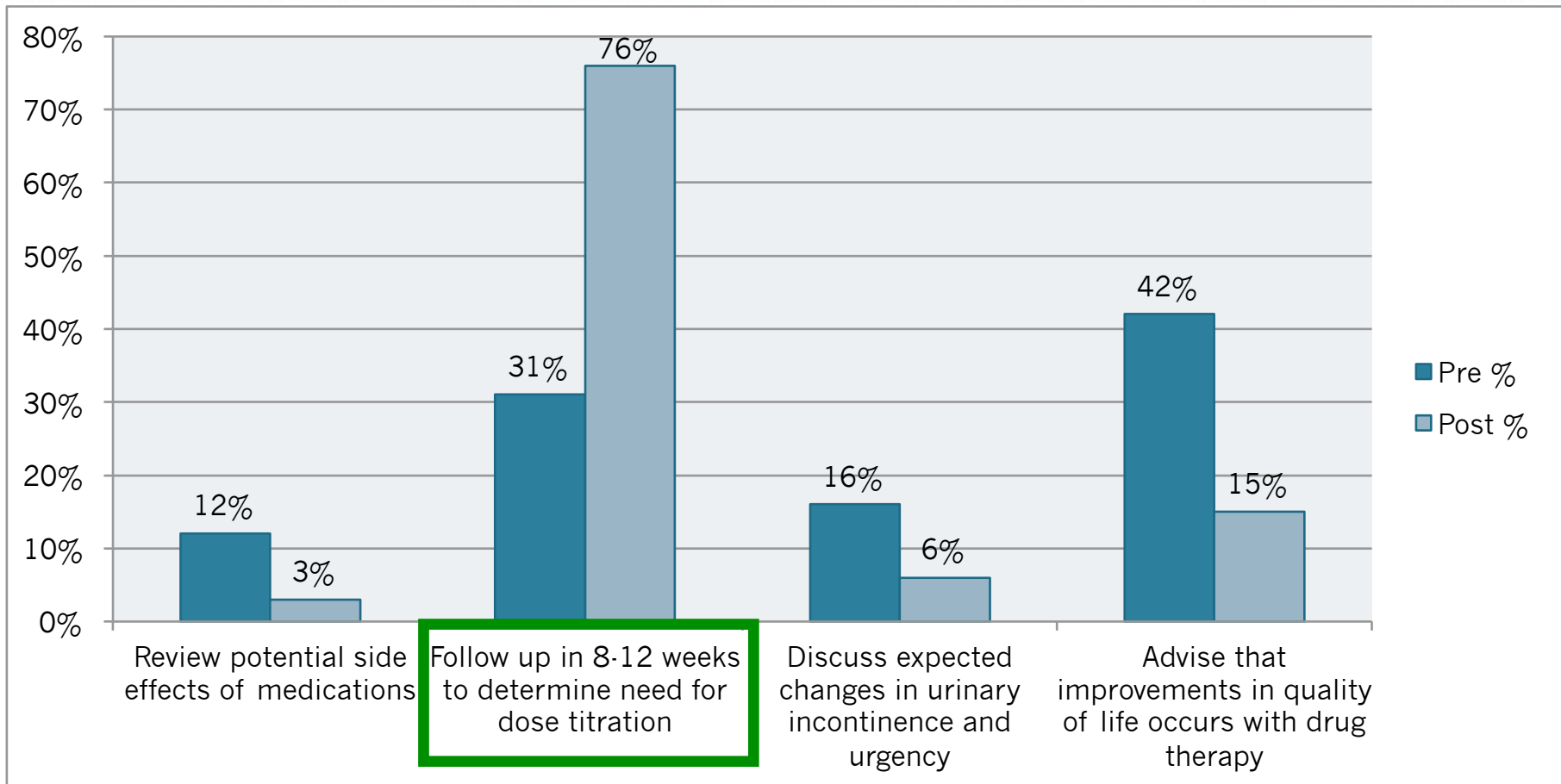
Pre N = 395 Post N = 351

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)

Methods to foster adherence to therapy in patients with OAB include all of the following, EXCEPT: (Learning Objective 3 & 4)

P Value: < 0.001 – Significant



Pre N = 230

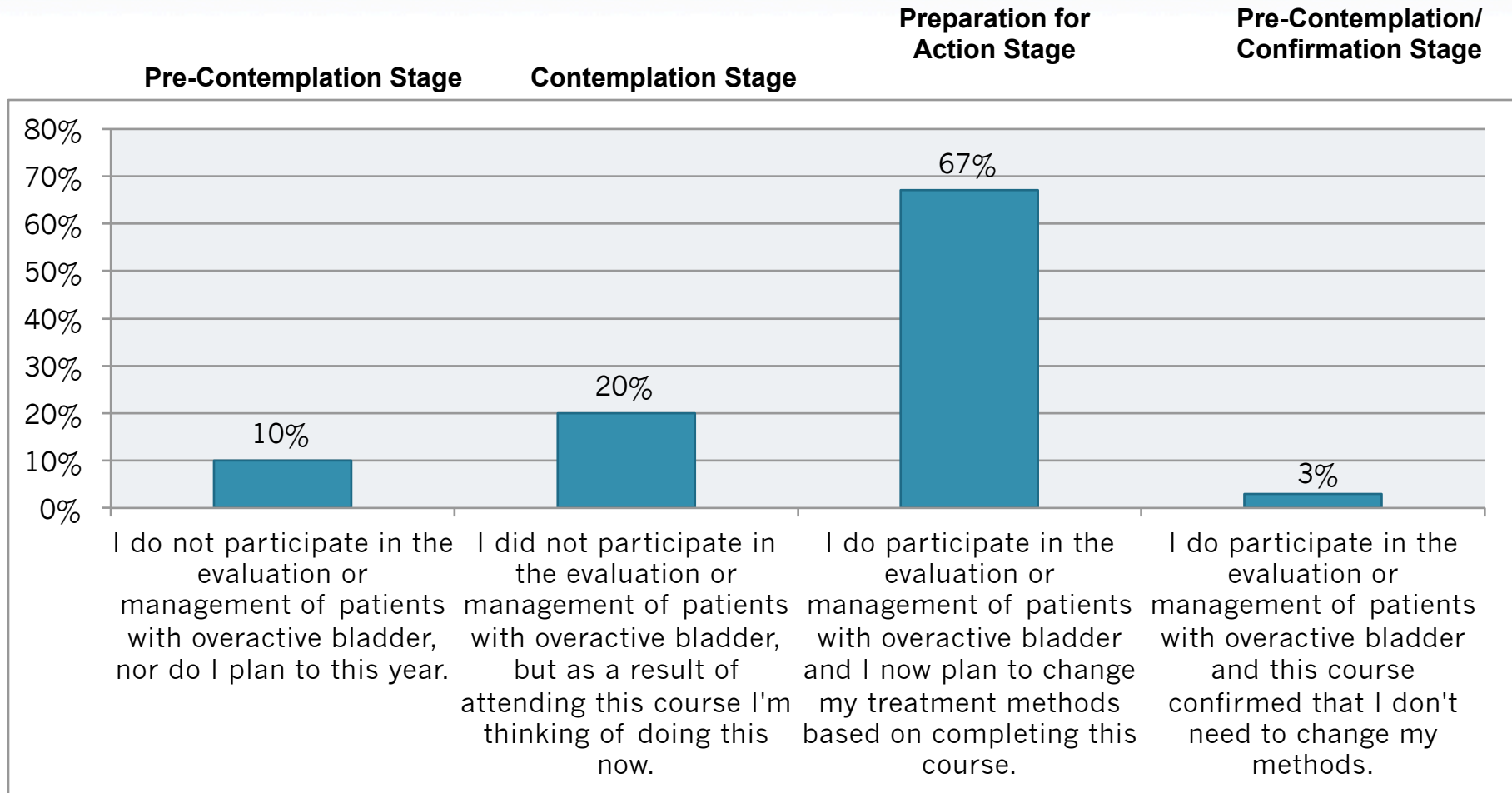
Post N = 330

Green highlight indicates significant difference between pre and post testing.



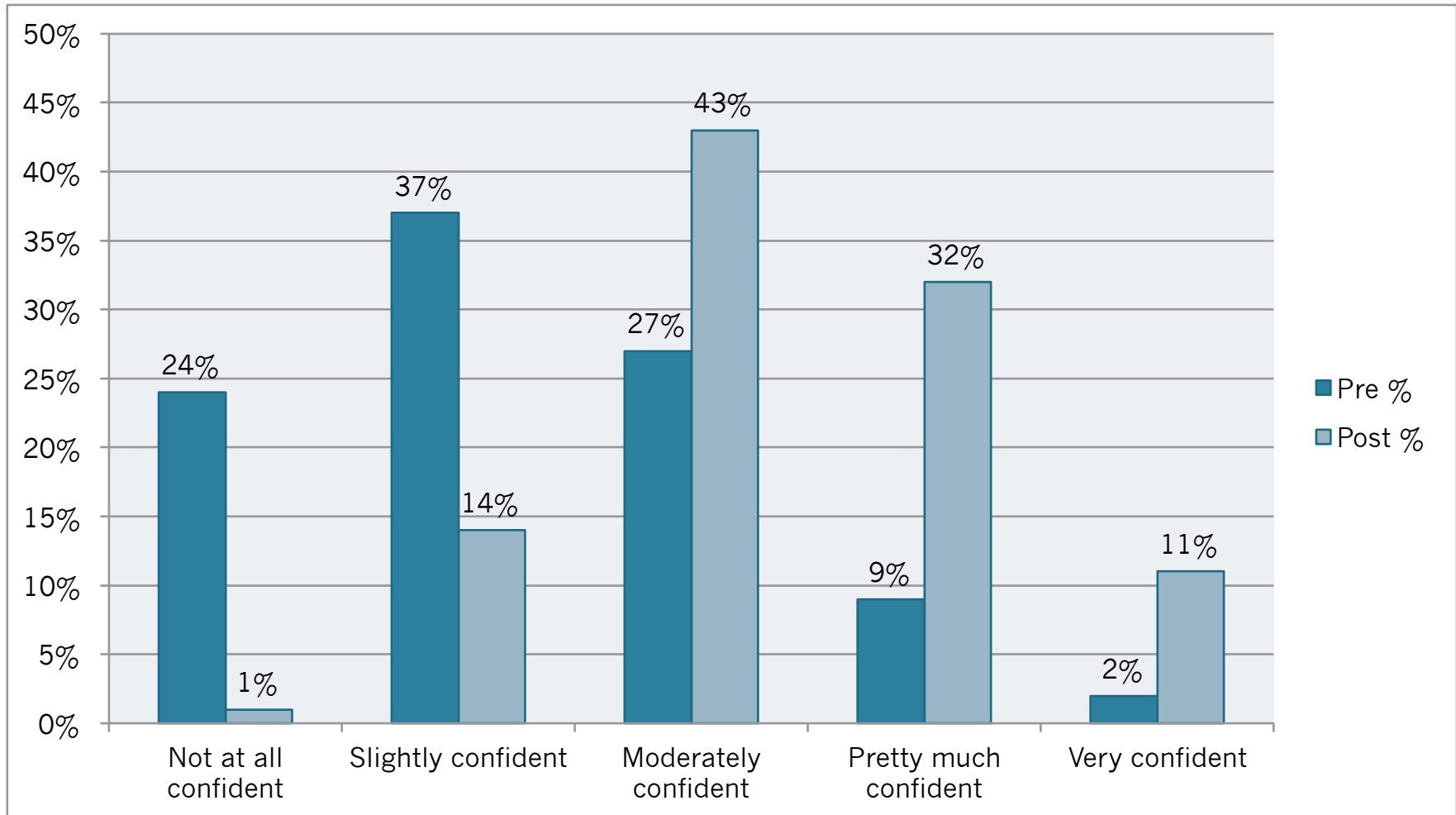
## Change in Practice Behavior Question (presented after the lecture)

Which of the statements below describes your approach to the evaluation and management of patients with overactive bladder?



## Prostate Cancer Screening in the Primary Care Setting: Understanding the Role of Bio-Markers

Please rate your confidence in your ability to diagnose and manage patients with Overactive Bladder:

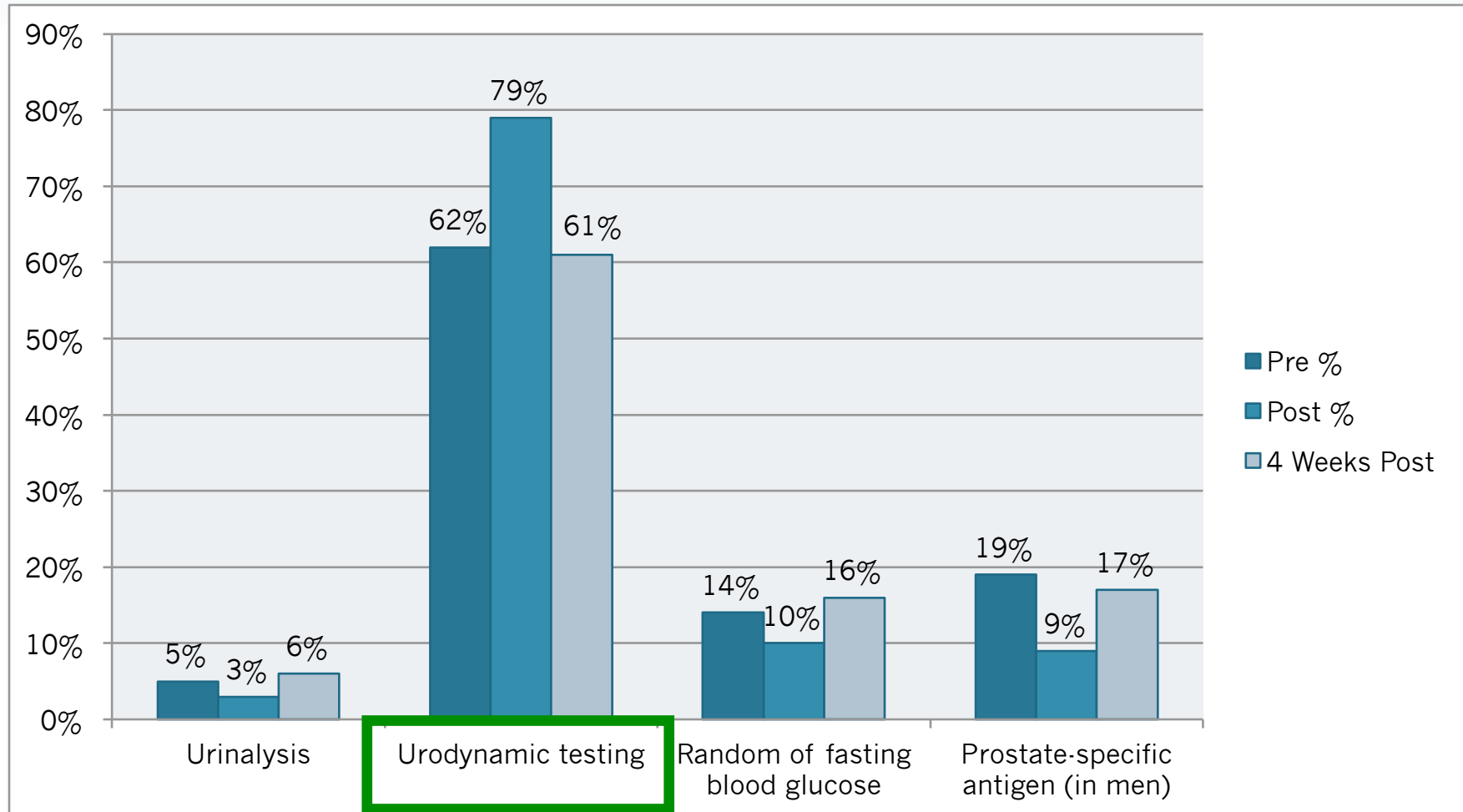


Pre N = 423 Post N = 411

## Four Week Case Study Questions

(boxed answer is correct)

All of the following tests should be performed in the workup of a patient with uncomplicated lower urinary tract symptoms, EXCEPT:  
(Learning Objective 1)



Pre N = 286 Post N = 396 4 Weeks Post N = 145 Green highlight indicates significant difference between pre and post testing.

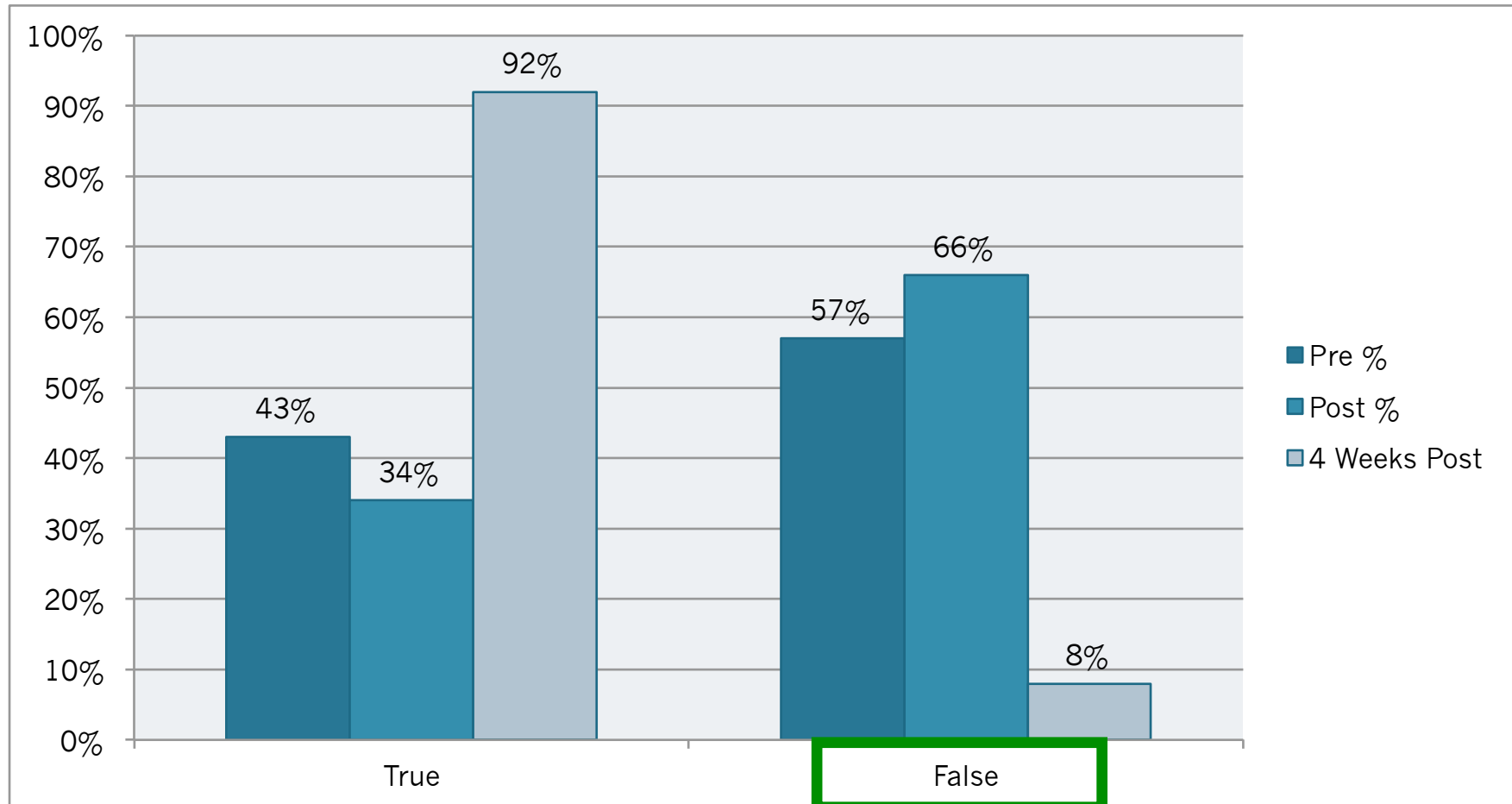
## Four Week Case Study Questions

(boxed answer is correct)

Clinical trial evidence indicates that behavioral therapy is a good place to start for the treatment of OAB, but it provides no added benefit when used in conjunction with drug therapy.

True or False?

(Learning Objective 2 )



NACE

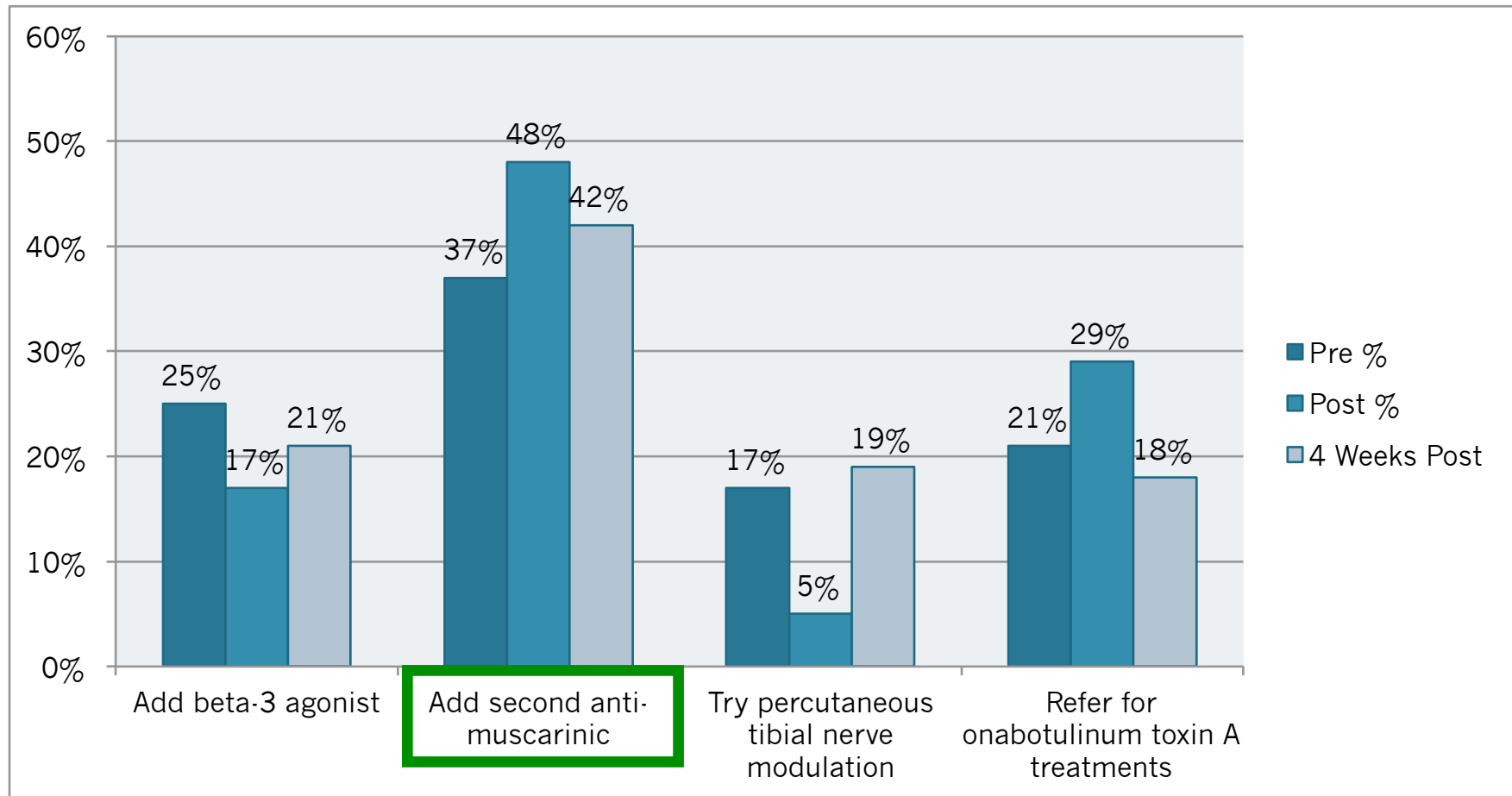
Pre N = 383   Post N = 425   4 Weeks Post N = 145   Green highlight indicates significant difference between pre and post testing.



## Four Week Case Study Questions

(boxed answer is correct)

A 56-year-old woman with OAB has been treated with an extended-release anti-muscarinic agent for 4 months. Today, she says that although her symptoms have improved, she still has bothersome urinary incontinence and urgency. She asks what can be done. Any of the following would be appropriate at this time, EXCEPT: (Learning Objective 2 & 3 )

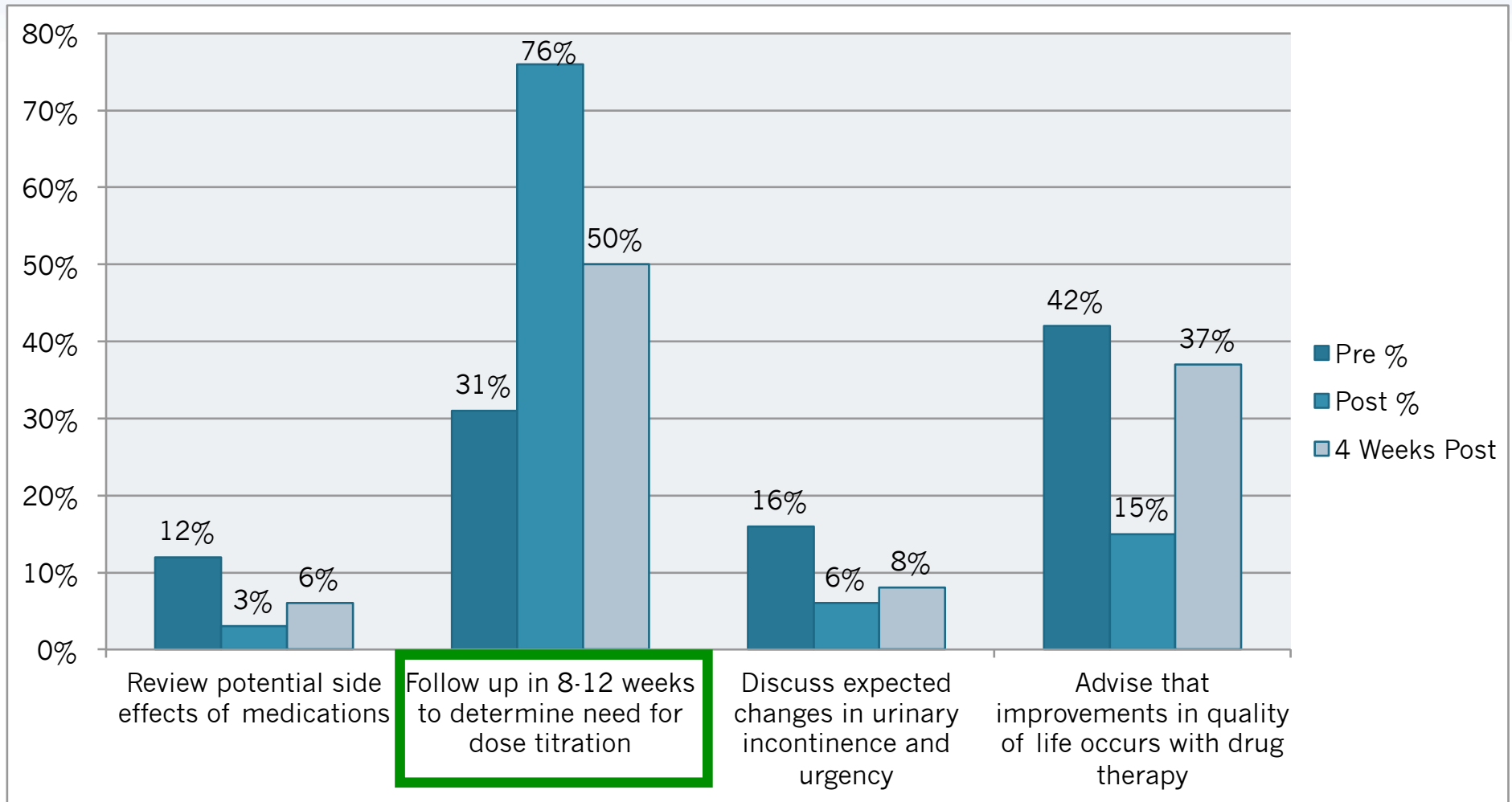


Pre N = 395 Post N = 351 4 Weeks Post N = 145 Green highlight indicates significant difference between pre and post testing.

## Four Week Case Study Questions

(boxed answer is correct)

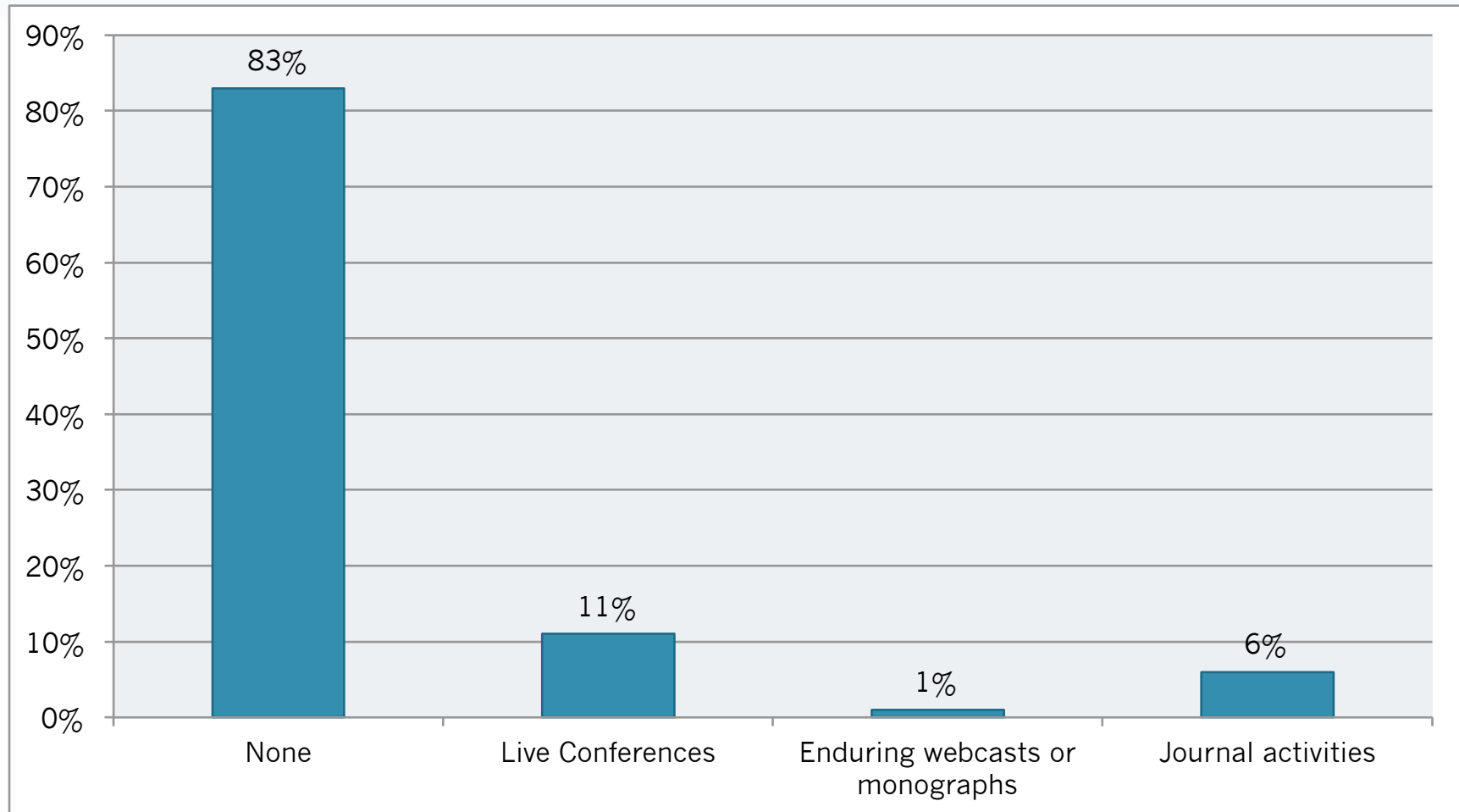
Methods to foster adherence to therapy in patients with OAB include all of the following, EXCEPT: (Learning Objective 3 & 4)



Pre N = 230 Post N = 330 4 Weeks Post N = 145 Green highlight indicates significant difference between pre and post testing.

## Strategies of Care in OAB: Individualizing Treatment Based on Patient Profile

Describe/list any other educational activities that you attended in the last month concerning the treatment of Overactive Bladder?



## Strategies of Care in OAB: Individualizing Treatment Based on Patient Profile

What specific skills or practice behaviors have you implemented for patients with Overactive Bladder since this CME activity?

(Comments received from attendees at 4 week follow up)

- Treating more patients for OAB instead of referring them
- Closer follow up with patients
- I now counsel patients to avoid caffeinated and alcoholic beverages since it may worsen symptoms of OAB.
- More aware of of treatment options
- Make sure patients empty bladder completely by advising them to give enough time
- Our office will be implementing percutaneous tibial nerve stimulation in patients with OAB who have not responded to medical therapy or who cannot tolerate medical therapy
- Recommending Kegel Exercises, and decreased fluid intake in the evening
- More comfortable with OAB medication management

## **Strategies of Care in OAB: Individualizing Treatment Based on Patient Profile**

What specific barriers have you encountered that may have prevented you from successfully implementing strategies for patients with Overactive Bladder since this CME activity?

(Comments received from attendees at 4 week follow up)

- Trouble using combination of pharmacologic agents
- Lack of symptomatic patients
- Patient compliance
- Patient embarrassment to discuss symptoms
- Patients resistant to taking more meds
- Side effects from medications
- Newer medications are not available in formulary
- Insurance issues
- Price and side effects of medications

Strategies of Care in OAB:  
Individualizing Treatment Based on Patient Profile  
**Data Interpretation: 710 clinicians in 3 meetings**

Understand that urodynamic testing is not indicated as part of the routine workup of a patient with uncomplicated lower urinary tract symptoms

Are more aware that behavioral therapy is effective alone or in combination with drug therapy for the treatment of OAB.

**Participant  
Educational  
Gains**

Recognize that adding a second anti-muscarinic is not appropriate for a patient with partially treated OAB symptoms but adding a beta 3 agonist, percutaneous tibial nerve modulation or onabotulinum toxin A are effective options.

Realize that up with a patient in 8-12 weeks is not likely to help foster medication adherence due to the length of time and that 2-4 weeks is more appropriate.

Strategies of Care in OAB:  
Individualizing Treatment Based on Patient Profile  
**Data Interpretation: 710 clinicians in 3 meetings**

39% still believe that urodynamic testing is required in the evaluation of uncomplicated lower urinary tract symptoms

92% of learners are not clear that behavioral therapy is effective alone or in combination with drug treatment of OAB

**Persistent Educational Gaps at 4 Weeks**

58% of learners still believe adding a second anti-muscarinic is an appropriate therapy for patients with persistent OAB symptoms while being unclear that other appropriate treatment options include adding a beta 3 agonist to an anti-muscarinic, percutaneous tibial modulation and onabotulinum toxin A

50% of learners incorrectly believe that they should follow-up with patients at 8-12 weeks to determine dose titration is effective to promote adherence, instead of 2-4 weeks

Using GLP-1 Receptor Agonists:  
A Better Path For Postprandial Glycemic Control  
**New Specific Behaviors Reported at 4 weeks**

Treating more patients with OAB than referring them

Greater awareness of and comfort with treatment options

Recommending bladder hygiene

Implementation of percutaneous tibial nerve stimulation

Closer patient follow up



Using GLP-1 Receptor Agonists:  
A Better Path For Postprandial Glycemic Control  
**Reported Barriers to Care at 4 weeks**

Trouble using  
combination therapies

Formulary issues

Patient compliance,  
embarrassment and resistance  
to more medications

Medication side effects

Medication costs

Using GLP-1 Receptor Agonists:  
A Better Path For Postprandial Glycemic Control

**Data Interpretation: 710 clinicians in 3 meetings**

83% of attendees had no other exposure to a CME program indicating that their behavior change was likely a result of this program.

226% improvement in confidence levels in the ability to diagnose and manage patients with Overactive Bladder

**KEY TAKE  
HOME  
POINTS**

87% of learners indicated that they will change their approach to evaluating and treating patients with OAB

50% of attendees report seeing 6 or more patients with OAB on a weekly basis suggesting a significant number of patients will be impacted by this program

## Discussion and Implications

### Strategies of Care in OAB:

#### Individualizing Treatment Based on Patient Profile

The need for continued education on management of Overactive Bladder was demonstrated based on literature reviews and surveys completed prior to the conference series. Attendee knowledge was assessed at 3 points for this program: prior to the lecture, immediately following the lecture and again at 4 weeks after the conference using the case vignettes listed above.

#### **Data Interpretation:**

Data collected from 710 clinicians at 3 meetings indicates significant improvement in knowledge in all of the 4 areas tested. Specifically, as a result of this lecture, participants:

1. Understand that urodynamic testing is not indicated as part of the routine workup of a patient with uncomplicated lower urinary tract symptoms.
2. Are more aware that behavioral therapy is effective alone or in combination with drug therapy for the treatment of OAB.
3. Recognize that adding a second anti-muscarinic is not appropriate for a patient with partially treated OAB symptoms but adding a beta 3 agonist, percutaneous tibial nerve modulation or onabotulinum toxin A are effective options.
4. Realize that up with a patient in 8-12 weeks is not likely to help foster medication adherence due to the length of time and that 2-4 weeks is more appropriate.

Moderate to very confident levels in the ability to diagnose and manage patients with Overactive Bladder rose from 22% from 38 to 86%. 98% of participants are likely to utilize information learned from this presentation in their practice. 50% of attendees report seeing 6 or more patients with OAB on a weekly basis suggesting a significant number of patients will be impacted by this program. In addition, 20% of learners who did not evaluate or manage Overactive Bladder before the program are considering doing so, while 67% who do manage Overactive Bladder, 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.

## Discussion and Implications

### Strategies of Care in OAB:

#### Individualizing Treatment Based on Patient Profile

Persistent gaps in knowledge were evident after 4 weeks with additional education needed in the following areas:

1. 39% still believe that urodynamic testing is required in the evaluation of uncomplicated lower urinary tract symptoms
2. 92% of learners are not clear that behavioral therapy is effective alone or in combination with drug treatment of OAB
3. 58% of learners still believe that adding a second anti-muscarinic is an appropriate therapy for patients with persistent OAB symptoms while being unclear that other appropriate treatment options include adding a beta 3 agonist to an anti-muscarinic, percutaneous tibial modulation and onabotulinum toxin A
4. 50% of learners incorrectly believe that they should follow-up with patients at 8-12 weeks to determine dose titration is effective to promote adherence, instead of 2-4 weeks

Attendees indicated multiple new, specific, practice behaviors they implemented as a result of this program that included:

1. Treating more patients with OAB than referring them
2. Greater awareness of and comfort with treatment options
3. Recommending bladder hygiene
4. Implementation of percutaneous tibial nerve stimulation
5. Closer patient follow up

1 month after this conference, 83% of attendees had no other exposure to a CME program, indicating that their behavior change was likely a result of this program.

Barriers to care included:

1. Trouble using combination therapies
2. Patient compliance, embarrassment and resistance to more medications
3. Formulary issues
4. Medication side effects
5. Medication costs



## **Discussion and Implications**

### **Strategies of Care in OAB:**

#### **Individualizing Treatment Based on Patient Profile**

##### **What Can We Learn:**

After the program, there were significant knowledge gains in all four areas addressing the diagnosis of OAB and management of refractory symptoms but there was notable decline in several areas after 4 weeks. This data was shared with faculty to help refine and reinforce key teaching points over the course of the entire program further address the practice gaps. The notable changes in post test scores and confidence levels 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.