

Challenges
in Pulmonary and Critical
Care: 2016



# Identifying and Managing Patients with Sarcoidosis

**Final Outcome Report** 

Report Date: March 2, 2017

#### **Course Director**

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#### **Course Accreditation**

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

The National Association for Continuing Education designates this live activity for a maximum of 8.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 8 contact hours of continuing education(which includes 2.0 pharmacology hours).

### **Commercial Support**

Challenges in Pulmonary and Critical Care: 2016 CME activity was supported through educational grants from the following companies:

Actelion Pharmaceuticals US, Inc.
Baxalta US Inc.
Bayer Healthcare Pharmaceuticals Inc.
Biodesix
Bristol-Myers Squibb Company
CSL Behring
Grifols
Mallinckrodt Pharmaceuticals

# **Agenda**

7:15-7:45	Registration and Breakfast	12:15- 1:00	Lunch and Exhibits
7:45-8:00	Welcome Remarks Franck Rahaghi, MD, MHS, FCCP	1:00-2:00	Lung Transplant: 2016 Update R. Duane Davis, MD, MBA
8:00-9:00	Pulmonary Arterial Hypertension: Choice of Therapy Franck Rahaghi, MD, MHS, FCCP	2:00-3:00	Update in the Diagnosis and Treatment of Lung Cancer Jinesh P. Mehta, MD
9:00-10:00	Identifying and Managing Patients with Sarcoidosis Robert Baughman, MD	3:00-3:15	Break/Exhibits
		3:15-4:15	COPD: Bridging the Gap to Improve Outcomes Anas Hadeh, MD, FCCP
10:00- 10:15	Break/Exhibits		
10:15-11:15	Idiopathic Pulmonary Fibrosis: Evolving Treatment Options Robert J Kaner, MD	4:15-5:15	Diagnosis and Treatment Strategies for DVT and PE-Where are we now? Carmel Celestin, MD
11:15-12:15	Alpha One Anti-Trypsin Deficiency: Challenges in Diagnosis and Treatment Adam Wanner, MD	5:15-5:30	Concluding Remarks Franck Rahaghi, MD, MHS, FCCP

#### **Levels of Evaluation**

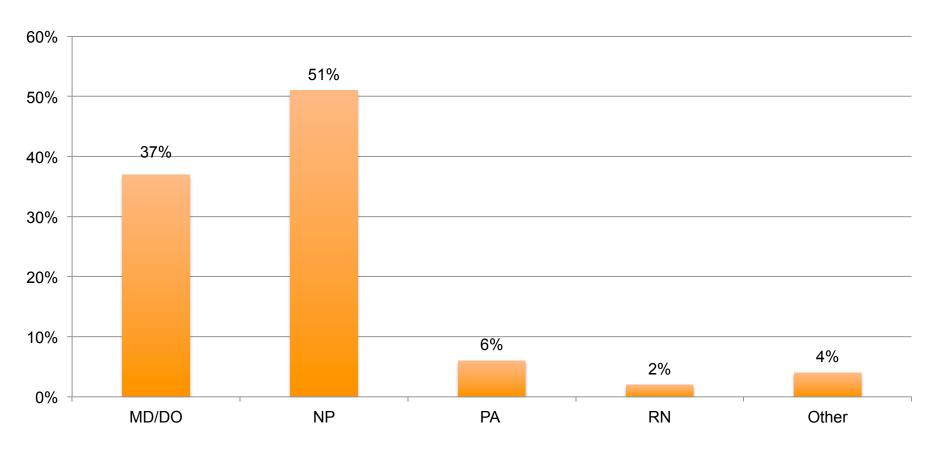
Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on the following model:

- 1. Participation
- 2. Satisfaction
- 3. Learning
  - A. Declarative Knowledge
  - B. Procedural Knowledge
- 4. Competence
- 5. Performance
- Patient Health
- 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.

### **Level 1: Participation**

- 371 attendees (244 Remote Viewers)
- 37% Physicians; 51% NPs; 6% PAs; 2% RNs; 4% Other
- 36% in community-based practice
- 57% PCPs, 24% Pulmonology; 11% Cardiology; 3% Rheumatology 5% Other or did not respond



Did we reach the right audience?

Yes!

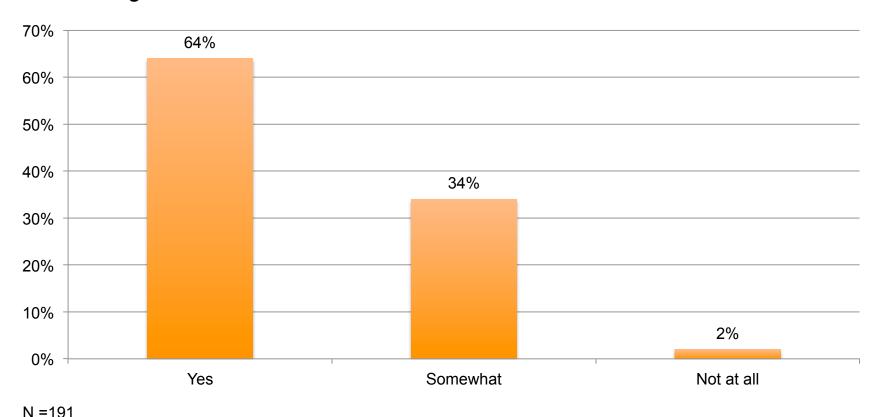
#### **Level 2: Satisfaction**

- 98% rated the activity as very good to excellent
- 97% indicated the activity improved their knowledge
- 93% stated that they learned new strategies for patient care
- 97% said they would implement new strategies that they learned in their practice
- 100% said the program was fair-balanced and unbiased

Were our learners satisfied? Yes!

## **Level 2: Satisfaction**

**Upon completion of this activity, I can now –** Describe the pathophysiology and the epidemiology of Sarcoidosis; understand the up-to-date methodology for diagnosis of Sarcoidosis; and review our current understanding of the treatments considered, including steroids, mineralocorticoid receptor agonists and other agents.



Did learners indicate they achieved the learning objectives? Yes! 98% 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 Intent to Make Changes in 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 Med14(10): 771-80.

#### **Identifying and Managing Patients with Sarcoidosis**

#### **Faculty**

Robert Baughman, MD
Professor of Pulmonary Medicine
University of Cincinnati
Cincinnati, OH

#### **Learning Objectives**

- Describe the pathophysiology and the epidemiology of Sarcoidosis
- Understand the up-to-date methodology for diagnosis of Sarcoidosis
- Review our current understanding of the treatments considered, including steroids, mineralocorticoid receptor agonists and other agents

# **Key Findings**Identifying and Managing Patients with Sarcoidosis

Knowledge/Competence	Learners demonstrated statistically significant improvement from pre to post-testing in their answers to all four of the case-based questions regarding patients with Sarcoidosis.	
Confidence	At the start of the program, 77% of learners reported being not at all confident in the evaluation and/or management of a patient with Sarcoidosis. This decreased to 14% by the end of the program indicating significant overall improvements in confidence.	
Intent to Perform	As a result of this program, 89% of learners state they are likely to implement strategies for the evaluation and management of a patient with Sarcoidosis taught in this program.	
Change of Practice Behavior	98% of learners who responded to our four week survey indicated that they had changed their practice behavior based on this program.	

presented before and after lecture. Boxed answer is correct

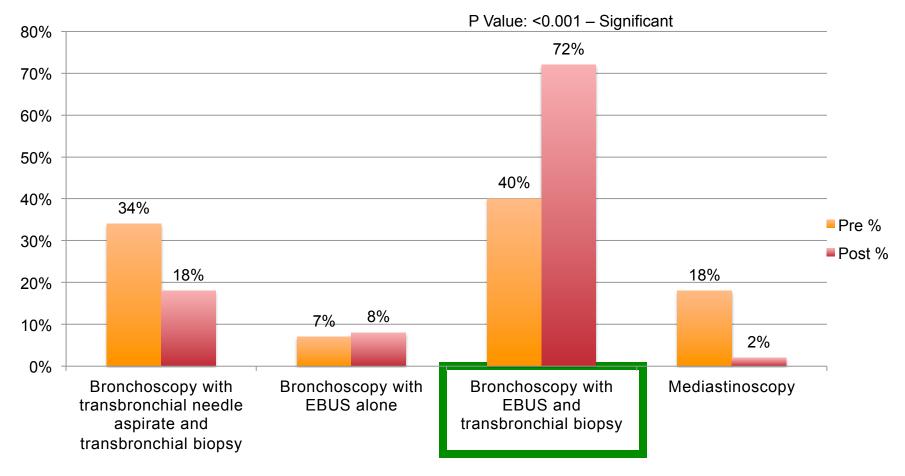
What area of the country has the lowest rate of sarcoidosis? (Learning Objective 1)



presented before and after lecture. Boxed answer is correct

For a patient with mediastinal adenopathy and infiltrates (stage 2) and possible sarcoidosis, what option seems to be the BEST INITIAL DIAGNOSTIC CHOICE, if all are available at your institution?

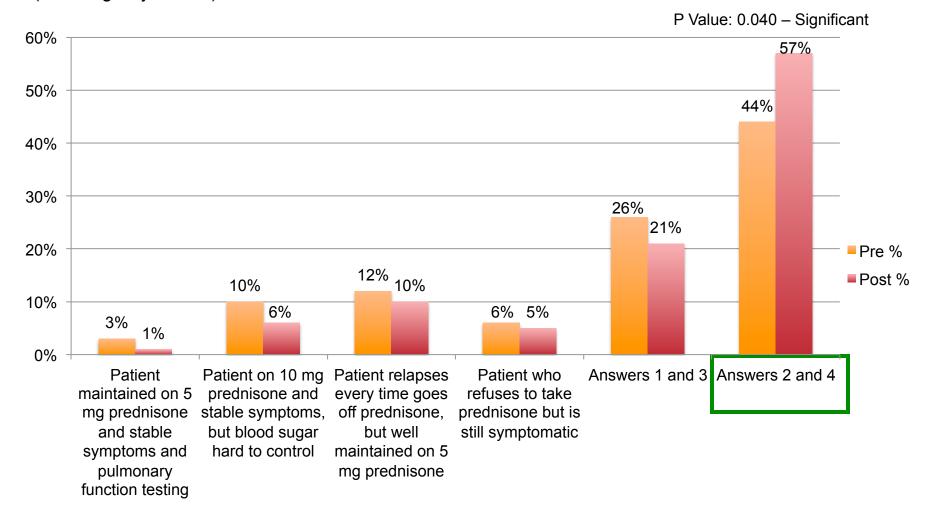
(Learning Objective 2)



(Presented before and after lecture. Boxed answer is correct.)

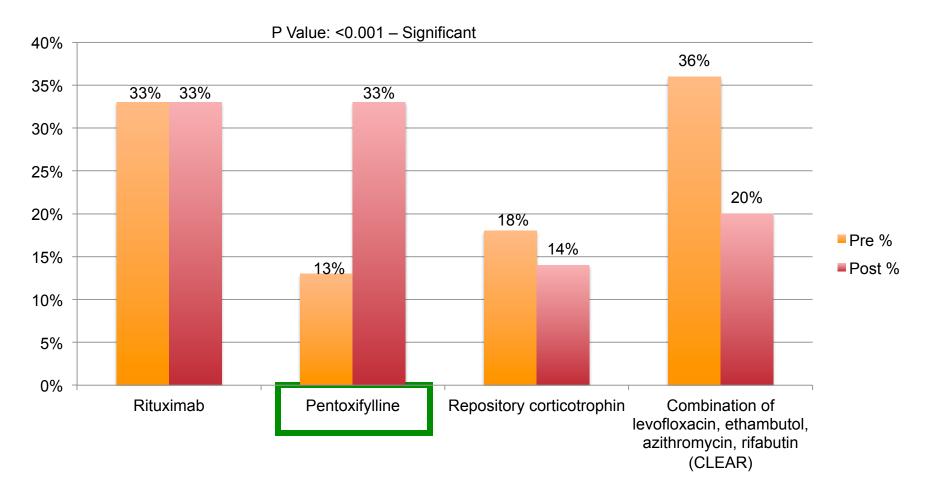
When should one consider adding a cytotoxic agent such as methotrexate, to the management of pulmonary sarcoidosis patient?

(Learning Objective 3)



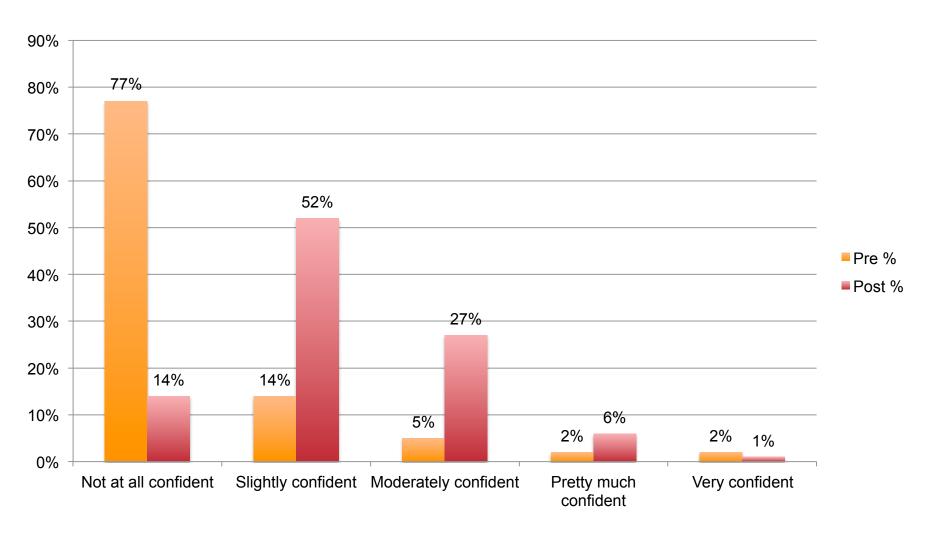
(Presented before and after lecture. Boxed answer is correct.)

Which is not an option for a patient with advanced sarcoidosis with worsening symptoms, who has a contraindication to anti-TNF therapy? (Learning Objective 3)

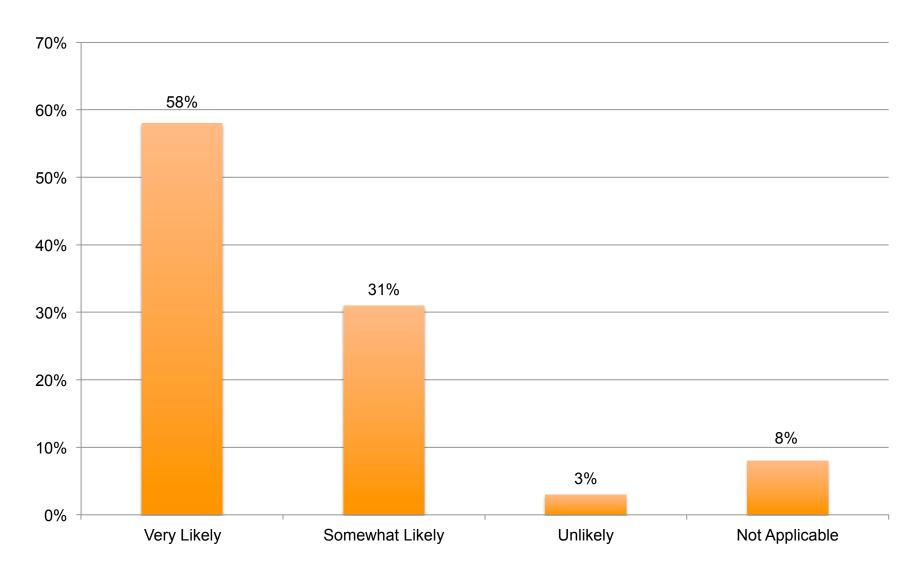


# **Changes in Confidence from Pre to Post-Testing Identifying and Managing Patients with Sarcoidosis**

On a scale of 1 to 5, please rate how confident you are in the evaluation and management of a patient with Sarcoidosis:



### How Likely Are You to Implement These Strategies in Your Practice?



# Discussion and Implications Identifying and Managing Patients with Sarcoidosis

- Knowledge/Competence: Attendee knowledge was assessed at two points for this
  activity—prior to the activity and immediately following the activity using the case
  vignettes and knowledge questions. The results indicated statistically significant
  improvement in knowledge as measured by positive changes in pre to post-test
  scores in all 4 of the questions asked.
- Intention to Change: 89% indicated that they are very likely or somewhat likely to implement elements of lessons learned at the symposium.
- Confidence: Participants indicated a robust increase in self-reported confidence in treating patients with sarcoidosis. At the start of the program, 77% of learners reported being not at all confident in the evaluation and/or management of a patient with Sarcoidosis. This decreased to 14% by the end of the program indicating significant overall improvements in confidence.
- Summary: Eighty nine percent of the attendees suggested they were very likely
  to somewhat likely to change their practice patterns as a result of this program.
  This activity was successful in the goal of improving understanding about
  evaluating patients sarcoidosis managing their disease. The activity had a
  positive impact in terms of self-reported improvement in confidence and the
  likelihood of practice change. Future programming should continue to educate
  clinicians on current guidelines as well as choice of effective therapy for
  Sarcoidosis.