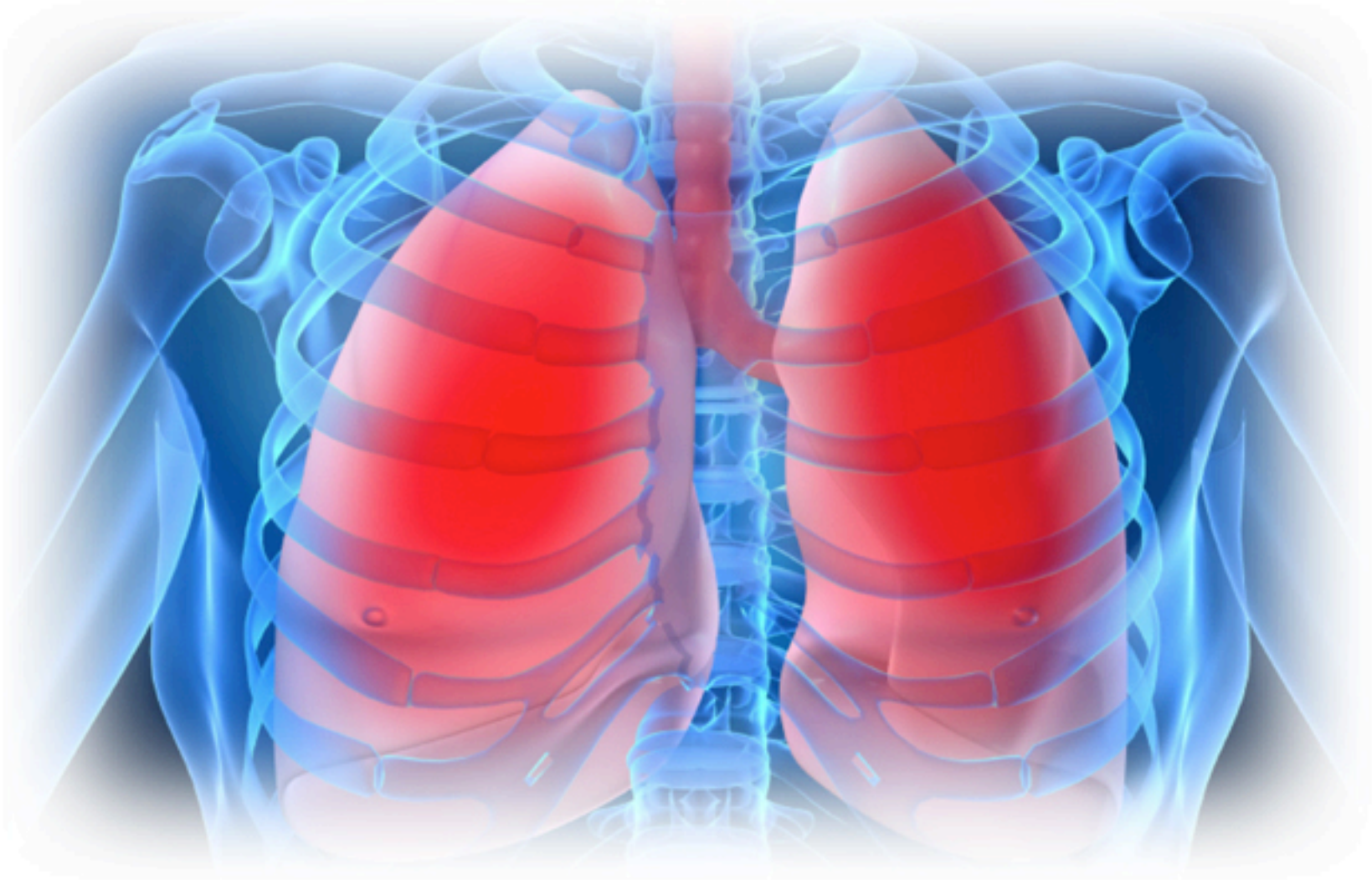
Challenges in Pulmonary and Critical Care 2017



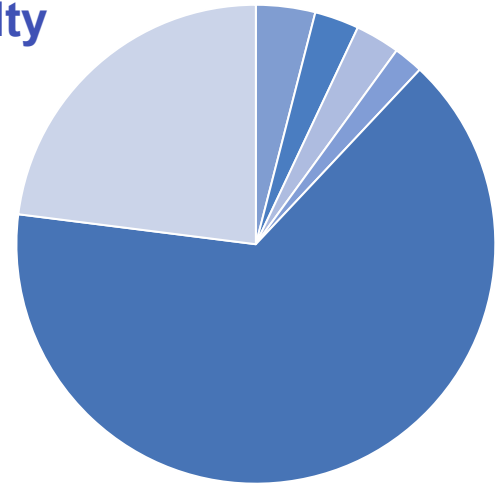
Idiopathic Pulmonary Fibrosis: New Advances in Therapy

Outcome Report: Boehringer Ingelheim Grant # ME201722329

February 2, 2018

Level 1 (Participation)

Practice specialty



- 48% PCPs
- 15% Hospitalist
- 6% Pulmonologist
- 5% Cardiologist
- 3% Emergency Medicine
- 23% Other or did not respond

448
total attendees

349
remote simulcast

99
on site

Professional Degree

- 26% MD
- 1% DO
- 60% NP
- 9% PA
- 4% RN or other

92%
Provide direct patient care

Key Findings

Knowledge/Competence

Improvement in all 4 questions regarding the diagnosis and management of patients with Idiopathic Pulmonary Fibrosis, 3 of which achieved statistical significance

Confidence

Nearly 200% improvement in confidence in the ability to manage patients with Idiopathic Pulmonary Fibrosis after the program.

Practice

91% stated they would implement new strategies learned at this program

Change of Practice Behavior

After 4 weeks, participants reported the following improved skills regarding the treatment of patients with pulmonary disease: 70% disease state awareness, 61% pharmacotherapy, 56% screening protocols, and 55% diagnostic evaluation.

4 Weeks Post N= 163

NACE

Discussion and Implications

- Overall, the program greatly improved understanding of the learners in diagnosis and management and pharmacotherapy of idiopathic pulmonary fibrosis.
- Major improvement in understanding the disease and its importance
- Though improvements were observed, learners demonstrated persistent gaps in the several areas including:
  - Clear confidence in screening for patients with of IPF
  - Initiation of therapy for qualified patients
  - Trial methodology in establishing efficacy of anti-fibrotic agents
  - Comprehensive care of patients with idiopathic pulmonary fibrosis

The post-test scores, and intent to change practice patterns regarding the management of patients with Idiopathic Pulmonary Fibrosis, signifies a clear gap in knowledge and an unmet need among clinicians. It continues to be an important area for future educational programs.

NACE

Course Director

Franck Rahaghi, MD, MHS, FCCP
Director of Advanced Lung Disease Clinic
Director, Pulmonary Hypertension Clinic
Head of Alpha-1 Foundation Clinical Resource Center
Chairman, Dept. of Pulmonary and Critical Care
Cleveland Clinic Florida
Weston, FL

Activity Planning Committee

Gregg Sherman, MD

Franck Rahaghi, MD, MHS, FCCP

Harvey C. Parker, PhD, CHCP

Michelle Frisch, MPH, CHCP

Sheila Lucas, CWEP

Faculty

Sajive Aleyas, MD
Director, Interventional & Advanced Diagnostic Bronchology Clinic
Director, Respiratory Center Lung Cancer Program
Department of Pulmonary & Critical Care
Cleveland Clinic Florida
Weston, FL

Carmel Celestin, MD
Department of Vascular Medicine
Cleveland Clinic Florida
Weston, FL

Frank Eidelman, MD
Chair, Department of Allergy & Immunology
Cleveland Clinic Florida
Weston, FL

Anas Hadeh, MD, FCCP
Director, Pulmonary and Critical Care Medicine Fellowship Program
Affiliate Assistant Professor of Clinical Biomedical Science
FAU Charles E. Schmidt College of Medicine
Cleveland Clinic Florida
Weston, FL

Ileana M. Leyva, MD, FAAHPM
Regional Medical Director
VITAS Healthcare
Fort Lauderdale, FL

Jinesh P. Mehta, MD
Director, ICU Operations / MICU
Pulmonary & Critical Care Medicine
Cleveland Clinic Florida
Weston, FL

Charlie Strange, MD
Professor of Pulmonary and Critical Care Medicine
Medical University of South Carolina
Charleston, S

Joao A. de Andrade, MD
Professor of Medicine
Director, Pulmonary Disease and Critical Care Medicine Training Program
Director, Interstitial Lung Disease Program
University of Alabama at Birmingham
Birmingham, AL

NACE

Challenges in Pulmonary & Critical Care 11th Annual Symposium 2017

Commercial Support

The Challenges in Pulmonary & Critical Care 2017 held on December 2, 2017 was supported through educational grants or donations from the following companies:

- Actelion Pharmaceuticals US, Inc.
- Bayer Healthcare Pharmaceuticals, Inc.
- Boehringer Ingelheim Pharmaceuticals, Inc.
- CSL Behring
- Grifols
- Mallinckrodt Pharmaceuticals
- Shire
- Sunovion Pharmaceuticals Inc.

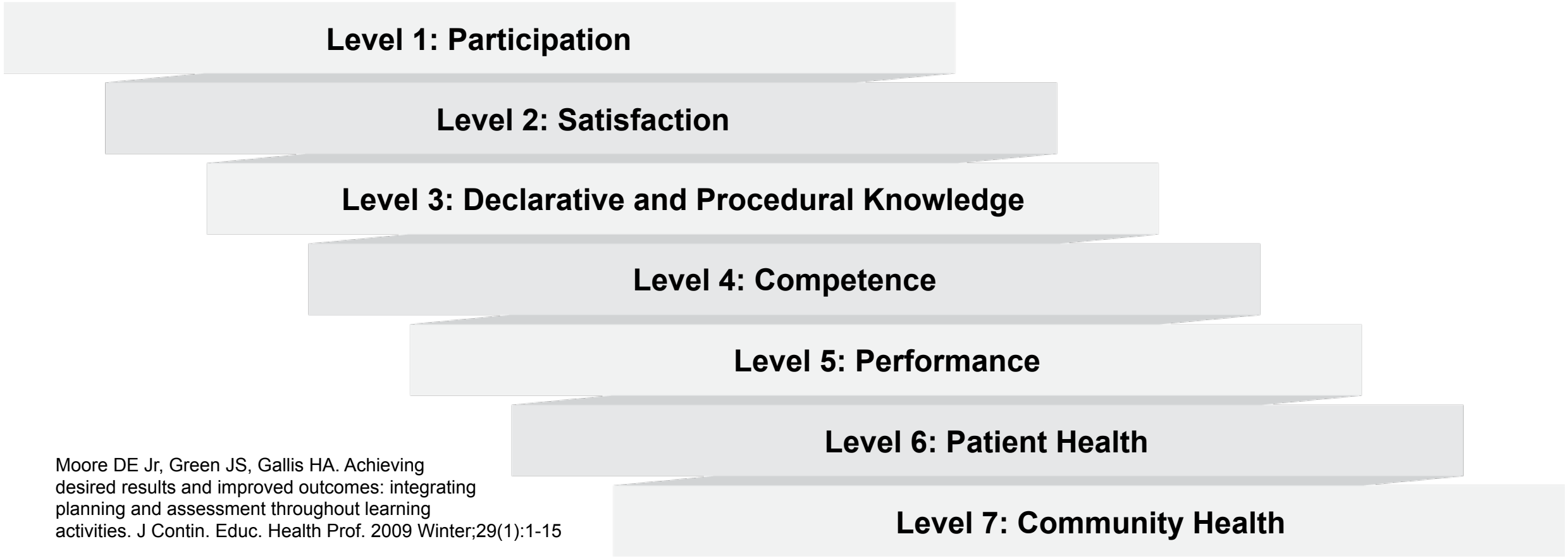
NACE

Learning Objectives

1. Describe the typical clinical presentation of a patient with possible idiopathic pulmonary fibrosis (IPF).
2. Discuss the diagnostic approach to a patient with suspected IPF.
3. Discuss and contrast the available pharmacotherapeutic options for patients with IPF.
4. Discuss and contrast the available nonpharmacotherapeutic options for patients with IPF.

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.



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

Sample Size: N = 448

Level 2 (Satisfaction)

99% rated the activity as excellent

99% indicated the activity improved their knowledge

97% stated that they learned new and useful strategies for patient care

91% said they would implement new strategies that they learned

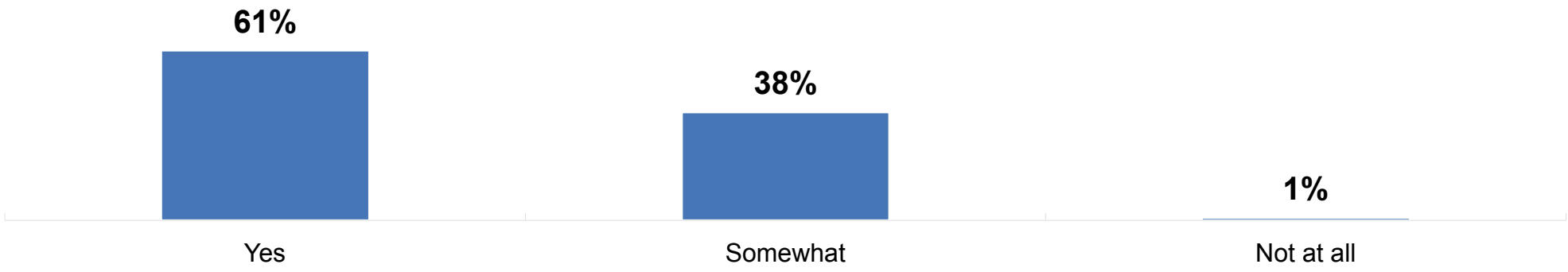
100% said the program was fair-balanced and unbiased

NACE

Attendee Learning Objectives Achievement

Upon completion of this activity, I can now:

- Describe the typical clinical presentation of a patient with possible idiopathic pulmonary fibrosis (IPF).
- Discuss the diagnostic approach to a patient with suspected IPF.
- Discuss and contrast the available pharmacotherapeutic options for patients with IPF.
- Discuss and contrast the available non-pharmacotherapeutic options for patients with IPF.

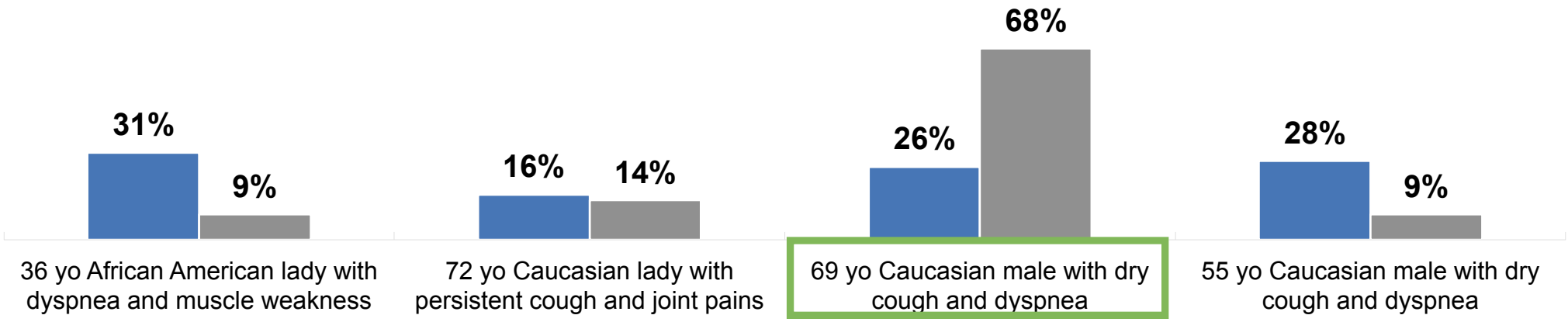


Sample Size: N = 395

Which of the following patients is most likely to have Idiopathic Pulmonary Fibrosis (IPF)?

(Learning Objective 1)

P Value: 0.001 – Significant



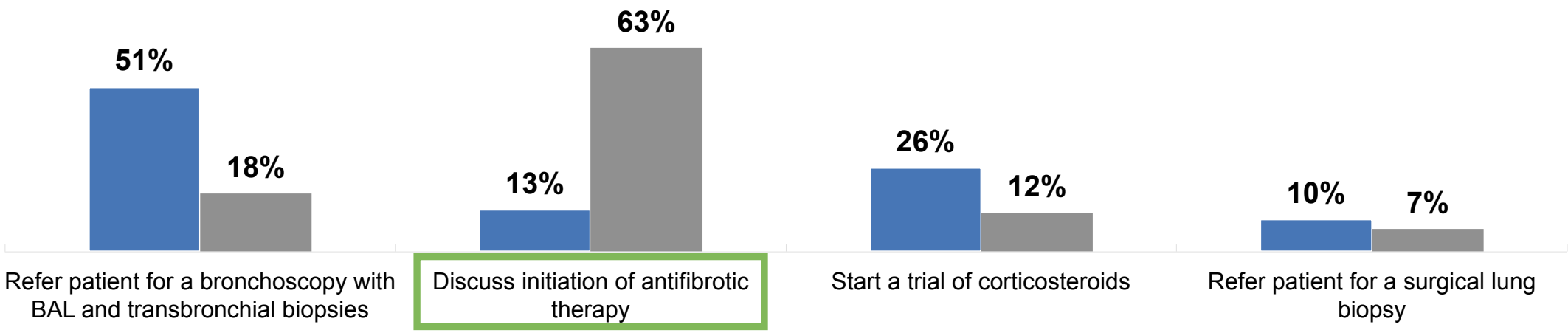
Pre N = 183 Post N = 188

A 72yo male presents with persistent dry cough and dyspnea on exertion. Physical examination: bibasilar inspiratory crackles are present on auscultation of the chest PFT: FVC 58%, TLC 60%, DLCO 40%. No occupational/household exposures. No connective tissue disease stigmata. ANA, RF, CCP are negative. Below is a representative cut of a HRCT and the expiratory views did not show air trapping.

What should you do next?

(Learning Objective 2)

P Value: 0.001 – Significant

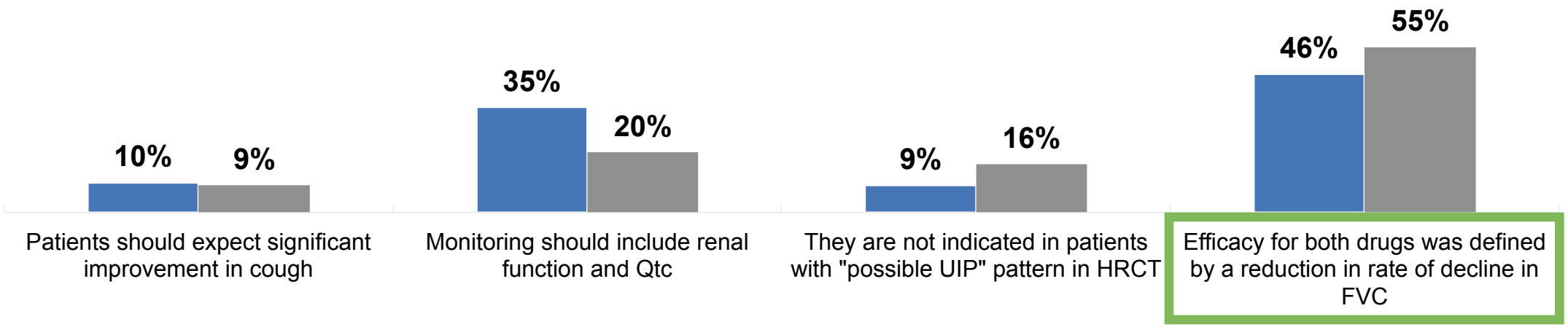


Pre N = 197 Post N = 204

Which of the following statements about the anti-fibrotic drugs nintedanib and pirfenidone is correct?

(Learning Objective 3)

P Value: 0.102 – Not Significant

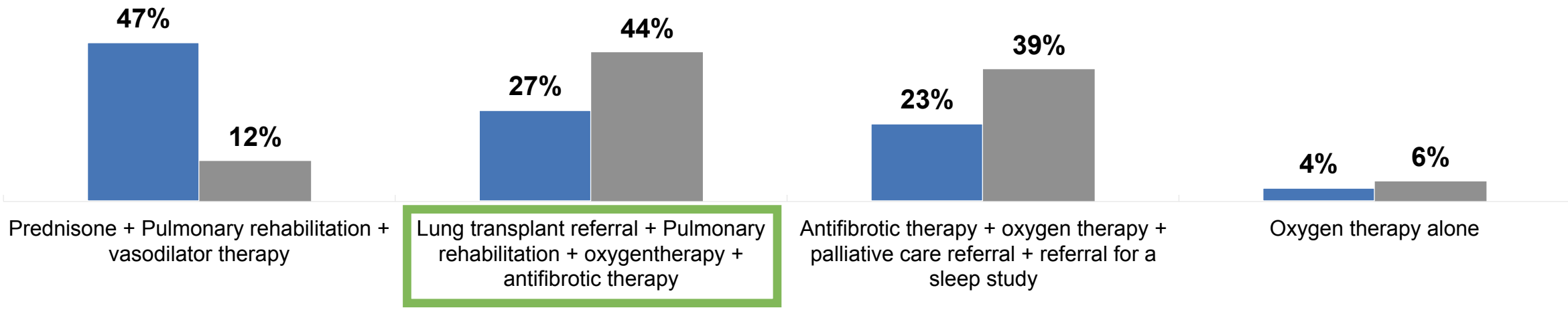


Pre N = 188 Post N = 194

You just diagnosed your patient with IPF. PFTs demonstrate moderate physiologic impairment and exercise-induced hypoxemia. Which option describes the best comprehensive treatment plan based on the most current guidelines:

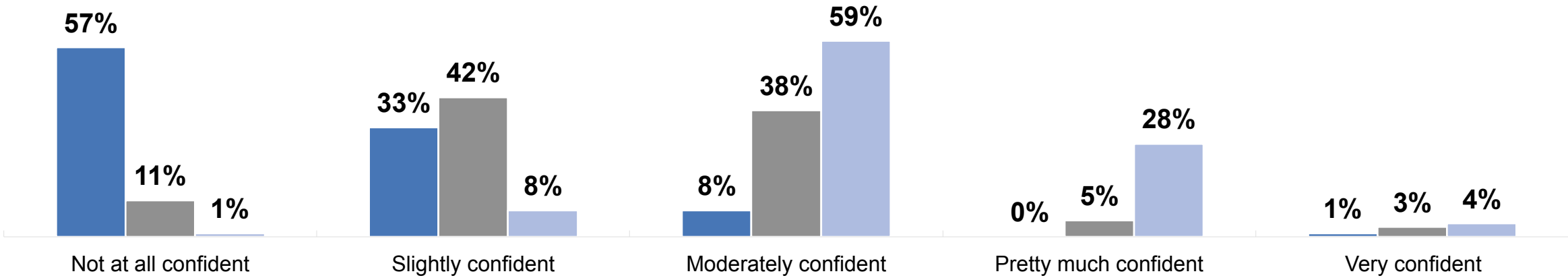
(Learning Objective 4)

P Value: 0.001 – Significant



Pre N = 199 Post N = 215

Please rate your confidence in your ability to manage patients with Idiopathic Pulmonary Fibrosis (IPF):

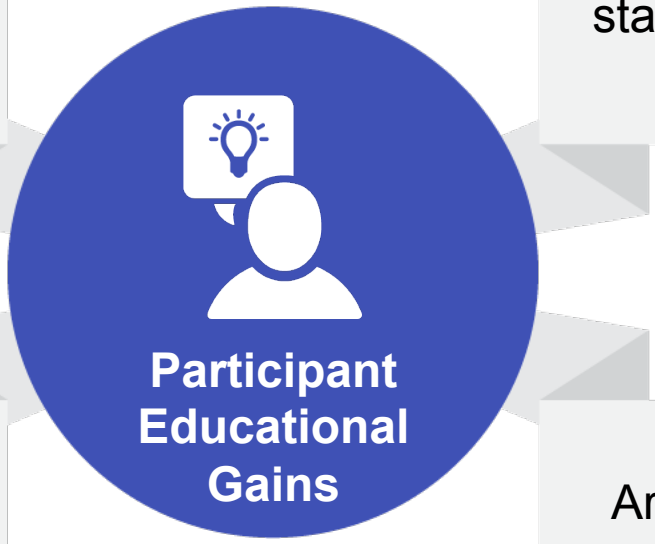


Pre N = 213 Post N =201 4 weeks N = 163

Data Interpretation

Improved understanding of the diagnostic methodology for IPF

Improved understanding in when to start antifibrotic therapy in IPF

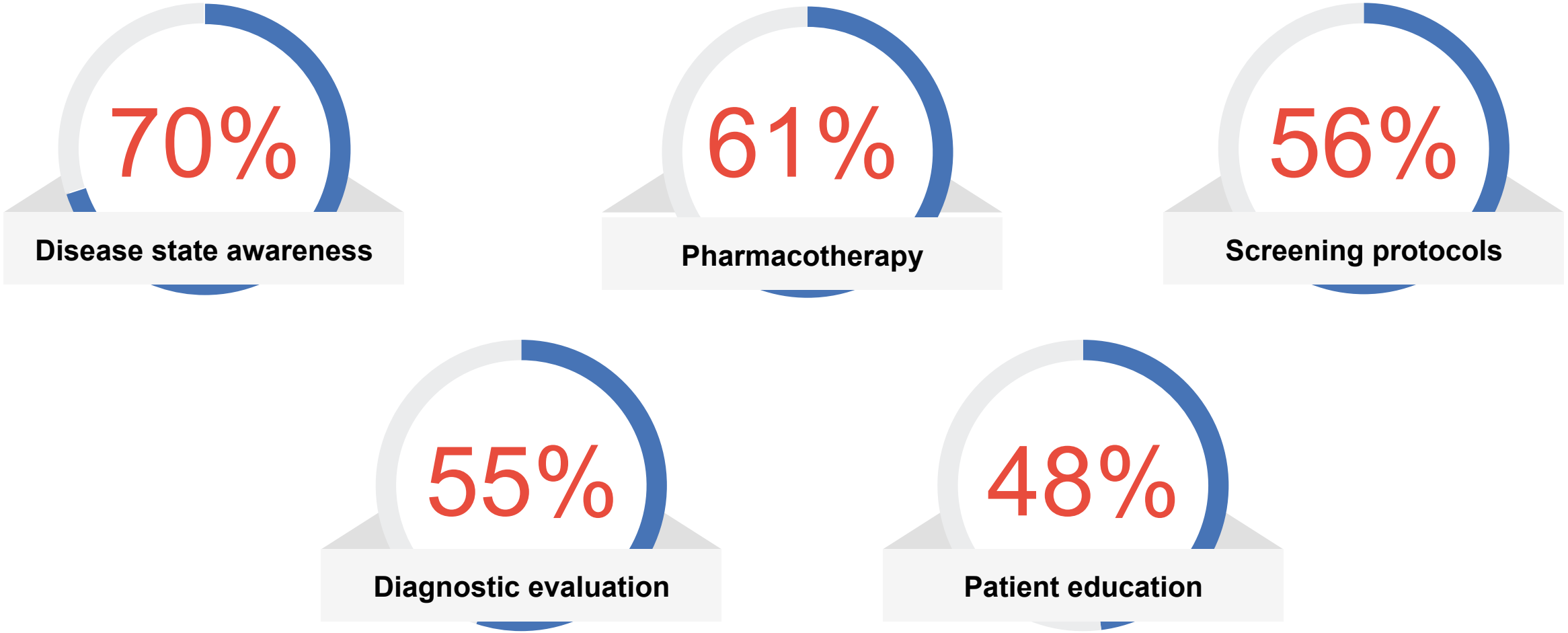


Are more aware of the trial data demonstrating efficacy of antifibrotic medications

Are now more familiar with comprehensive care and management of comorbidities in patients with IPF

(4-week Post Assessment N=164)

Please select the specific areas of skills, or practice behaviors, you have improved regarding the treatment of patients with pulmonary disease since this CME activity.
(Select all that apply.)



(4-week Post Assessment N=164)

What specific barriers have you encountered that may have prevented you from successfully implementing strategies for patients with pulmonary disease since this CME activity? (Select all that apply)