

Challenges in Pulmonary and Critical Care 2017

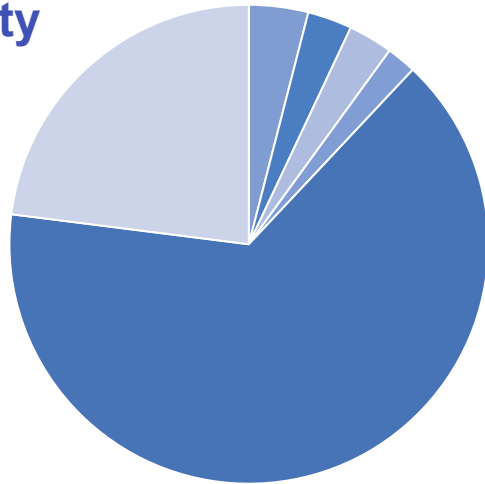


Pulmonary Hypertension: The Era of Combination Therapy

Outcome Report: February 6, 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

Statistically significant improvement in 3 of 4 questions regarding the evaluation and management of patients with Pulmonary Arterial Hypertension



Confidence

Significant improvement in confidence in the ability to recognize and manage patients with Pulmonary Arterial Hypertension 4 weeks after the program. Learners confidence went from 11% to 88% for those with somewhat to very high levels.



Practice

91% stated they would implement new strategies learned from this program in their practice



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, and 56% screening protocols.

4 Weeks Post N= 164

Discussion and Implications

- ❖ Overall, the program greatly improved understanding of the learners in diagnosis and management and pharmacotherapy of pulmonary arterial hypertension,
- ❖ Major improvement in understanding the disease and its importance
- ❖ Though improvements were observed, learners demonstrated persistent gaps in the several areas including:
 - ❖ How to accurately assign a patient to a PAH group
 - ❖ The benefits, timing, and data supporting combination therapy for PAH
 - ❖ Recognition of the risk of chronic thromboembolic pulmonary embolism from acute pulmonary embolism
- The post-test scores, and intent to change practice patterns regarding the management of patients with Pulmonary Arterial Hypertension, signifies a clear gap in knowledge and an unmet need among clinicians. It continues to be an important area for future educational programs.

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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.

Learning Objectives

1. Discuss the diagnosis and classification of pulmonary hypertension according to the World Health Organization (WHO) clinical classification system.
2. Outline an approach to rule out and appropriately manage chronic thromboembolic pulmonary hypertension (CTEPH), if present.
3. Recognize the role of upfront, early combination and goal-oriented therapy for pulmonary arterial hypertension (PAH).
4. Describe the management of adverse events with PAH therapies and strategies to improve patient adherence.

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

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

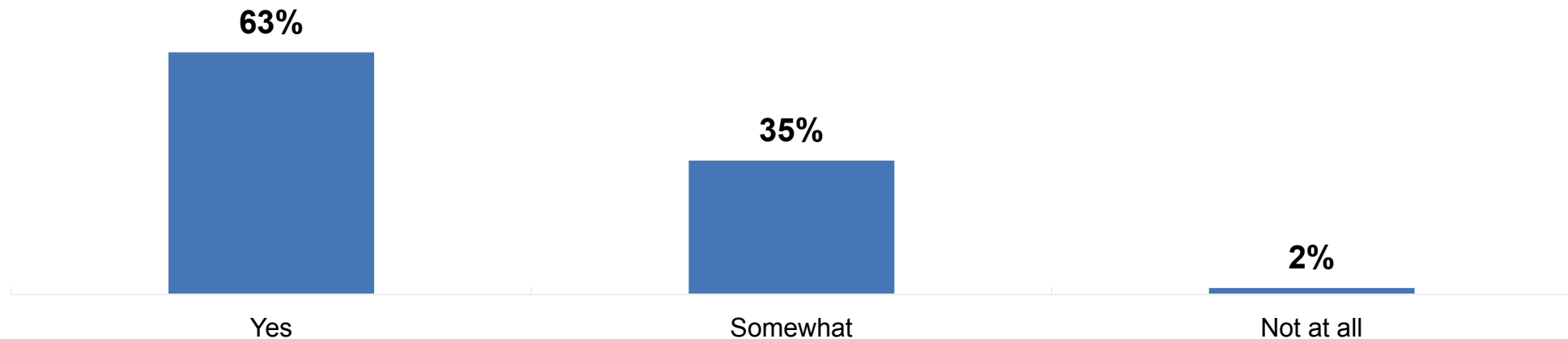


100% said the program was fair-balanced and unbiased

Attendee Learning Objectives Achievement

Upon completion of this activity, I can now:

- Discuss the diagnosis and classification of pulmonary hypertension according to the World Health Organization (WHO) clinical classification system.
- Outline an approach to rule out and appropriately manage chronic thromboembolic pulmonary hypertension (CTEPH), if present.
- Recognize the role of upfront, early combination and goal-oriented therapy for pulmonary arterial hypertension (PAH).
- Describe the management of adverse events with PAH therapies and strategies to improve patient adherence.



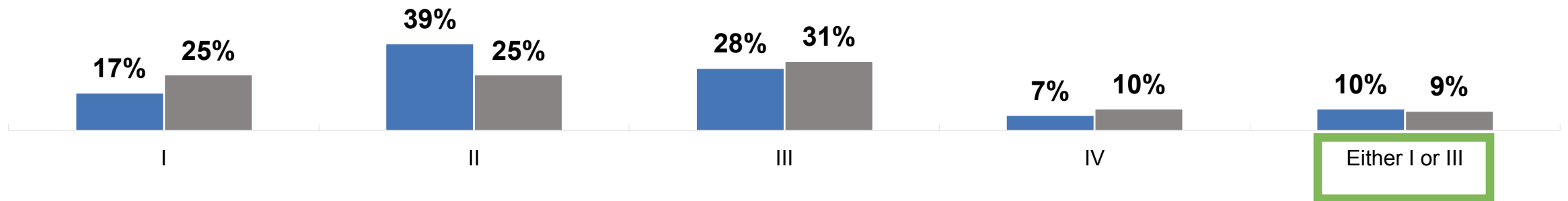
Sample Size: N = 391

A 45 yo woman presents with progressive dyspnea upon exertion and fatigue. Her medical history is significant for scleroderma. Physical examination reveals trace pedal edema. VQ scan is Low Probability for Clots. Echo and cardiac catheterization confirm pulmonary hypertension with a mean PA pressure of 35 and a pulmonary artery occlusion pressure (wedge) of 8, and a PVR of 4.

What group would her pulmonary hypertension be classified as:

(Learning Objective 1)

P Value: 0.788 – Not Significant

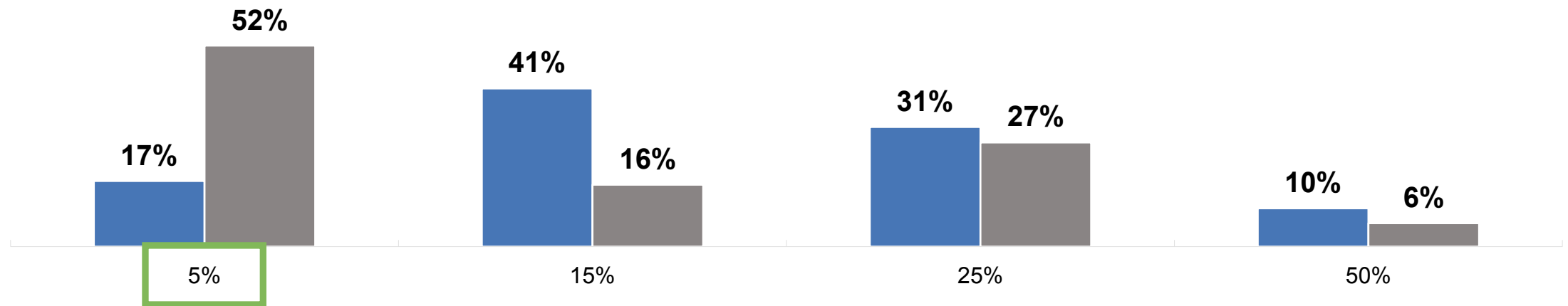


Pre N = 161 Post N = 187

Following an acute pulmonary embolism, what percent of patients will develop chronic thromboembolic pulmonary embolism:

(Learning Objective 2)

P Value: 0.001 – Significant

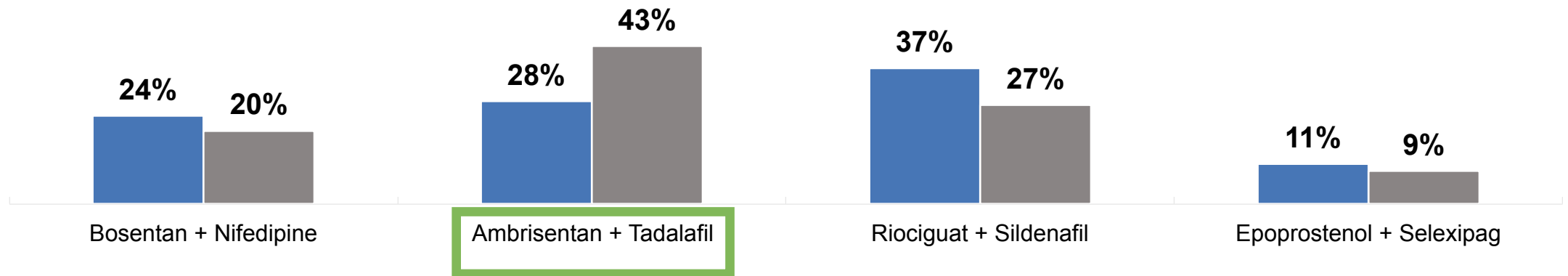


Pre N = 169 Post N = 192

Which of the following upfront combination therapy has shown benefit in pulmonary arterial hypertension:

(Learning Objective 3)

P Value: 0.002 – Significant



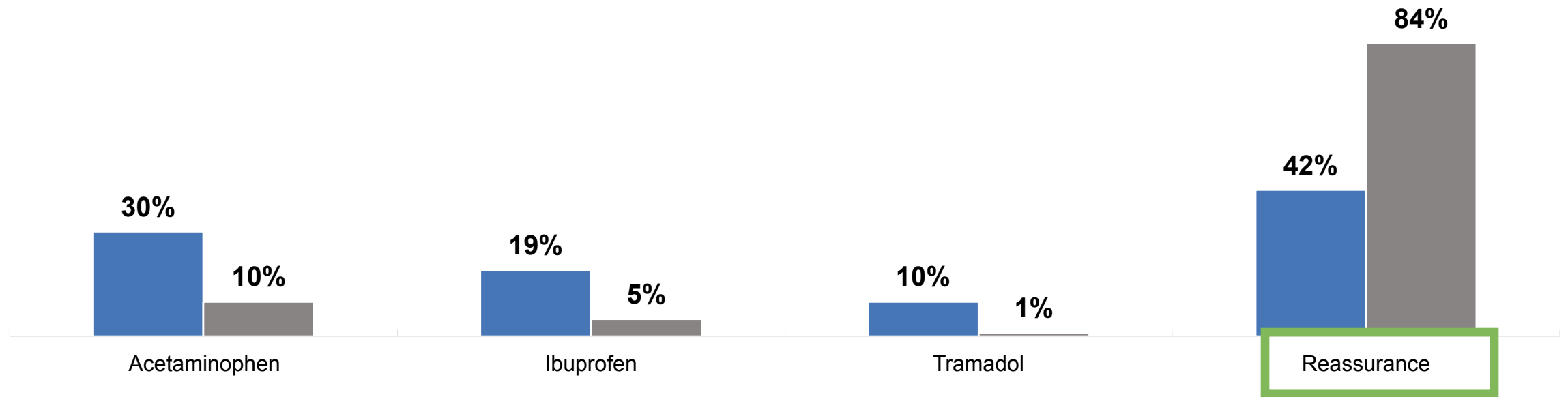
Pre N = 187 Post N = 190

A patient who was recently started on IV epoprostenol complains of jaw pain while eating.

What is the best treatment option:

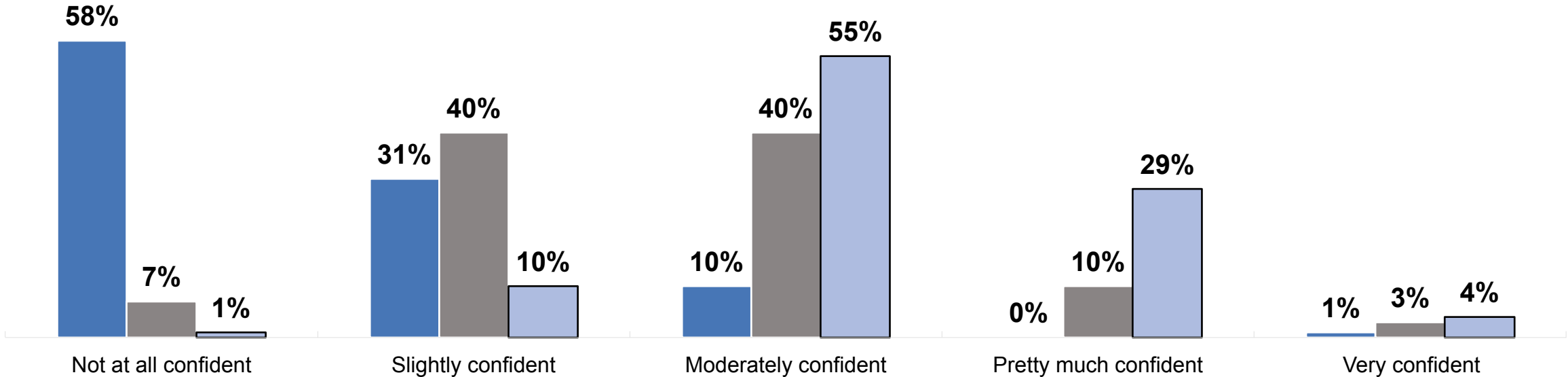
(Learning Objective 4)

P Value: 0.001 – Significant



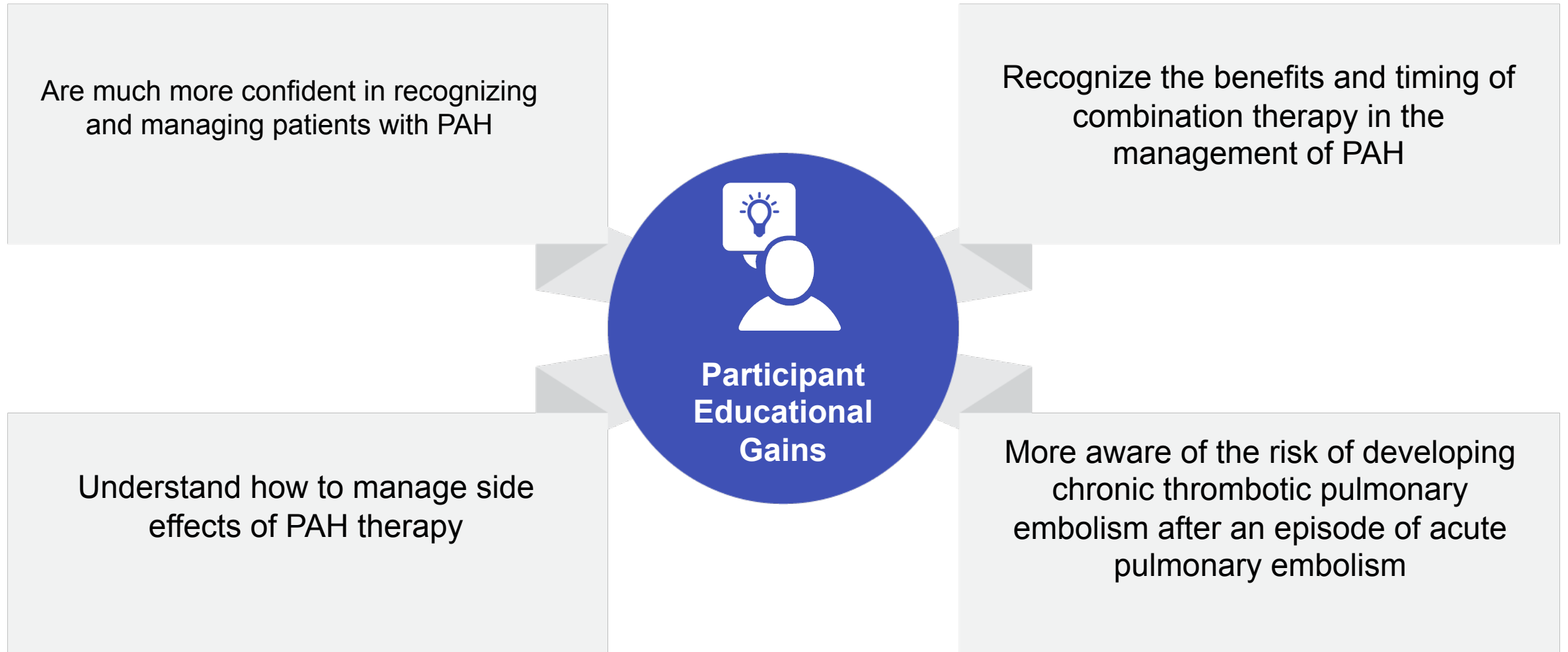
Pre N = 159 Post N = 210

Please rate your confidence in your ability to recognize and manage PAH:



Pre N = 186 Post N = 215 4 weeks N = 163

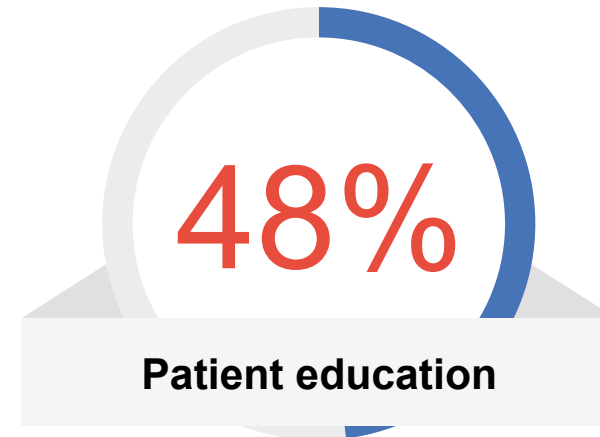
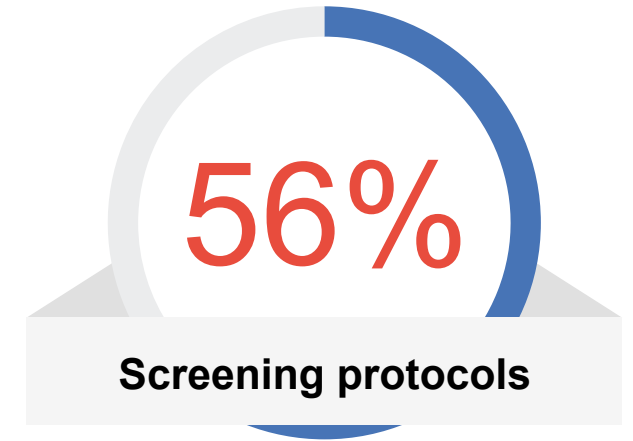
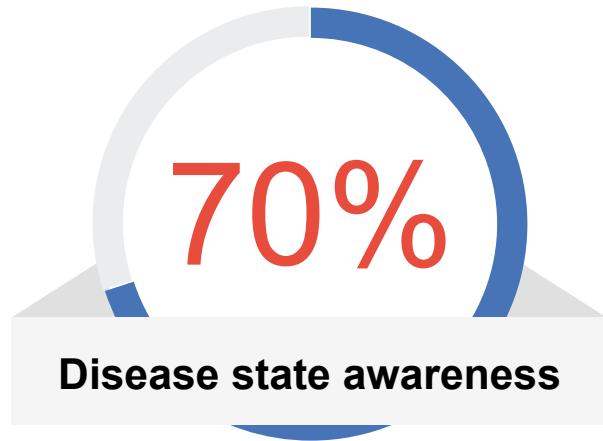
Data Interpretation



(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)

