Challenges in Pulmonary and Critical Care 2017

Sarcoidosis: Update 2017

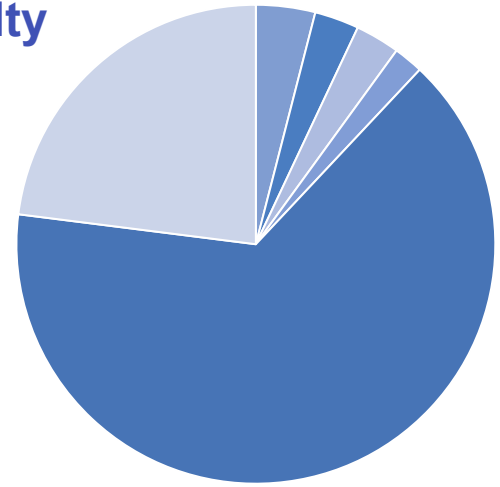
Outcome Report: Mallinckrodt Grant # 4711

February 7, 2018

NACE

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 all 3 questions regarding the diagnosis and management of patients with Pulmonary Sarcoidosis

Confidence

Percentage of learners that claimed be somewhat to very confident in their ability to diagnose and manage Sarcoidosis increased from 10% to 93% four weeks 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

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Discussion and Implications

- Overall, the program greatly improved understanding of the learners in diagnosis, management and pharmacotherapy of Pulmonary Sarcoidosis.
- Major improvement in understanding the disease and importance of treatment
- Though improvements were observed, learners demonstrated persistent gaps in the several areas including:
  - Clear grasp of tests required for confident diagnosis
  - Initiation of therapy for qualified patients
  - Variety of medications available for treatment of Sarcoidosis

The post-test scores, and intent to change practice patterns regarding the management of patients with Sarcoidosis, 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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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

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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.

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Learning Objectives

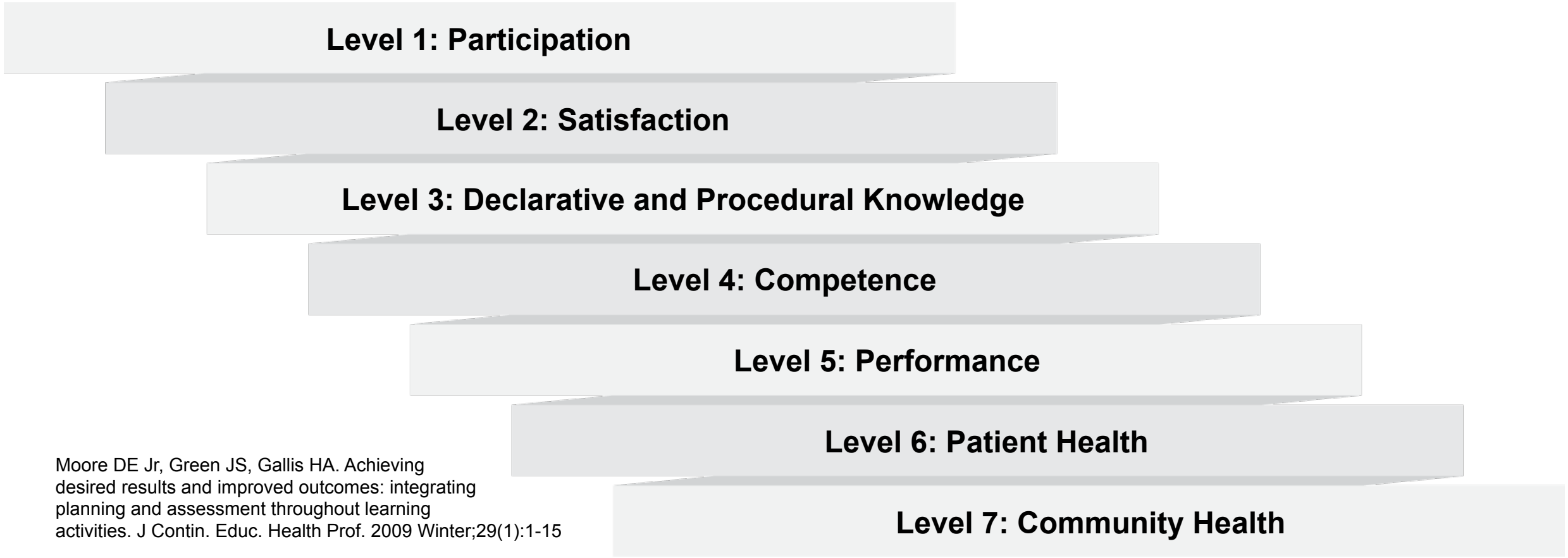
1. Describe the pathophysiology and the epidemiology of Sarcoidosis.

2. Understand the up-to-date methodology for diagnosis of Sarcoidosis.

3. Review our current understanding of the treatments considered, including steroids, mineralocorticoid receptor agonists and other agents.

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

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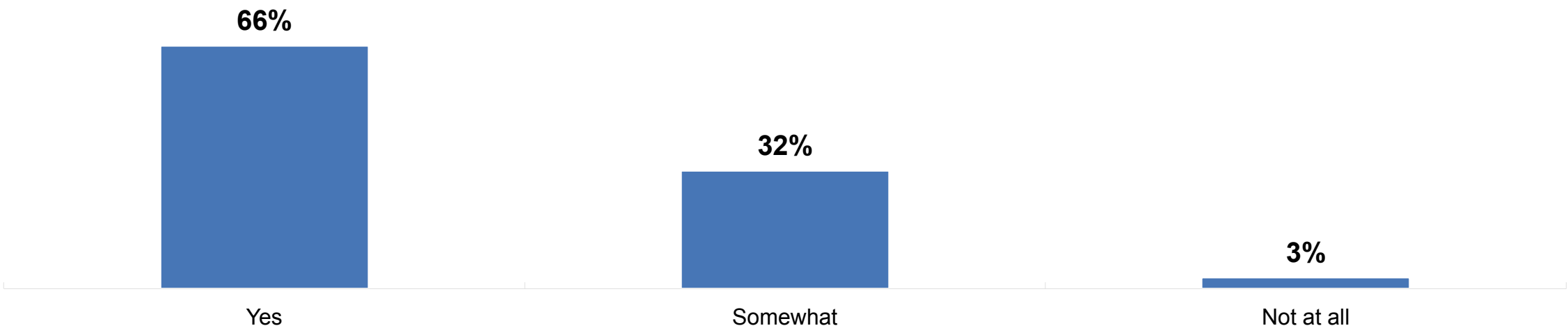
Attendee Learning Objectives Achievement

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.
- Review our current understanding of the treatments considered, including steroids, mineralocorticoid receptor agonists and other agents.



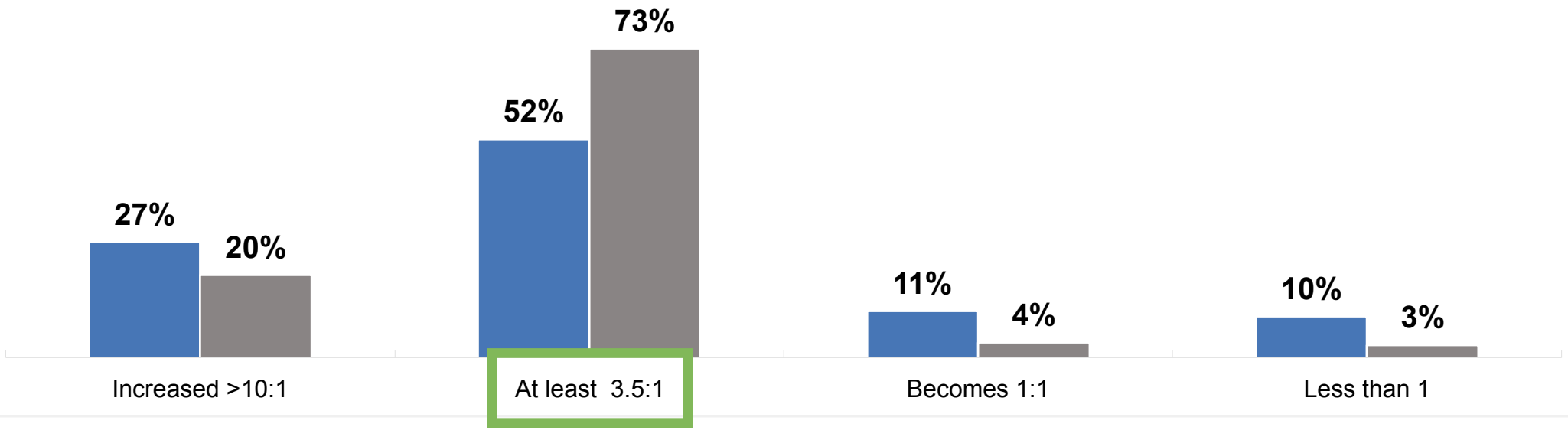
Sample Size: N = 396

Charles is a 43 y/o teacher who has a recalcitrant severe cough. The chest XR shows lymphadenopathy and interstitial changes. He has no pets, no clear evidence of occupational exposures, no h/o of CTD in the family. His PFT's are moderately restrictive.
He undergoes EBUS, that shows non caseating granulomas. The BAL is also sent for cell count and differential.

The CD4 to CD8 ratio in Sarcoidosis is:

(Learning Objective 1)

P Value: 0.001 – Significant



Pre N = 164 Post N = 199

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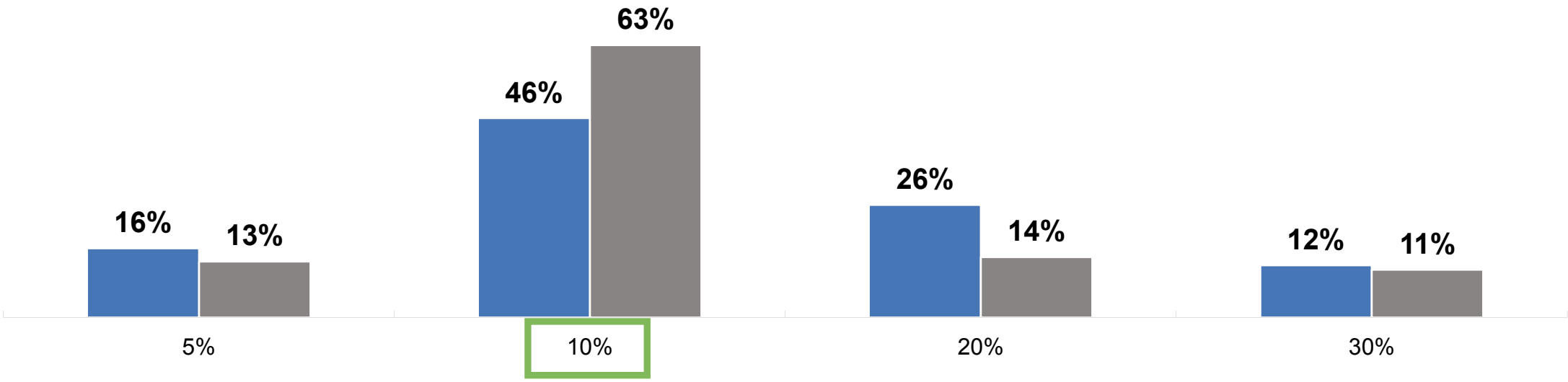
Charles' laboratory exam shows a CD4/CD8 ration of 12, and is negative for RA, ANA, and ANCA, Hypersensitivity panel, but the ACE levels are elevated at 60 µg/L. (NL < 40 µg/L). The false positive rate for ACE in Sarcoidosis:

(Learning Objective 2)

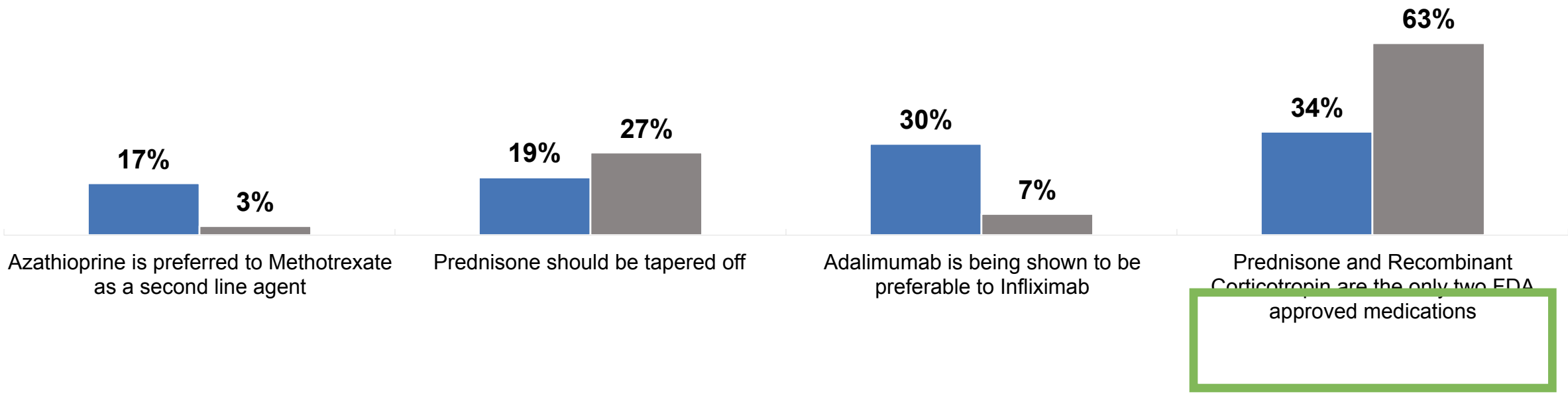
P Value: 0.001 – Significant



Pre N = 184 Post N = 200

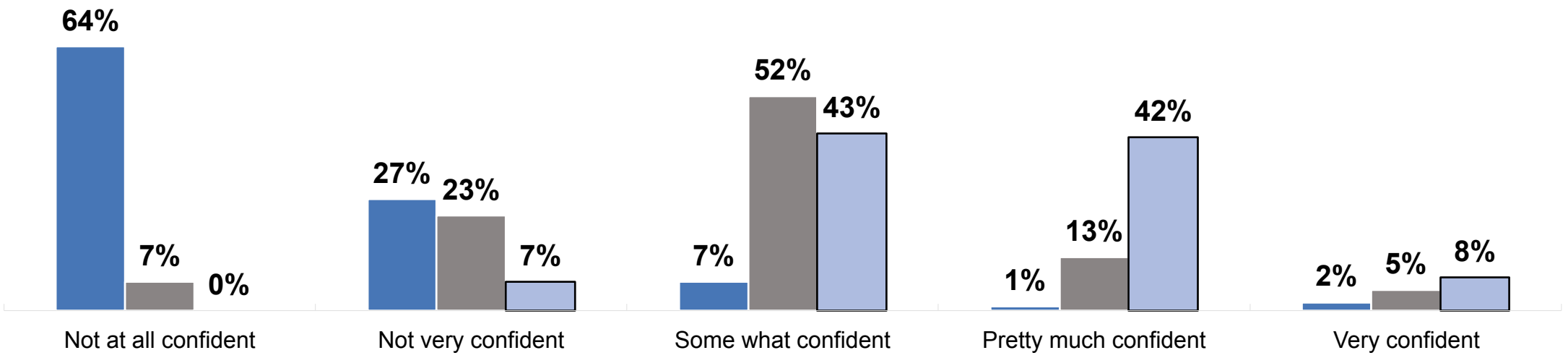
Because of moderate changes in PFTs and significant symptoms you chose to treat his Sarcoidosis.
Which is True regarding Sarcoidosis treatment?
(Learning Objective 3)

P Value: 0.001 – Significant



Pre N = 182 Post N = 203

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



Pre N = 181 Post N = 198 4 weeks N = 163

Data Interpretation

More clearly recognize the pathophysiology of Sarcoidosis

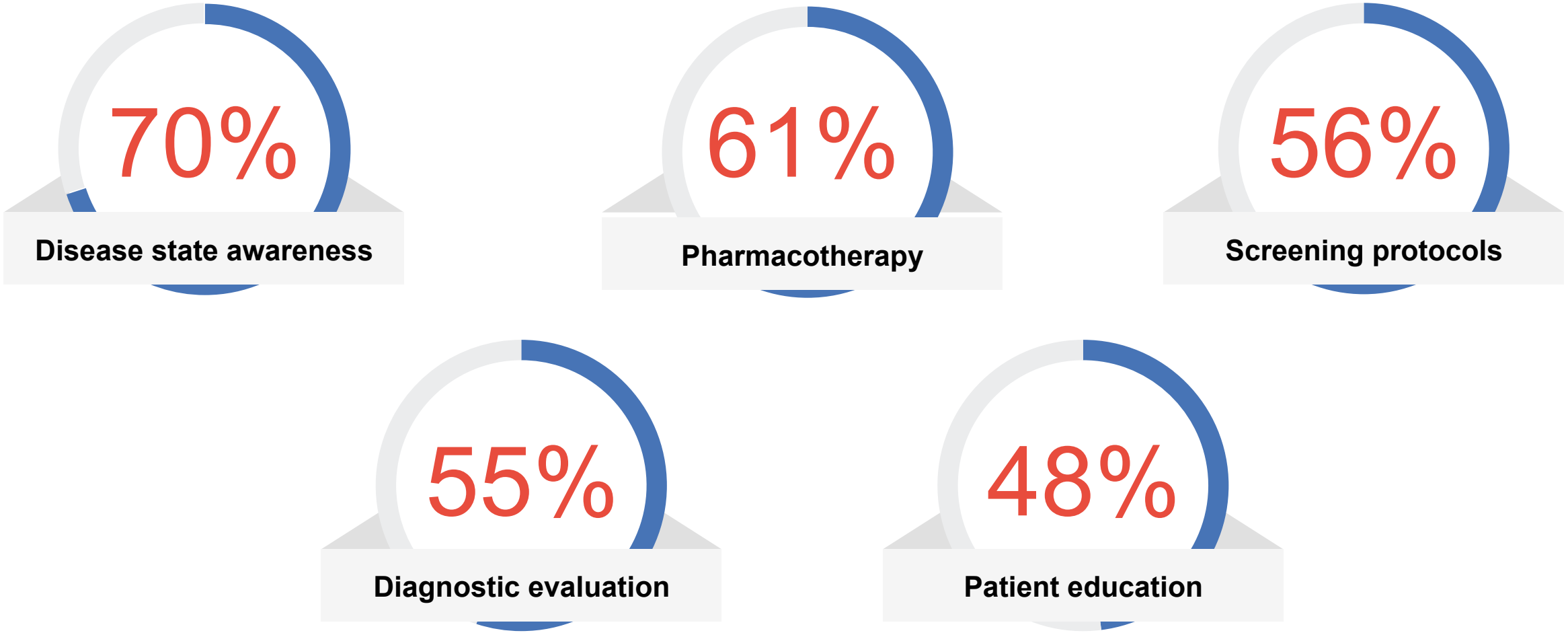
Learners are more aware of the pharmacotherapeutic choices for treatment of Sarcoidosis

Are more aware of the diagnostic methodology for evaluation of patients with sarcoidosis

Recognize the current treatment algorithm for sarcoidosis

(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=163)

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)