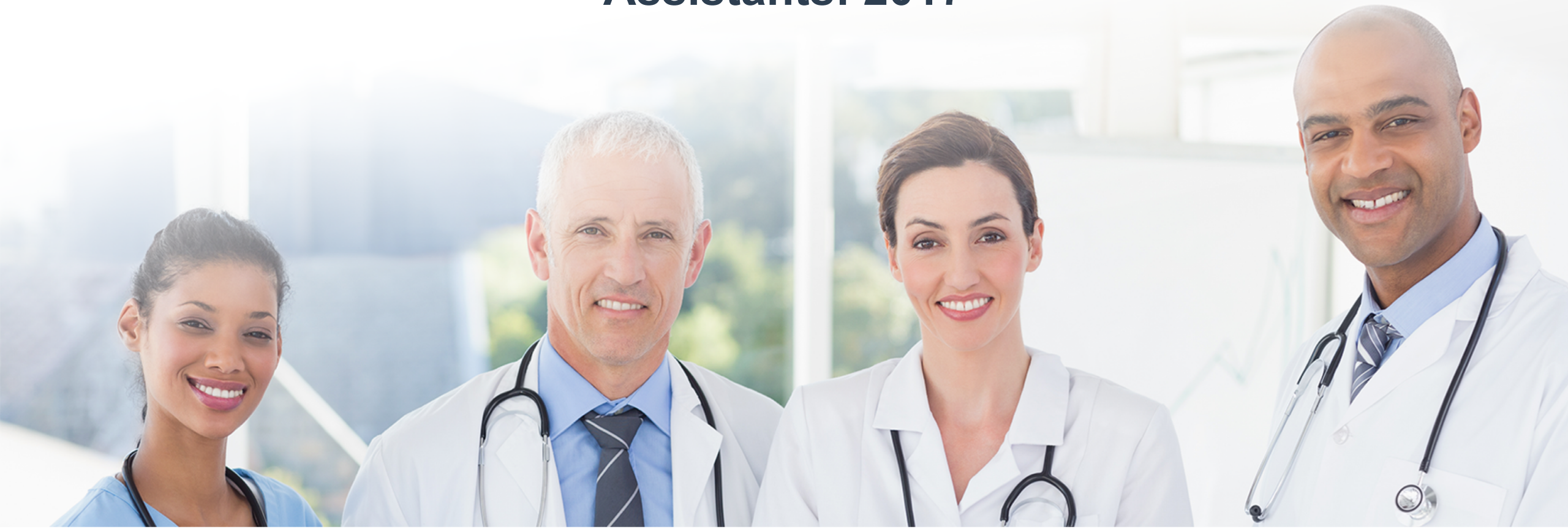
Clinical Updates for Nurse Practitioners and Physician Assistants: 2017



Putting Emerging Lipids Data Into Practice: New Treatments and Opportunities to Reduce Cardiovascular Risk

Outcome Report for 10 Cities: Amgen Inc. Grant # 23294

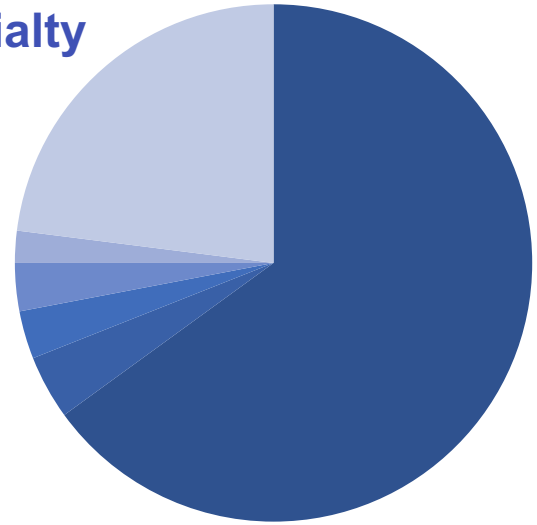
February 23, 2018

ABC Association of Black Cardiologists, Inc.

NACE

Level 1 (Participation)

Practice specialty



- 65% PCPs
- 4% Cardiologist
- 3% Hospitalist
- 3% Psychiatry/Neurology
- 2% Endocrinology
- 23% Other or did not respond

10 cities

1756
total attendees

695
remote simulcast

1061
on site

Professional Degree

- 72% NP
- 13% PA
- 3% RN
- 1% MD
- 2% DO or other

92%
Provide direct patient care

ABC Association of Black Cardiologists, Inc.

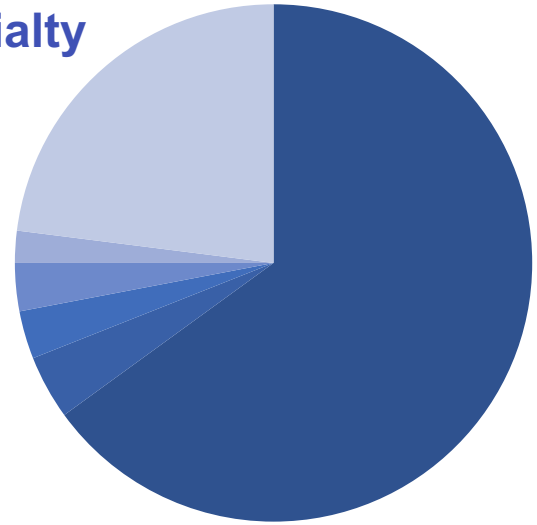
NACE

Curriculum Overview

- Accredited Live Regional Symposia, Launch Date: September 16, 2017 through December 7, 2017
  - The live symposia was held in 10 cities with simulcast in 3 cities.
- Non-Accredited “Clinical Highlights” - The program content was reinforced to participants with a document containing key teaching points from the program and is distributed 1 week after each meeting.
- Enduring Symposium Monograph, Launch Date: January 5, 2018 End Date: January 4, 2019
  - http://naceonline.com/CME-Courses/course_info.php?course_id=936

Level 1 (Participation)

Practice specialty



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Key Findings

Knowledge/Competence

Statistically significant improvement in 4 of the 5 knowledge and competence questions regarding the evaluation and management of patients with Hyperlipidemia

Confidence

Over 50% improvement in confidence in the ability to treat hypercholesterolemia in patients who are not achieving optimal goals despite maximally-tolerated statin therapy 4 weeks after the program

Practice

16% improvement in intent to utilize lifetime risk of CV events when considering lipid targets and modifications to lipid lowering therapies 4 weeks after the program

Change of Practice Behavior

After 4 weeks, participants reported the following improved skills regarding the treatment of patients with hypercholesterolemia: 72% pharmacotherapy, 68% disease state awareness, 67% patient education, and 58% screening protocols

4 Weeks Post N= 117

Discussion and Implications

- Moderate to very confident levels in the ability to treat hypercholesterolemia in patients who are not achieving optimal goals despite maximally-tolerated statin therapy rose from 53% to 91% after the activity.
- Data obtained from participants 4 weeks after the program demonstrated some slippage in learning from the post-test scores indicating that educational reinforcement was indicated.
- Learners demonstrated persistent gaps in the several areas including:
  - Appropriate lipid lowering strategies for patients at various levels of cardiovascular risk
  - Choosing appropriate LDL-C targets and the guidelines that support them
  - When to utilize combination therapy and the data supporting PCSK9 inhibitor therapy
  - Results of recent trial data for LDL-C reduction

The post-test scores, and intent to change practice patterns regarding the management of patients with hyperlipidemia and high cardiovascular disease risk, signifies a clear gap in knowledge and an unmet need among primary care clinicians. It continues to be an important area for future educational programs.

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Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Commercial Support

The Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 series of CME activities were supported through educational grants or donations from the following companies:

- Actelion Pharmaceuticals US, Inc
- Amgen Inc
- Gilead Sciences, Inc
- Novartis Pharmaceuticals Corporation
- Sanofi US
- Shire Human Genetic Therapies, Inc

Clinical Updates for Nurse Practitioners and Physician Assistants

Update 2017 Conference Schedule

City	Date
Orlando, FL	September 16, 2017
Cincinnati, OH	September 23, 2017
Seattle, WA	October 7, 2017
Philadelphia, PA*	October 14, 2017
Dallas, TX	October 21, 2017
Miami, FL	October 28, 2017
Charlotte, NC	November 4, 2017
Phoenix, AZ*	November 11, 2017
White Plains, NY*	November 18, 2017
Costa Mesa, CA	December 2, 2017

*Simulcast Location

ABC Association of Black Cardiologists, Inc.

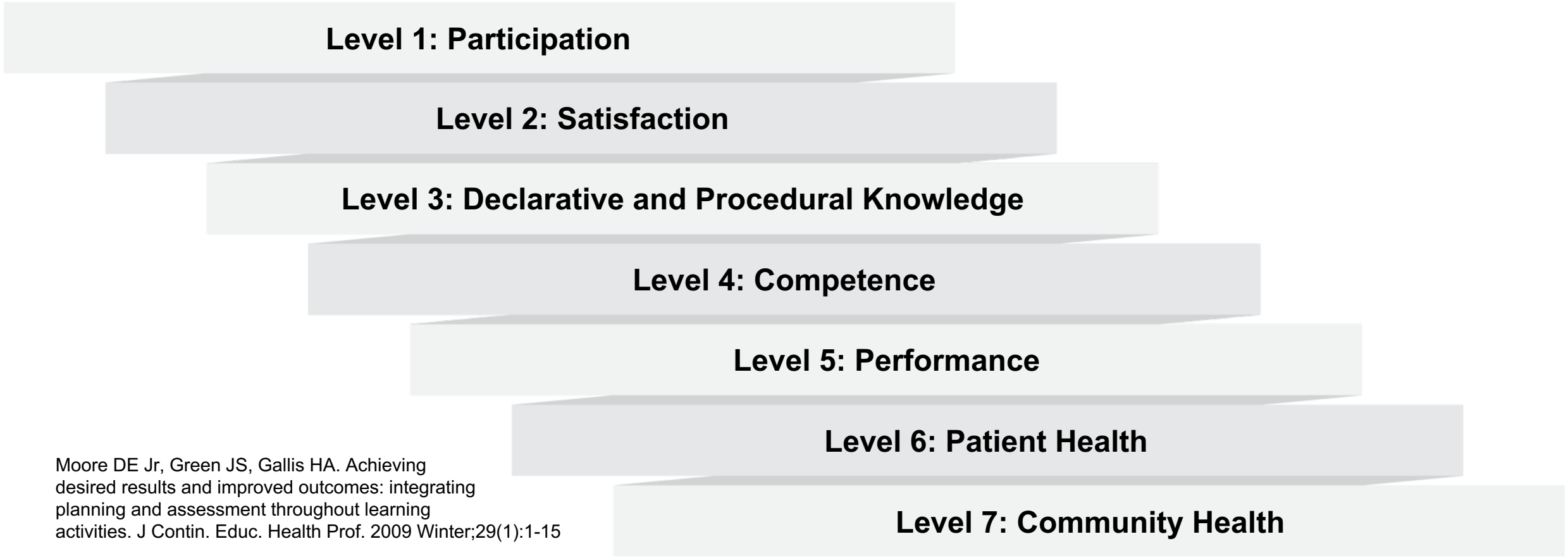
NACE

Learning Objectives

1. Review current recommendations for the use of non-statin therapies in the management of dyslipidemia
2. Explain the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction
3. Describe the findings from recent trials of dyslipidemia treatments on cardiovascular outcomes
4. Integrate new data into treatment strategies for further improving cardiovascular outcomes in the highest risk patients

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 = 984

Level 2 (Satisfaction)

99% rated the activity as excellent

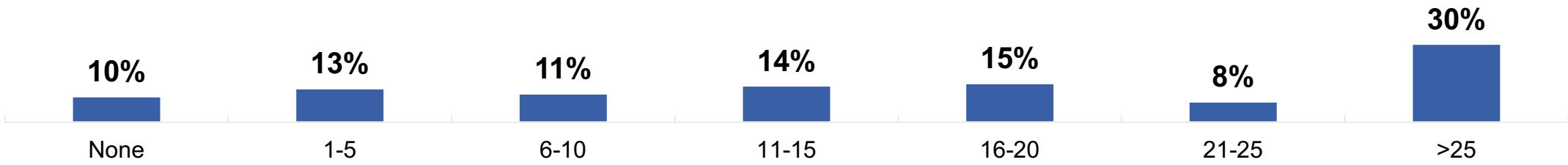
99% indicated the activity improved their knowledge

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

Patients visits with Hyperlipidemia seen each week in a clinical setting:

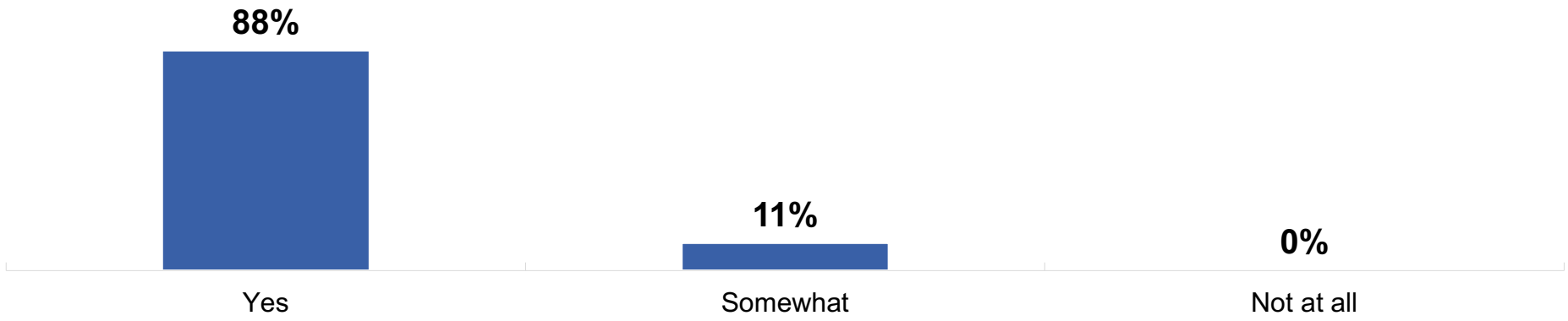


Sample Size: N = 551

Attendee Learning Objectives Achievement

Upon completion of this activity, I can now:

- Review current recommendations for the use of non-statin therapies in the management of dyslipidemia
- Explain the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction
- Describe the findings from recent trials of dyslipidemia treatments on cardiovascular outcomes
- Integrate new data into treatment strategies for further improving cardiovascular outcomes in the highest risk patients

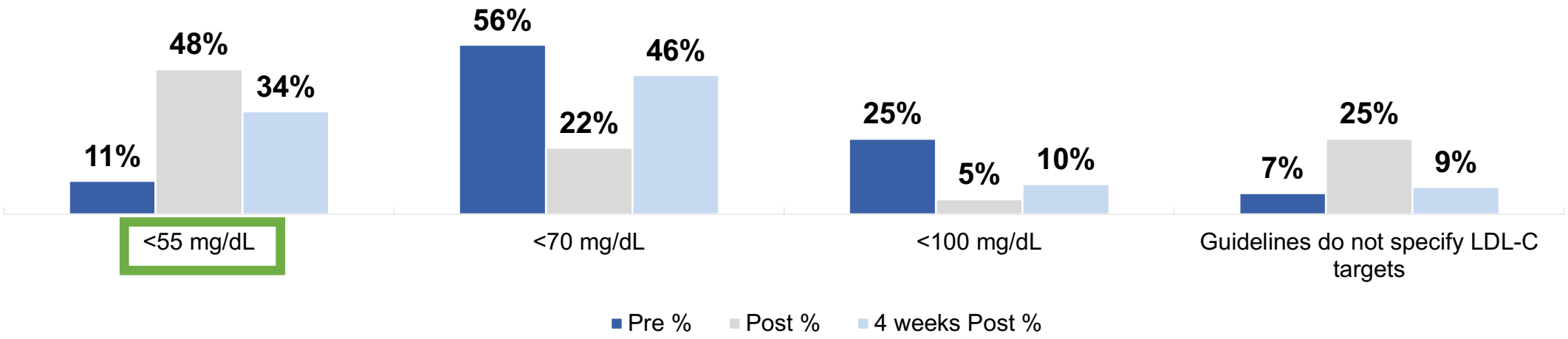


Sample Size: N = 753

What is the lowest LDL-C target cited by major guidelines for the management of dyslipidemia in patients with the highest CV risk?

(Learning Objective 1)

P Value: <0.001 – Significant

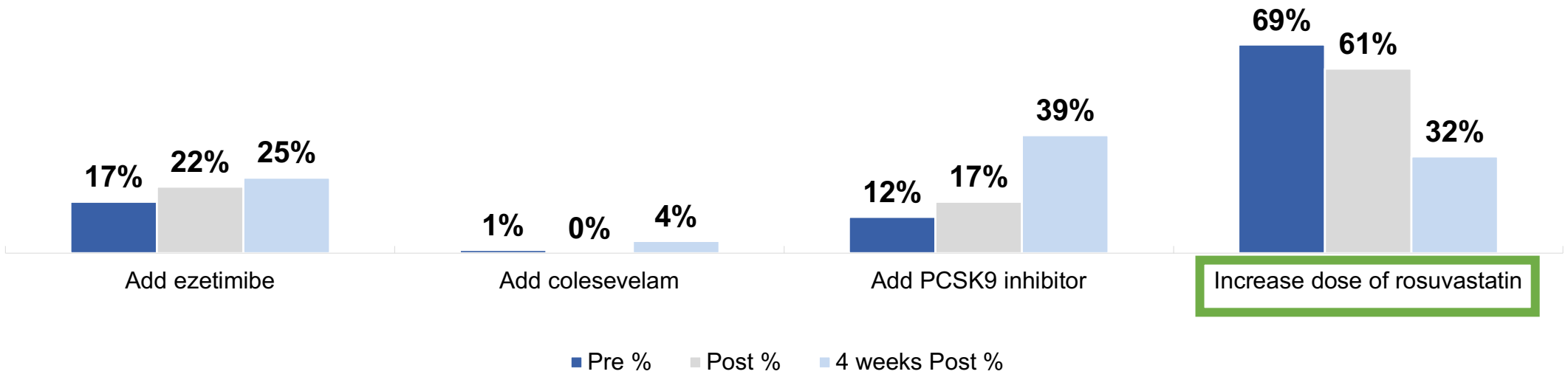


Pre N = 747 Post N = 882 4 weeks N = 106

A 69 y/o woman presents with a history of hypertension, T2DM, and obesity (BMI 34 kg/m2). She is treated with rosuvastatin 20 mg qd and engages in lifestyle measures to reduce weight. She reports full adherence to therapy and no symptoms. Her LDL-C today is 106 mg/dL. Based on current guidelines, what would be an appropriate action at this time?

(Learning Objective 1, 2 and 3)

P Value: <0.001 – Significant

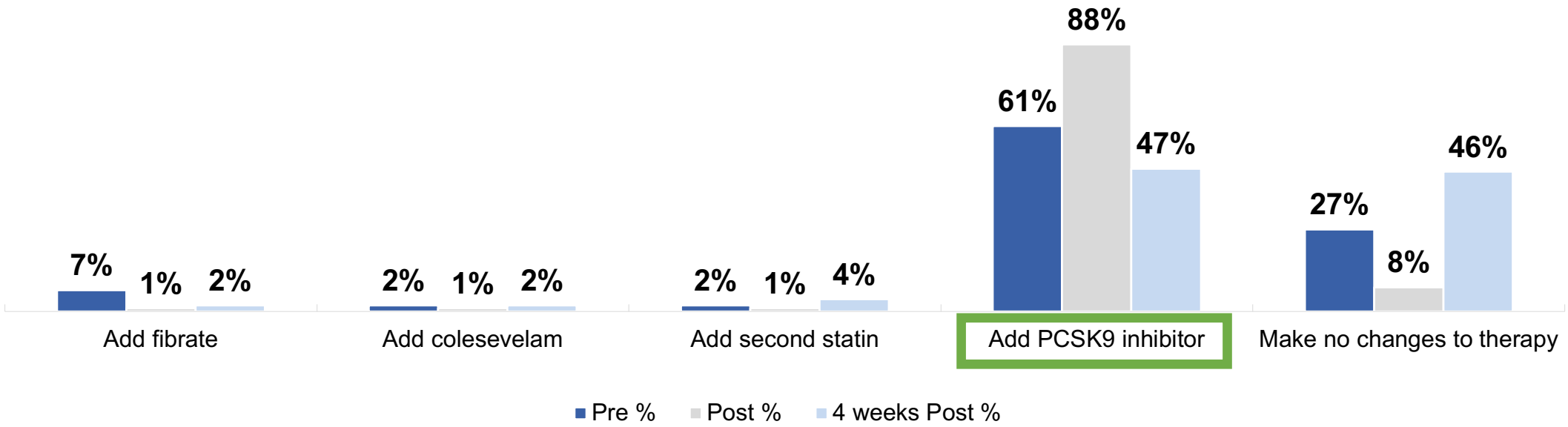


Pre N = 747 Post N = 872 4 weeks N = 105

A 70 y/o man presents with a history of multiple NSTEMI, including a recent MI while taking atorvastatin 80 mg qd plus ezetimibe 10 mg qd. His current LDL-C is 70 mg/dL. Which of the following might be appropriate at this time?

(Learning Objective 1, 2, 3 and 4)

P Value: <0.001 – Significant

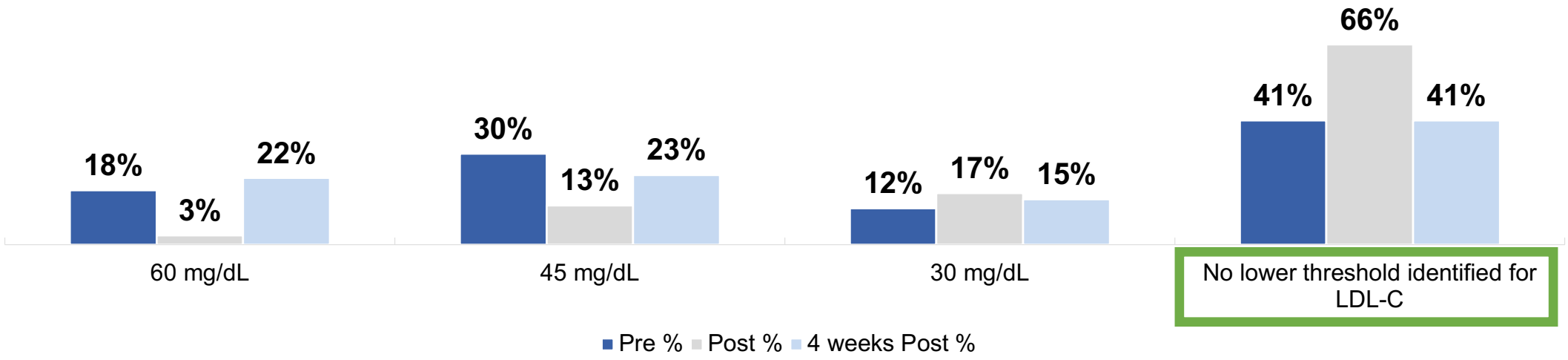


Pre N = 766 Post N = 877 4 weeks N = 105

Evidence from clinical trials and genetic studies suggest no additional CV benefits below what LDL-C threshold?

(Learning Objective 3 and 4)

P Value: <0.001 – Significant

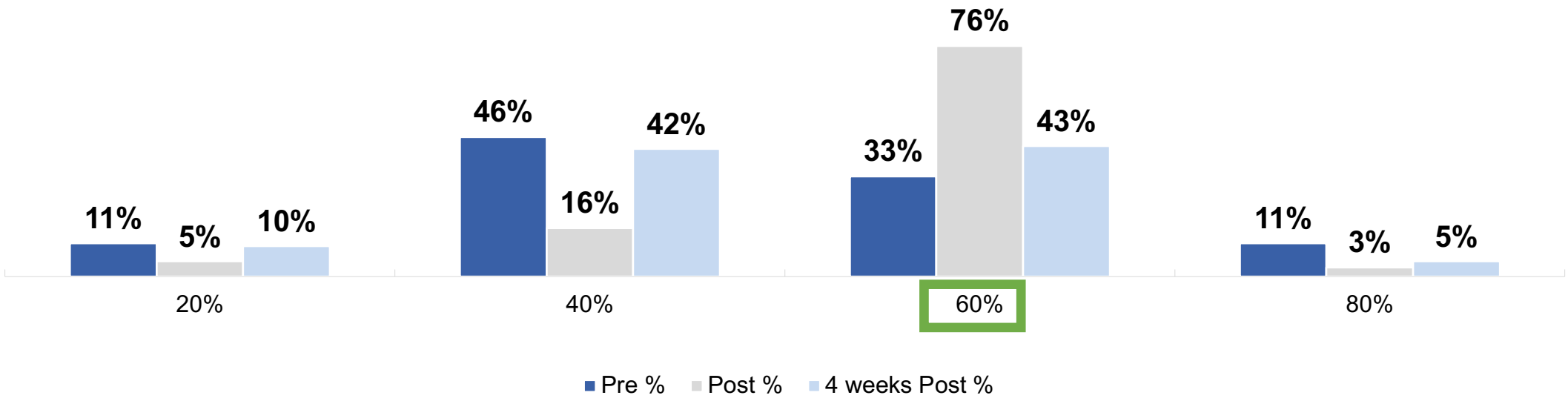


Pre N = 792 Post N = 874 4 weeks N = 106

The FOURIER trial compared evolocumab to placebo in high-risk patients on optimized lipid-lowering therapy. What was the approximate mean relative reduction in LDL-C with evolocumab compared to placebo in this trial?

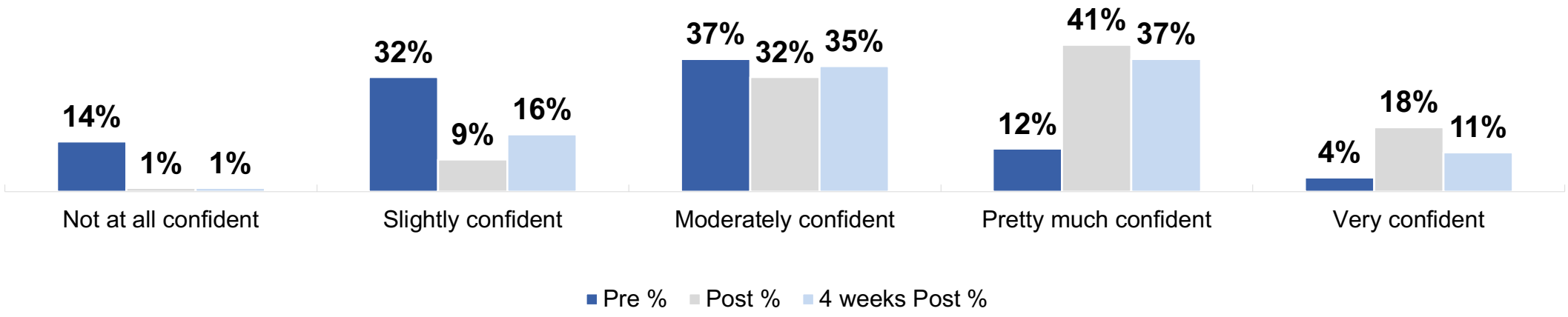
(Learning Objective 2 and 3)

P Value: <0.001 – Significant



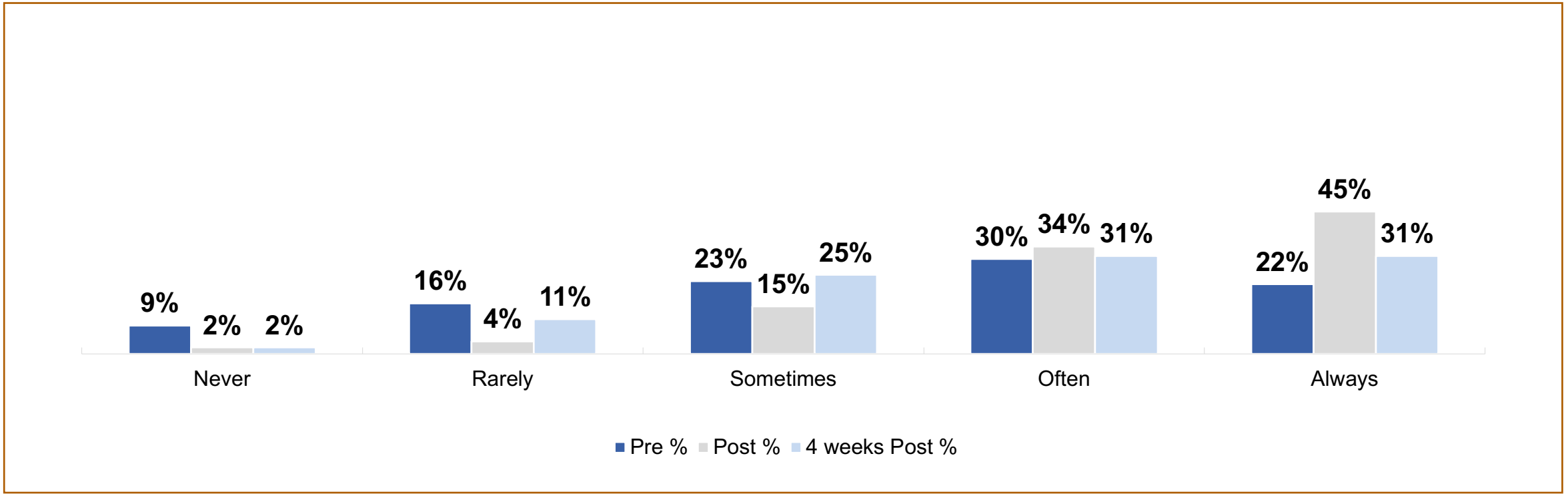
Pre N = 774 Post N = 844 4 weeks N = 106

Please rate your confidence in your ability to treat hypercholesterolemia in patients who are not achieving optimal goals despite maximally-tolerated statin therapy:



Pre N = 762 Post N = 855 4 weeks N = 108

How often do/will you intend to estimate a patient's lifetime risk of CV events when considering lipid targets and changes to lipid-lowering therapy?



Pre N = 683 Post N = 864 4 weeks N = 108

Data Interpretation

Are more aware of the increasingly aggressive LDL-C targets cited by major guidelines

Are more likely to recommend PCSK9 inhibitor for a patient with high CV risk already treated with maximal dose statin and ezetimibe, yet not at goal LDL-C, but less clear on strategies for patients at lower risk

Understand that there has been no lower limit threshold identified for CV benefits in clinical trials and genetic studies

Recognize the impact of the Fourier trial on LDL-C reduction

Persistent Educational Gaps After 4 Weeks

LDL-C targets advocated by various guidelines

Determining appropriate therapeutic choices for patients at moderate and high CV risk not at optimal LDL-C goals

Recognition of a lack of evidence for a lower limit threshold for LDL-C cardiovascular benefit

Evidence from recent clinical trial data on LDL-C reductions with PCSK9 therapy

Data Interpretation

87% stated 4 weeks after program they (sometimes-always) intend to estimate a patient's lifetime risk of CV events when considering lipid targets and changes to lipid-lowering therapy, improved from 75% prior to the program

Over 50% improvement in confidence in the ability to treat hypercholesterolemia in patients who are not achieving optimal goals despite maximally-tolerated statin therapy 4 weeks after the program

91% of participants are likely to utilize information learned from this activity in their practice

67% of attendees report seeing 11 or more patients with Hyperlipidemia weekly; 78% see > than 5, suggesting a significant number of patients impacted by this activity

New Specific Behaviors Reported at 4 weeks

I am following Heart Failure guidelines more closely

I am using the newest medications sacubitril/valsartan and ivabridine in appropriate patients

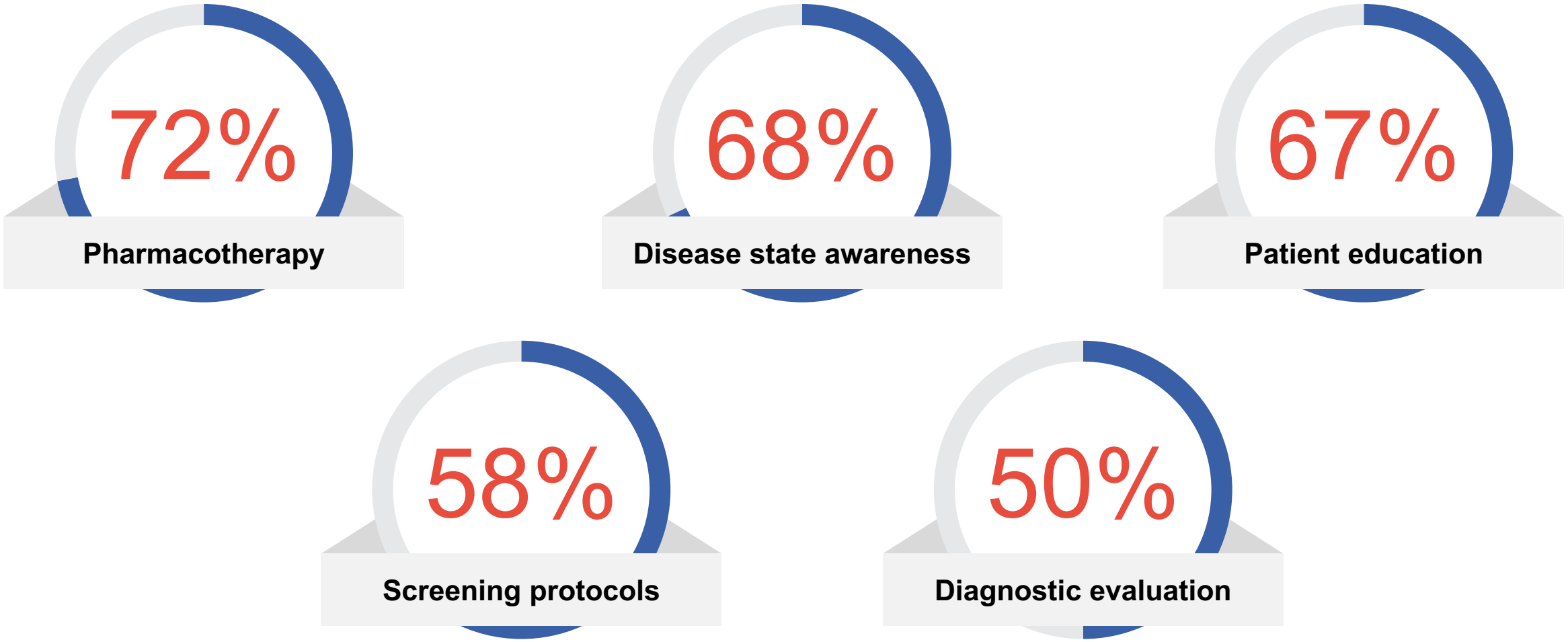
I am now reviewing patient medications and labs more closely in deciding treatments

I am controlling blood pressure more aggressively

I recognize the importance of addressing sleep apnea in patients with heart failure

(4-week Post Assessment)

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



(4-week Post Assessment)

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