

Emerging Challenges in Primary Care: 2017



The Evolving Landscape of COPD: Strategies to Optimize Care and Improve Outcomes

Outcome Report for 7 Cities: Sunovion Pharmaceuticals, Inc.

Grant ID: MEDONCC 146

March 13, 2018

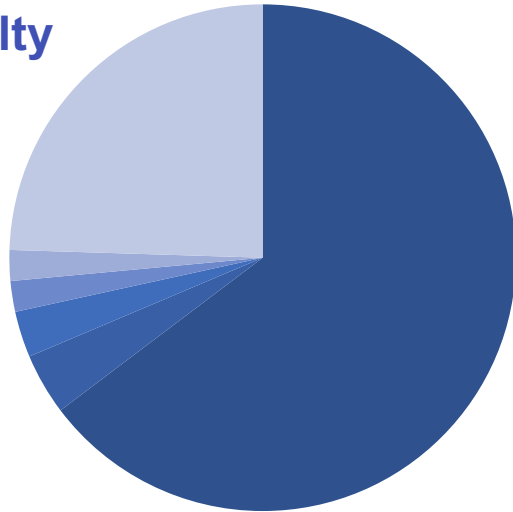
NACE

Curriculum Overview

- ❖ Accredited Live Virtual Symposia, Date: September 16, 2017 – January 20, 2018
- ❖ Non-Accredited “Clinical Highlights” - The program content was reinforced to participants with a document containing key teaching points from the program and was distributed 1 week after each meeting.
- ❖ Enduring Webcast, Launch Date: January 5, 2018 End Date: January 4, 2019
 - ❖ http://naceonline.com/CME-Courses/course_info.php?course_id=941

Level 1 (Participation)

Practice specialty



- 66% PCPs
- 4% Hospitalists
- 3% Cardiologist
- 2% ER
- 2% Psychiatrist/Neurologist
- 25% Other or did not respond



7 cities



1842

total attendees



709
remote
simulcast



1133
on site

Professional Degree

- 51% NP
- 36% MD
- 7% PA
- 2% RN
- 4% DO or other



92%

Provide direct
patient care

Key Findings



Knowledge/Competence

Statistically significant improvement in all questions regarding the diagnosis and management of patients with COPD



Confidence

Nearly 200% improvement in confidence to select appropriate inhaled therapies for patients with COPD, based on disease severity and patient characteristics 4 weeks after the program.



Practice

Nearly 150% improvement in intent to perform spirometry as part of the evaluation of a patient with chronic cough and progressive dyspnea, which was maintained after 4 weeks



Change of Practice Behavior

After 4 weeks, participants reported the following improved skills regarding the treatment of patients with COPD: 66% patient education, 57% disease state awareness, 55% screening protocols, 54% diagnostic evaluation, and 49% pharmacotherapy.

4 Weeks Post N= 66

Discussion and Implications

- ❖ Moderate to very confident levels in the ability to select appropriate inhaled therapies for patients with COPD, based on disease severity and patient characteristics rose from 49% to 95% after the activity.
- ❖ At 4 weeks, confidence levels remained at 96%, a significant improvement from baseline
- ❖ 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.
- ❖ Participants were more competent and knowledgeable in the evaluation and management of patients with COPD 4 weeks after the activity.
- ❖ Learners demonstrated persistent gaps in the several areas including:
 - ❖ Staging patients with COPD, incorporating symptom assessment and GOLD Guidelines
 - ❖ Prescribing appropriate guideline directed treatment for patients with COPD
 - ❖ The importance of pulmonary rehabilitation
 - ❖ Utilization of spirometry for diagnosing and monitoring COPD

The post-test scores, and intent to change practice patterns regarding the management of patients with COPD, 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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Emerging Challenges in Primary Care: 2017

Update 2017 Conference Schedule

Commercial Support

The Emerging Challenges in Primary Care: Update 2017 series of CME activities were supported through educational grants or donations from the following companies:

- Avanir
- Boehringer Ingelheim Pharmaceuticals, Inc.
- Grifols
- Lilly USA, LLC
- Sunovion Pharmaceuticals, Inc.
- Sanofi US
- Regeneron Pharmaceuticals



Emerging Challenges in Primary Care

Update 2017 Conference Schedule

City	Date
Nashville, TN*	September 16, 2017
San Antonio, TX	September 23, 2017
Uniondale, NY	October 7, 2017
Denver, CO	October 14, 2017
Houston, TX	October 21, 2017
San Diego, CA*	October 28, 2017
Ft. Lauderdale, FL	January 20, 2018

***Simulcast and Live Conference**
Bolded cities are where the lecture was given



Learning Objectives

1. Describe strategies of care in COPD to improve diagnosis and ongoing symptom assessment
2. Tailor COPD pharmacotherapy according to current guidelines while incorporating unique patient needs and characteristics
3. Discuss the appropriate use of inhaled therapies for COPD, including the importance of proper inhaler technique
4. Collaborate with members of interprofessional health care team for effective chronic disease management

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

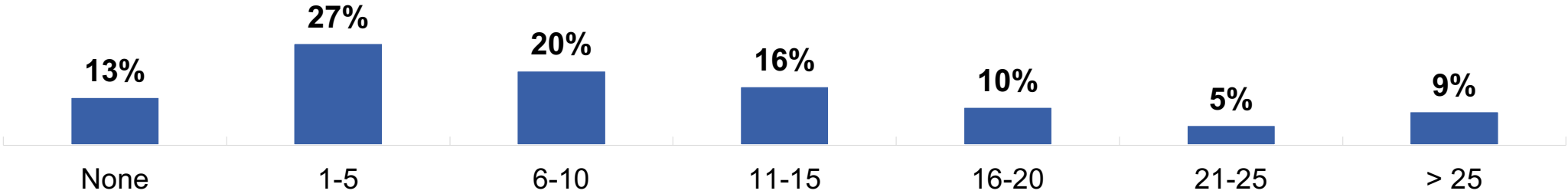


91% said they would implement new strategies that they learned



100% said the program was fair-balanced and unbiased

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

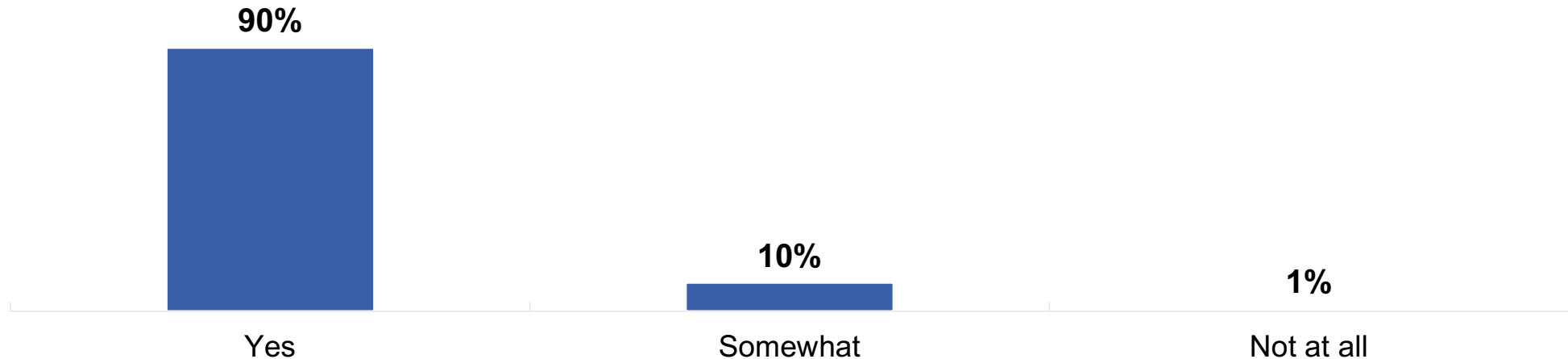


Sample Size: N = 1109

Attendee Learning Objectives Achievement

Upon completion of this activity, I can now:

- Describe strategies of care in COPD to improve diagnosis and ongoing symptom assessment
- Tailor COPD pharmacotherapy according to current guidelines while incorporating unique patient needs and characteristics
- Discuss the appropriate use of inhaled therapies for COPD, including the importance of proper inhaler technique
- Collaborate with members of interprofessional health care team for effective chronic disease management



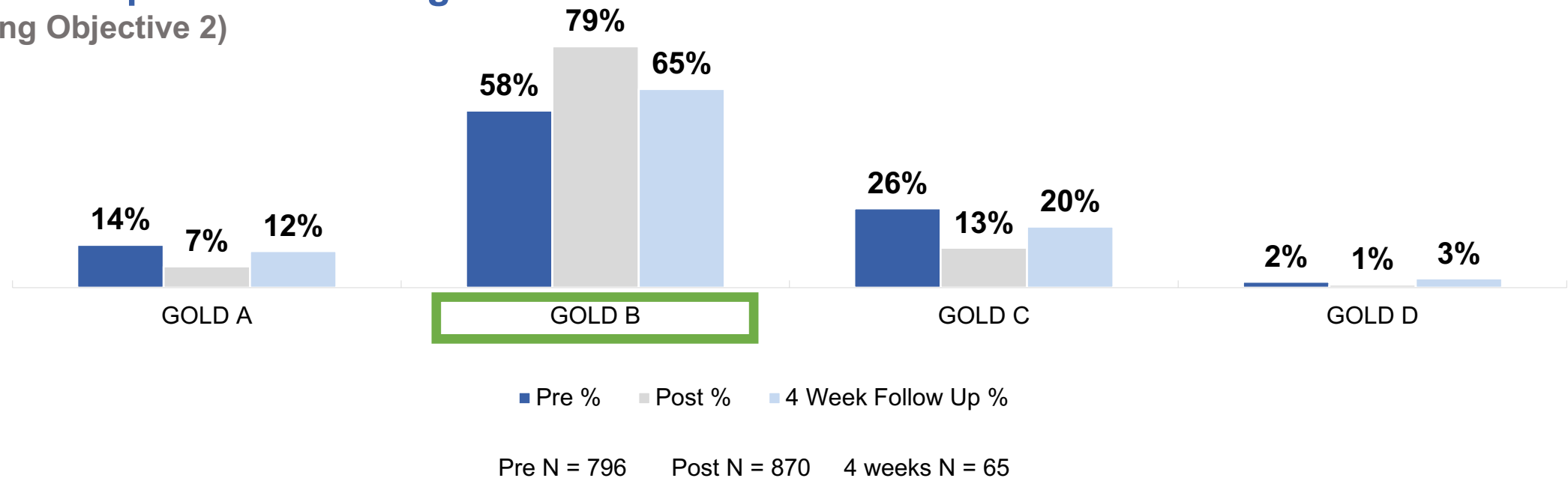
Sample Size: N = 1219

June is a 54 year old woman with a past cigarette smoking history. You have confirmed a diagnosis of COPD (FEV1 60% predicted) . She reports breathlessness, with COPD assessment test (CAT) score of 20 and a modified Medical Research Council (mMRC) dyspnea score of 3. She has mild chronic sputum production (clear) daily, no bronchitis over the past year, PMH: Hypertension, osteoporosis. The medications that she is taking are: amlodipine, metoprolol succinate, vitamin D, SABA prn. PE: BMI 28 kg/m2, decreased BS, no wheezing.

What is this patient's GOLD grade?

(Learning Objective 2)

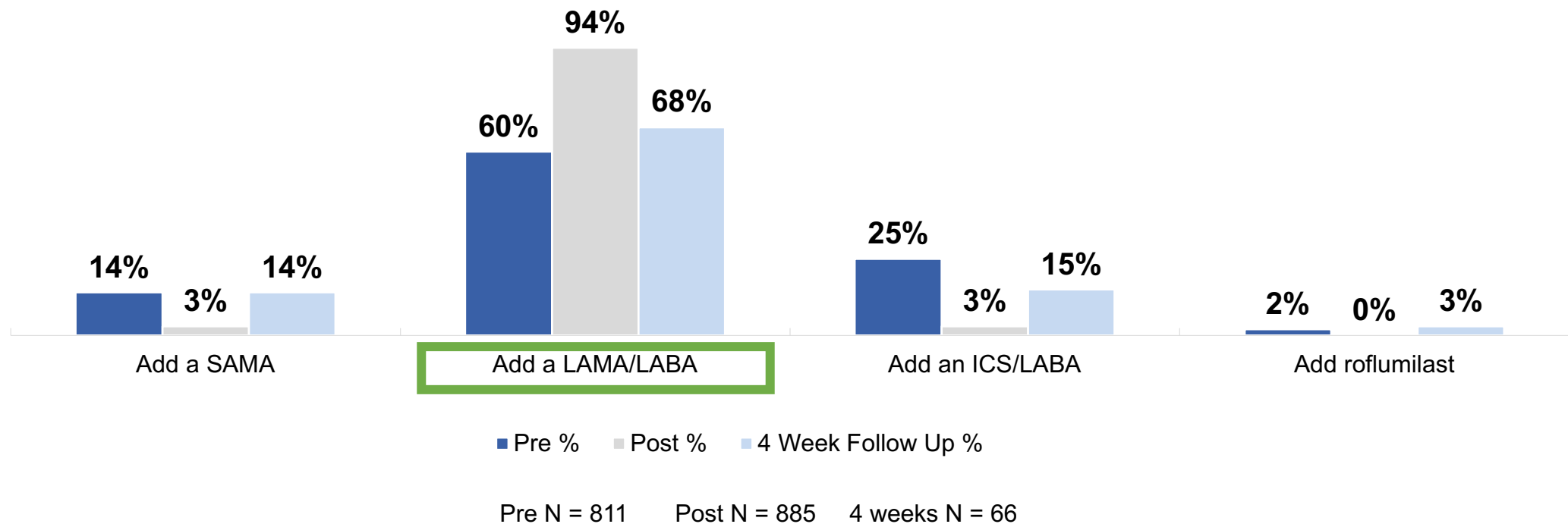
P Value: <0.001 – Significant



June is a 54 y/o with a past smoking history, confirmed COPD, a CAT score of 20, mMRC score of 3, minimal chronic sputum production and no bronchitis over the past year (GOLD group B). Current COPD medications include short-acting beta-agonist prn. What therapeutic option would you recommend for June?

(Learning Objective 2)

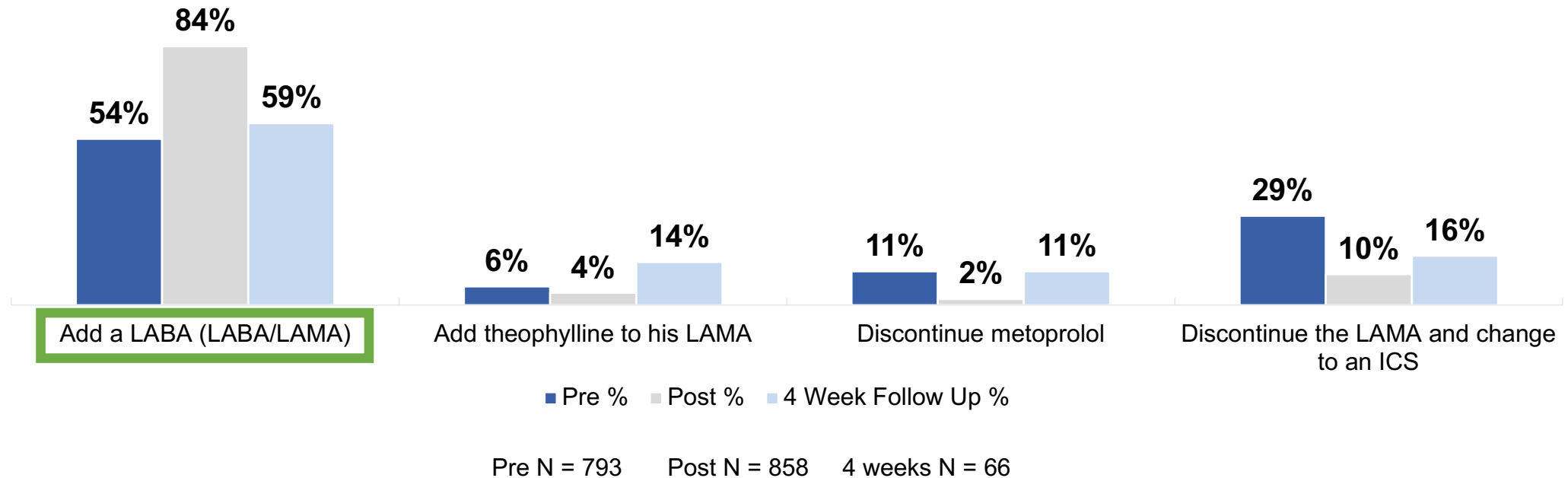
P Value: <0.001 – Significant



James is a 63 y/o with a severe COPD (FEV1 40% predicted). CAT score of 20, mMRC score of 3, and no chronic sputum production. He's had 2 episodes of bronchitis last year and 1 hospitalization for pneumonia. He also has CAD (s/p PCI last year). Medications: amlodipine, metoprolol succinate, aspirin, SABA prn, LAMA. Exam: BMI 18 kg/m², oxygen saturation at rest with RA 91%, decreased breath sounds. What therapeutic option would you recommend for James at this point?

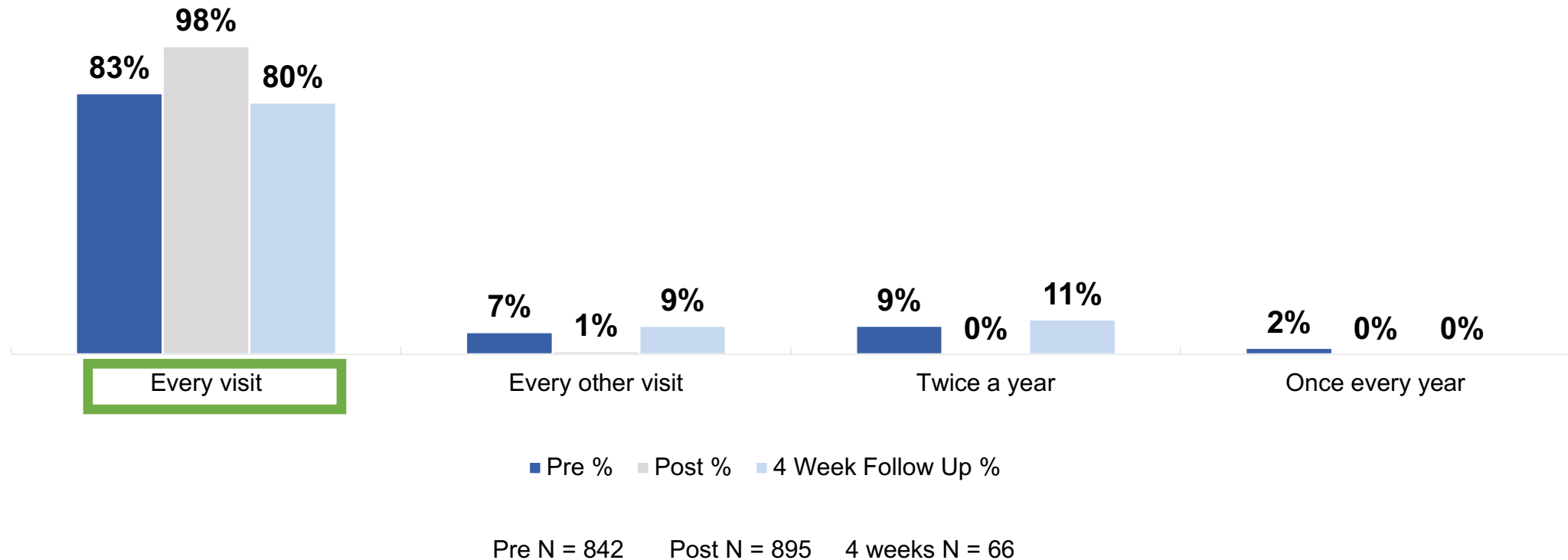
(Learning Objective 2)

P Value: <0.001 – Significant



According to GOLD recommendations, how often should healthcare professionals assess inhaler technique in a patient with COPD? (Learning Objective 3)

P Value: <0.001 – Significant

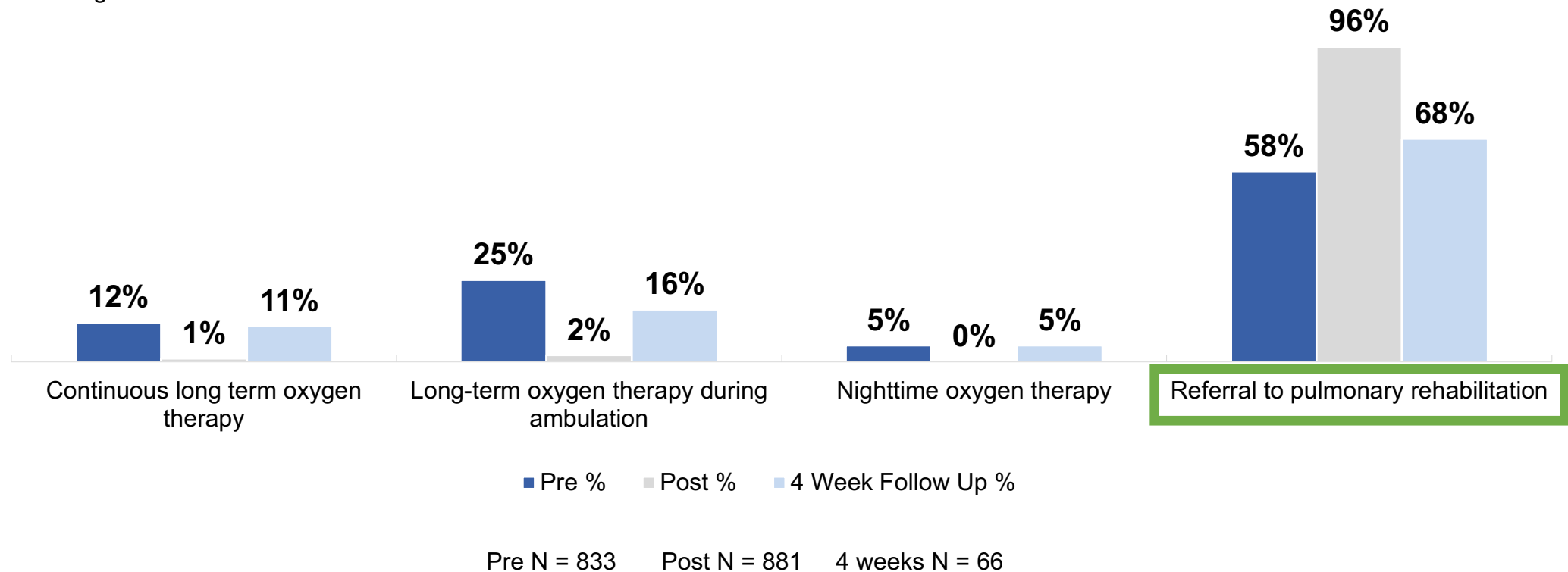


James confirms adherence with ICS/LABA + LAMA inhalers and asks if there is anything else that can be done to improve his breathlessness. His O2 sat at rest with room air is 91% and decreases transiently to 86% while walking for 6 minutes in your office.

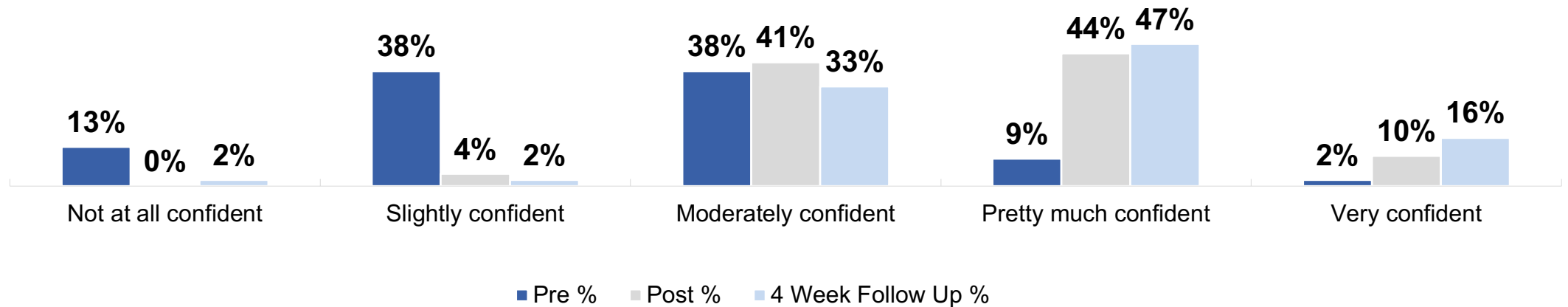
Which of the following is most likely to improve his breathlessness?

(Learning Objective 4)

P Value: <0.001 – Significant

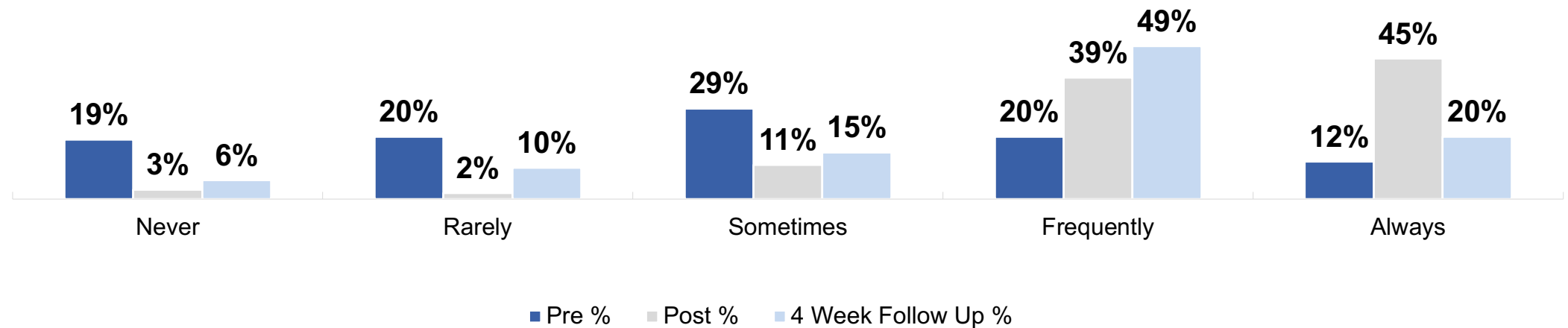


How confident are you in your ability to select appropriate inhaled therapies for patients with COPD, based on disease severity and patient characteristics? (Learning Objective 2 and 3)



Pre N = 233 Post N = 248 4 weeks N = 114

How often do/will you perform spirometry as part of your evaluation for a patient with chronic cough and progressive dyspnea? (Learning Objective 1)



Pre N = 232 Post N = 166 4 weeks N = 67

Data Interpretation

Are more competent in assigning appropriate GOLD grading system to patients with COPD

Are more likely to use appropriate guideline directed treatment strategies for patients with COPD



Understand the importance of assessing for proper inhaler technique at every visit

Recognize the role of interdisciplinary care in the management of COPD and the role of pulmonary rehabilitation

Data Interpretation

84% stated 4 weeks after program they (sometimes-always) will perform spirometry as part evaluation for patient with chronic cough and progressive dyspnea, improved from 34% prior to the program

Nearly 200% improvement in confidence to select appropriate inhaled therapies for patients with COPD, based on disease severity and patient characteristics 4 weeks after the program.



**Key Take-Home
Points**

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

40% of attendees report seeing 11 or more patients with COPD weekly; % see > than 5, suggesting a significant number of patients impacted

Persistent Educational Gaps After 4 Weeks

How to accurately stage patients with COPD incorporating symptom assessment and GOLD Guidelines

Prescribing appropriate guideline directed treatment for patients with COPD

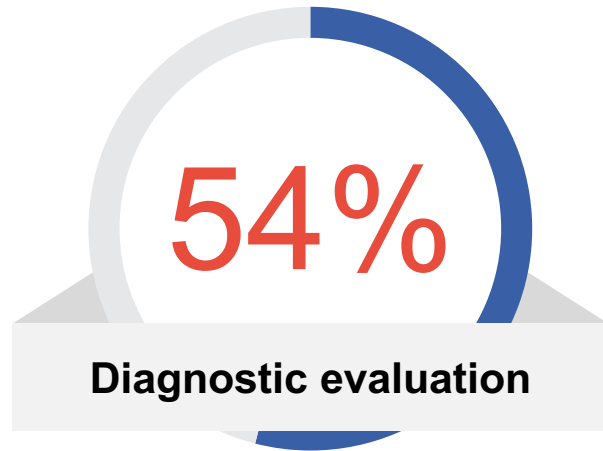
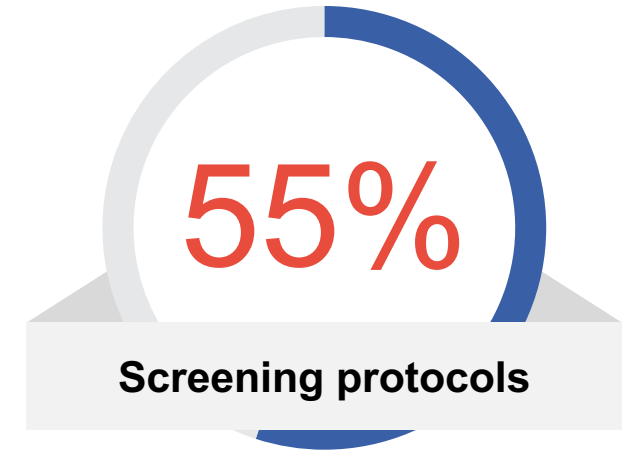
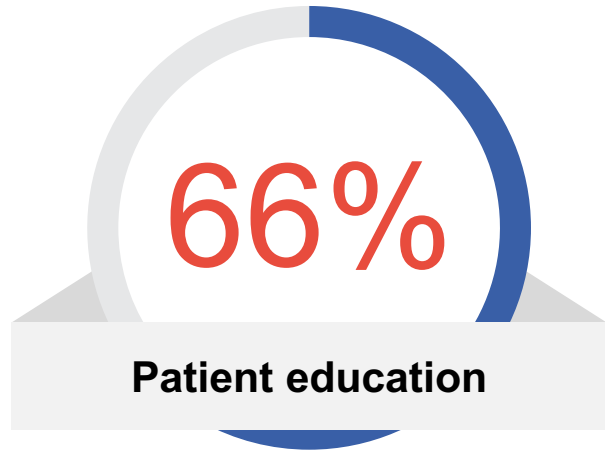
The importance of pulmonary rehabilitation

Utilization of spirometry for diagnosing and monitoring COPD



(4-week Post Assessment)

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

