



CONVERSATIONS IN PRIMARY CARE

Live Virtual Conferences



Confronting Psoriatic Disease: Putting New Tools to Work

**Final Live Outcomes Report for Novartis
Published on September 19, 2018**

Grant ID: NGCS 31998



Executive Summary

- ❖ Significant improvement in recognition of the diagnostic features of psoriasis; increased competence in managing patients with psoriasis and cardiovascular disease; greater awareness of patients at risk for comorbid CVD; and greater competence in selecting appropriate DMARD therapy for a patient with psoriasis. These changes persisted at 4 weeks after the program.
- ❖ 245% improvement in ability to recognize co-morbidities associated with psoriatic disease after this program
- ❖ 347% improvement in ability to integrate the latest treatment data into the management of patients with psoriatic disease



1753
Total
Attendees



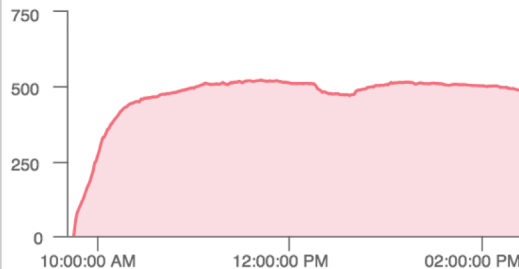
Three Live
Online
Broadcasts

Engagement Per Meeting

Event Summary

Event Duration: 287 min	Questions Asked: 416
Avg. Live Duration: 252 min	# of Poll Responses: 10179
Avg. On-Demand: 64 min	# of Survey Responses: 0

Attendance: Live



1484 out of 1753 live attendees (85%) achieved an engagement score of 9/10 or 10/10

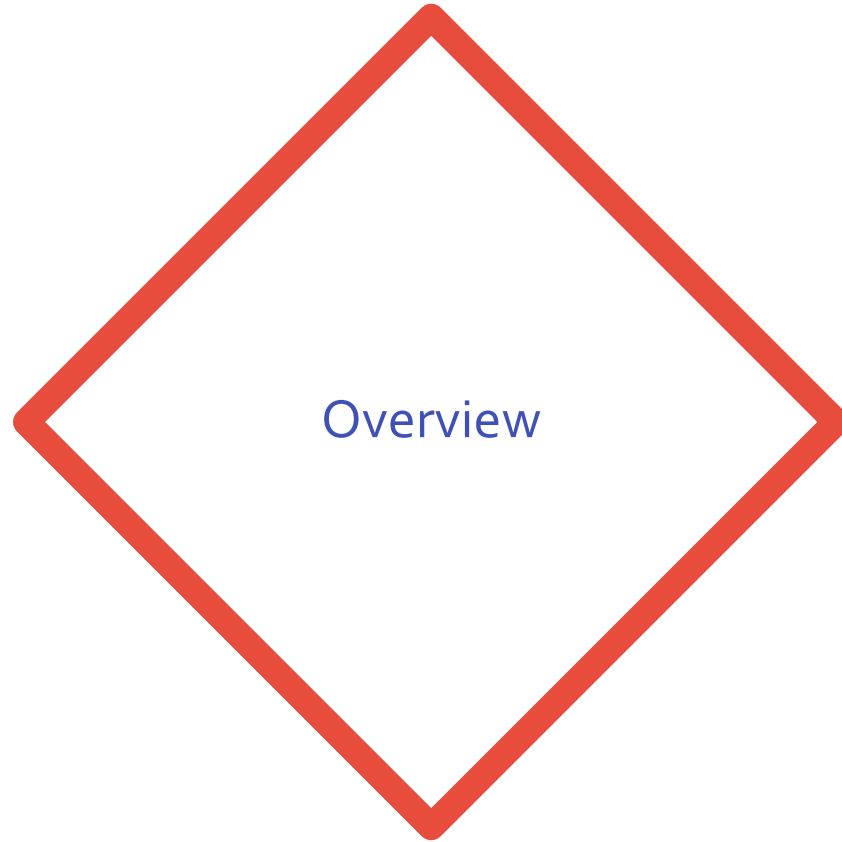
Persistent Gaps

At 4 weeks Follow-up, the *most consistently reported changes in practice behavior* were:

- ❖ Greater comfort in the identification and management of psoriasis, awareness of when biologic therapy is indicated, and recognition of importance of addressing comorbidities and cardiovascular risk in patients with psoriatic disease

Future education should focus on identified persistent learning gaps:

- ❖ Identification of psoriatic disease, recognition of associated comorbidities and cardiovascular risk, and evidence-based DMARD treatment strategy



Curriculum Overview

- ❖ 3 Accredited Live Online Symposia - Presented: February 10, 2018, March 10, 2018 and April 14, 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 the meeting
- ❖ Enduring Webcast, Launch Date: March 15, 2018 End Date: March 14, 2019
 - The enduring webcast can be found at:
http://naceonline.com/CME-Courses/course_info.php?course_id=972

Faculty

Brad P. Glick, DO, MPH, FAOCD

Glick Skin Institute

Skin and Cancer Associates

Program Director – Dermatology Residency

Larkin Hospital - Palm Springs Campus

Clinical Assistant Professor of Dermatology

FIU Herbert Wertheim College of Medicine

Miami, Florida

Paul S. Yamauchi, MD, PhD

Dermatology Institute & Skin Care Center

Clinical Science Institute

Clinical Assistant Professor of Dermatology

David Geffen School of Medicine at UCLA

Adjunct Associate Professor of Dermatology

John Wayne Cancer Institute

Santa Monica, CA

Learning Objectives

- ❖ Identify and describe the clinical features of psoriatic skin and joint disease
- ❖ Review and discuss associated comorbidities and emerging bio factors and their significance in the management of psoriatic disease
- ❖ Discuss the expanding and dynamically changing treatment paradigm for psoriasis and its related disorders
- ❖ Review and interpret up to date evidence-based clinical trial data and the latest treatments available for the management of psoriatic disease



Level 1:
Demographics & Patient Reach

2018 Conversations in Primary Care Participation and Engagement Summary

Activity Date: Saturday, Feb. 10, 2018

- ❖ 623 live attendees
- ❖ 4 credit live online symposium
- ❖ 4 Topics

Event Summary	
Event Duration: 287 min	Questions Asked: 416
Avg. Live Duration: 252 min	# of Poll Responses: 10179
Avg. On-Demand: 64 min	# of Survey Responses: 0

Outstanding Audience Engagement

517 out of 623 live attendees (83%) Achieved an Engagement Score of 9/10 or 10/10



Widgets Opened



Time in Webcast



Questions Asked



Polls Answered



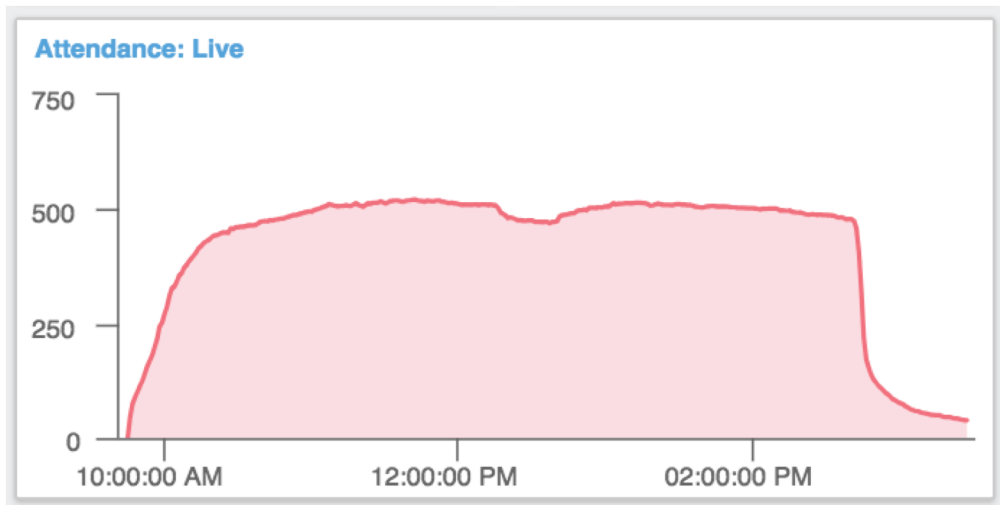
Surveys Submitted



Resources Viewed

Engagement Score Index Contributors:

- Length of time watching the webcast (up to 4.5)
- Number of polls answered (up to 2.0)
- Number of questions asked (up to 1.5)
- Number of complementary resources viewed (up to 1.0)
- Number of widgets opened on the console (up to 1.0)

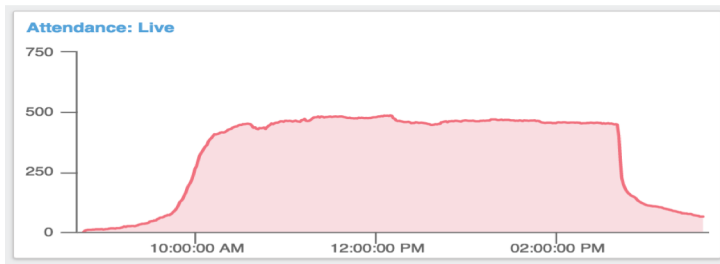


2018 Conversations in Primary Care Participation and Engagement Summary

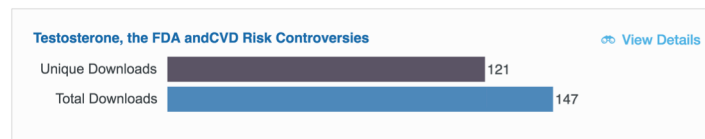
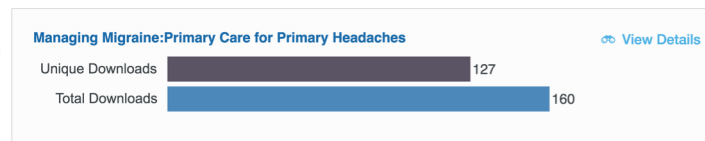
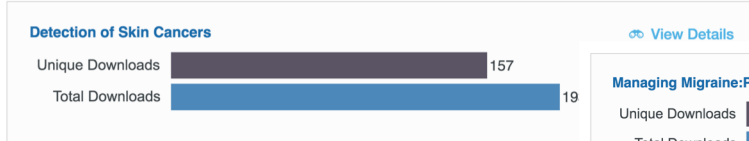
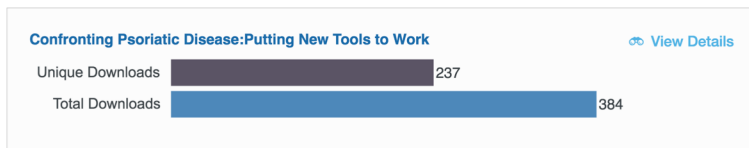
Activity Date: Saturday, March 10, 2018

- ❖ 615 live attendees
- ❖ 4 credit live online symposium
- ❖ 4 Topics

Event Duration: 304 min Questions Asked: 586
 Avg. Live Duration: 253 min # of Poll Responses: 5951



Slide Decks Downloads



Outstanding Audience Engagement

525 out of 615 live attendees (86%) Achieved an Engagement Score of 10 out of 10



Widgets Opened



Time in Webcast



Questions Asked



Polls Answered



Surveys Submitted



Resources Viewed

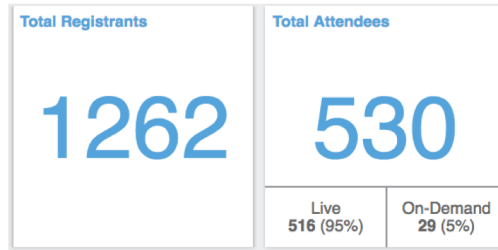
Engagement Score Index Contributors:

- Length of time watching the webcast (up to 4.5)
- Number of polls answered (up to 2.0)
- Number of questions asked (up to 1.5)
- Number of complementary resources viewed (up to 1.0)
- Number of widgets opened on the console (up to 1.0)

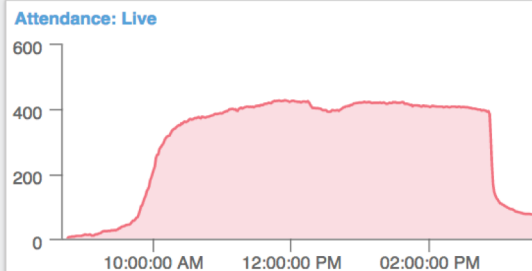
2018 Conversations in Primary Care Participation and Engagement Summary

Activity Date: Saturday, April 14, 2018

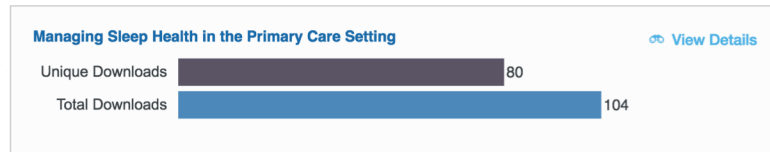
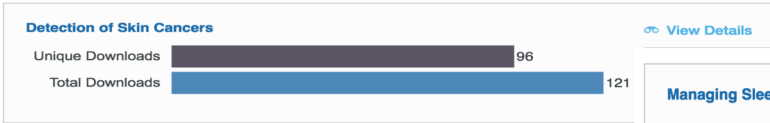
- ❖ 515 live attendees
- ❖ 4 credit live online symposium
- ❖ 4 Topics
- ❖ Outstanding Audience Engagement!



Event Summary	
Event Duration: 355 min	Questions Asked: 188
Avg. Live Duration: 253 min	# of Poll Responses: 4827
Avg. On-Demand: 29 min	# of Survey Responses: 0



Slide Decks Downloads



Outstanding Audience Engagement

442 out of 515 live attendees (85.6%) Achieved an Engagement Score of 10 out of 10



Widgets Opened



Time in Webcast



Questions Asked



Polls Answered



Surveys Submitted



Resources Viewed

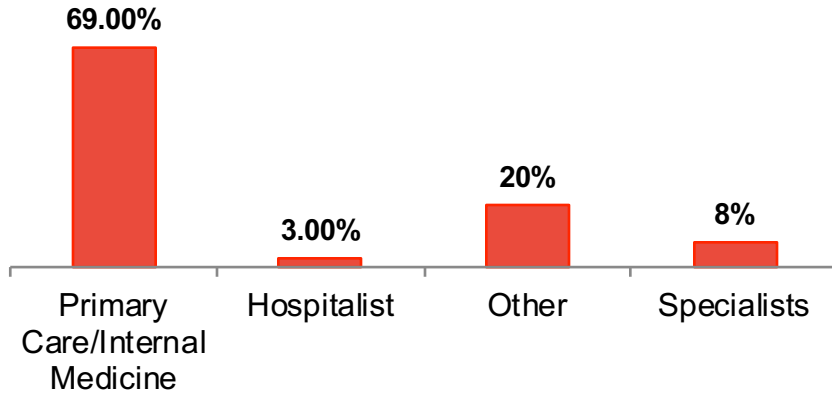
Engagement Score Index Contributors:

- Length of time watching the webcast (up to 4.5)
- Number of polls answered (up to 2.0)
- Number of questions asked (up to 1.5)
- Number of complementary resources viewed (up to 1.0)
- Number of widgets opened on the console (up to 1.0)

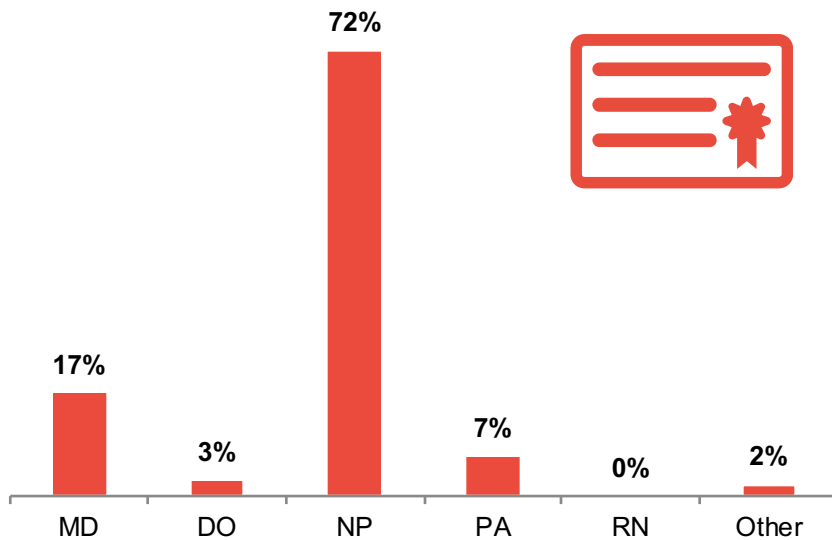
Level 1: Participation:

1753 Participants

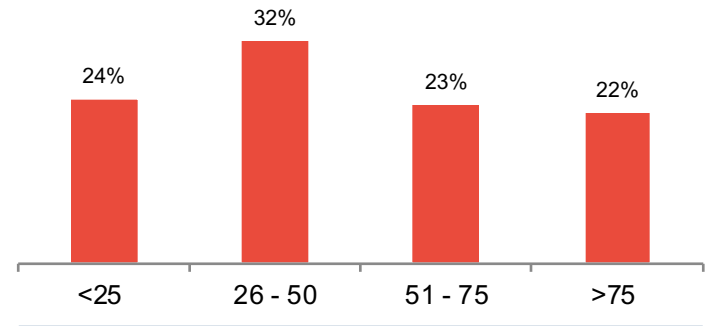
Specialty



Profession



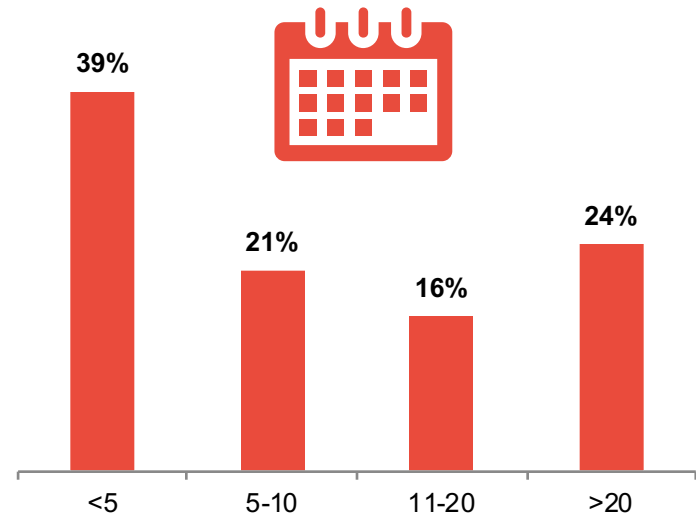
Number of patients you personally see each week, in any clinical setting



Patient Care Focus: 93%

Years in Practice

Title



A large red diamond outline is centered on the page. Inside the diamond, the text "Levels 2-5 Outcomes Metrics" is written in a blue, sans-serif font.

Levels 2-5
Outcomes Metrics

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



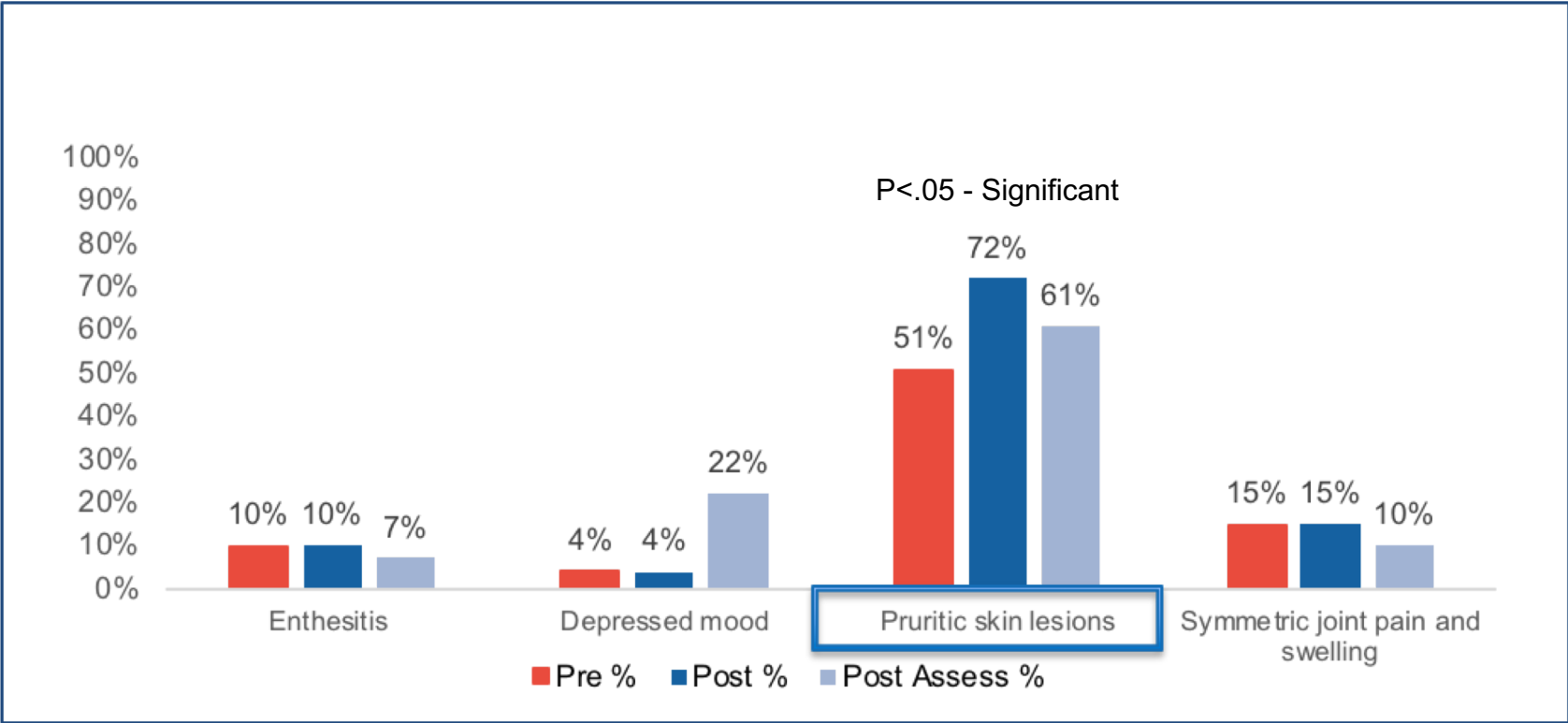
90% said they would implement new strategies that they learned



99% said the program was fair-balanced and unbiased

Which of the following are among the most common symptoms of psoriatic disease?

Learning Domain Knowledge
 Learning Objective(s): 1

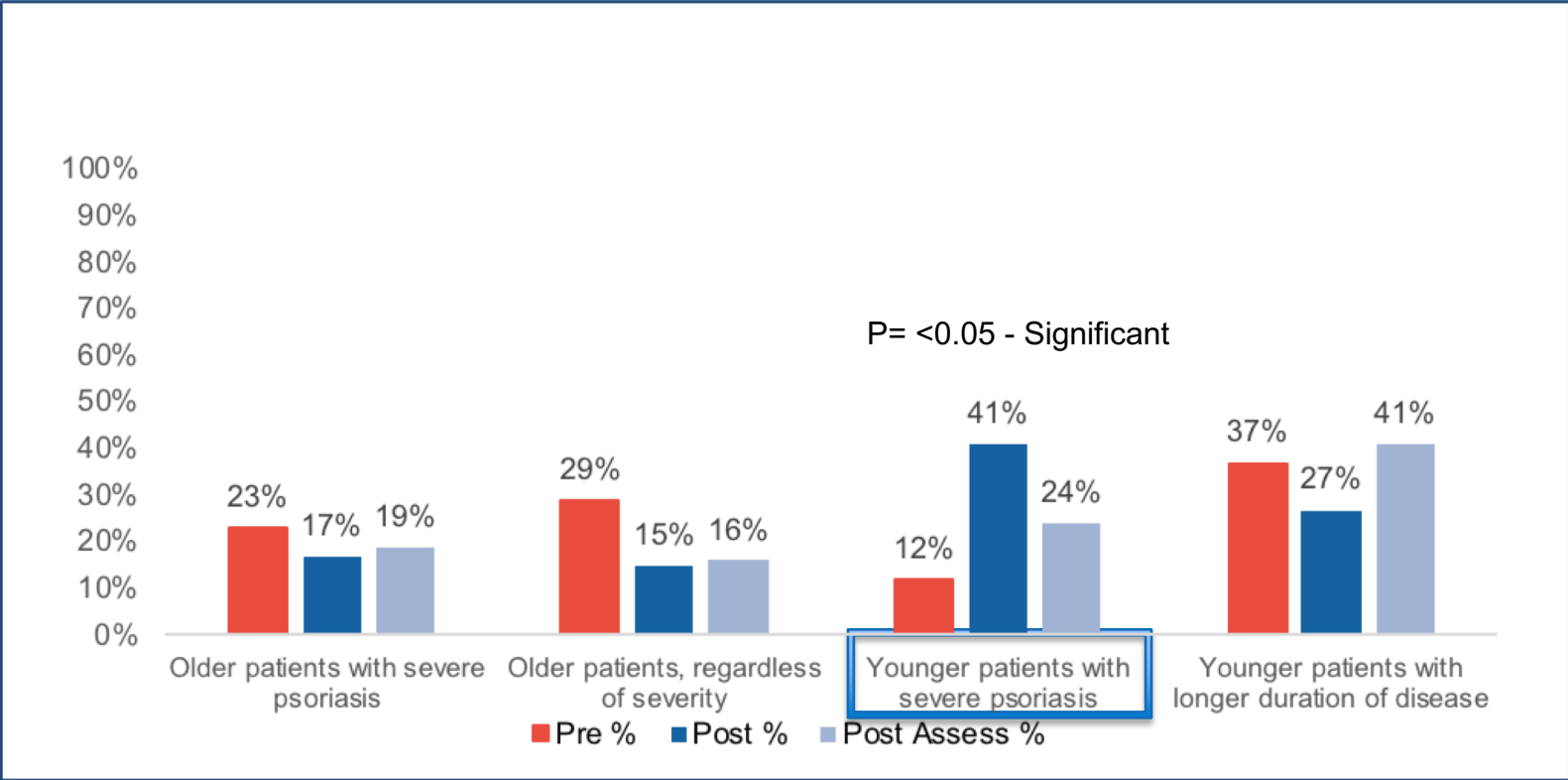


N = Pre: 814 Post: 736 Post Assess: 251

Pre-Post Change	41%
Pre-PCA Change	20%

According to a population-based study, the relative risk for myocardial infarction is highest in which of the following patients with psoriatic disease?

Learning Domain: Knowledge
 Learning Objective(s): 2



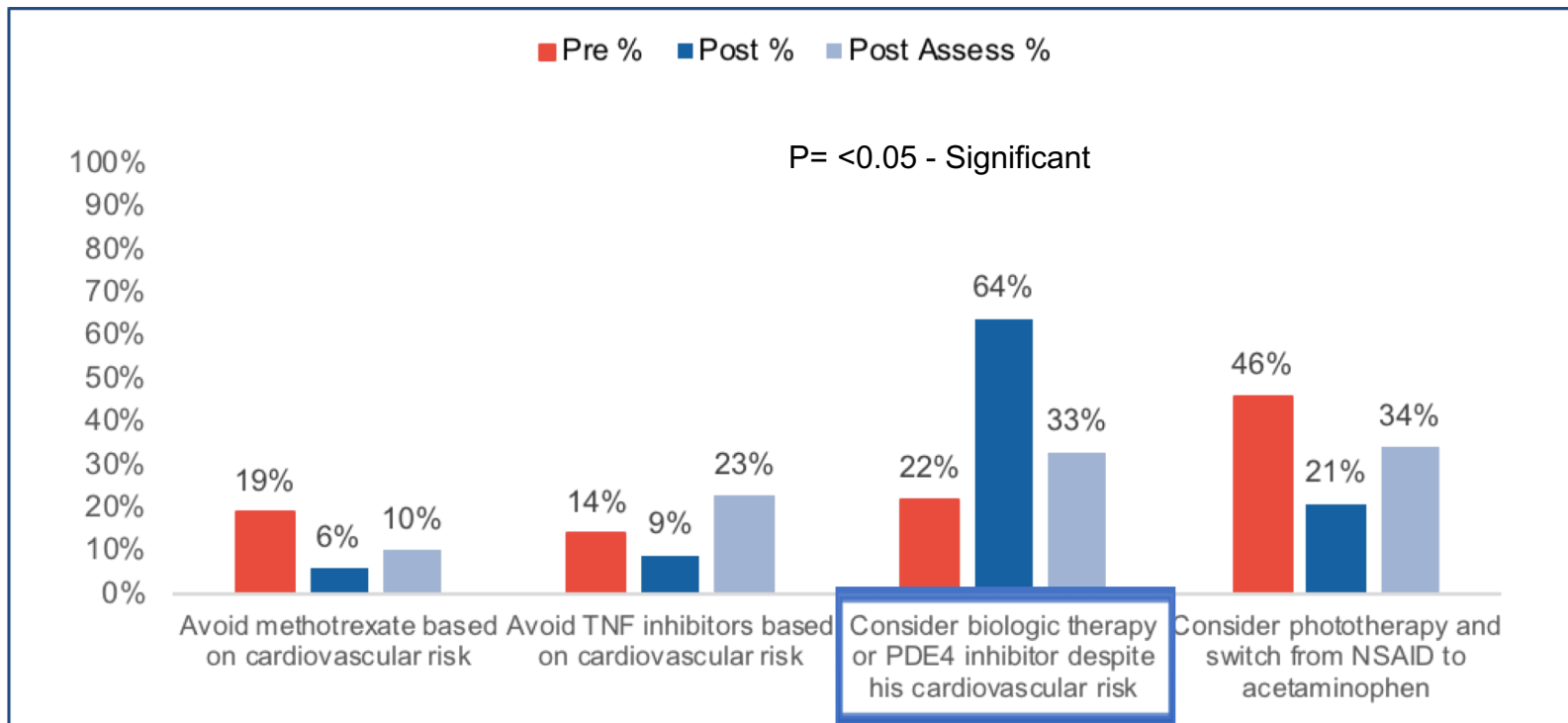
N = Pre: 857 Post: 786 Post Assess: 251

Pre-Post Change	342%
Pre-PCA Change	200%

A 63-year-old obese man with a 12-year history of psoriasis and 2-year history of psoriatic arthritis presents reporting increased disease activity (5% BSA, moderate joint disease activity). Current medications include topical steroids and NSAIDs. He recently underwent PCI for management of unstable angina.

Which of the following might be appropriate based on this history?

Learning Domain: Competence
 Learning Objective(s): 3,4

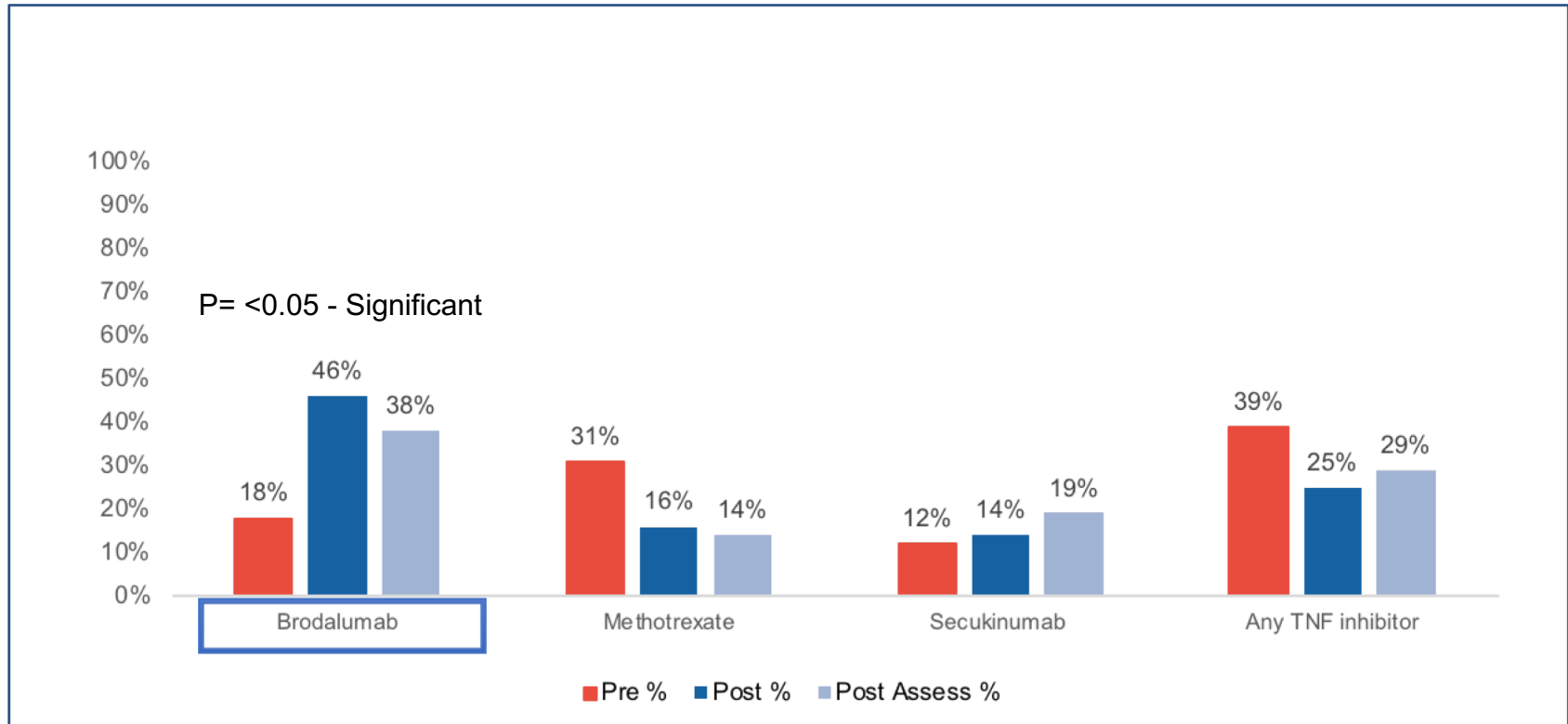


N = Pre: 834 Post: 802 Post Assess: 251

Pre-Post Change	290%
Pre-PCA Change	50%

For a patient with moderate-severe psoriasis and a recent history of major depression, clinicians should consider avoiding which of the following agents?

Learning Domain: Competence
Learning Objective(s): 3,4

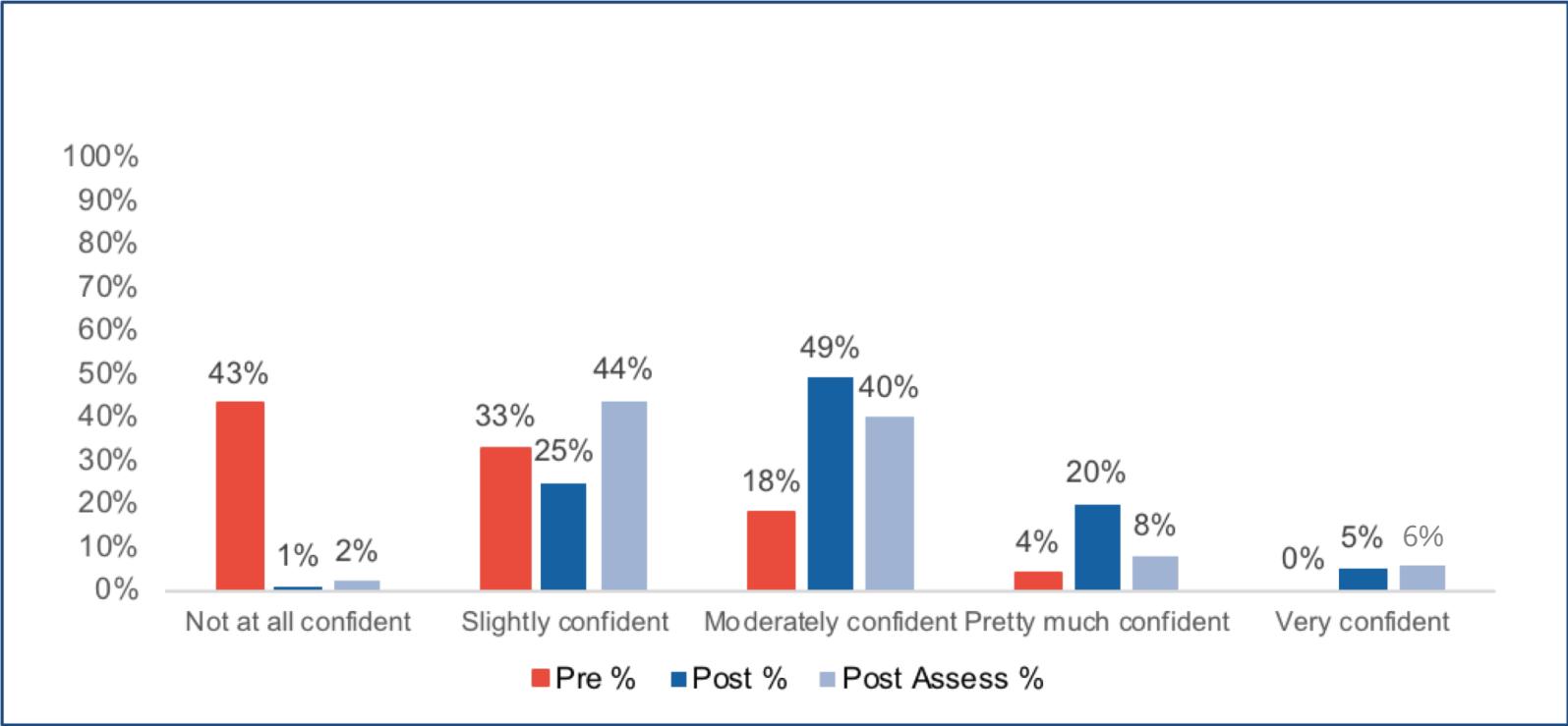


N = Pre: 744 Post: 716 Post Assess: 251

Pre-Post Change	255%
Pre-PCA Change	211%

How confident are you in your ability to recognize co-morbidities associated with psoriatic disease ?

Learning Domain: Confidence
 Learning Objective(s): 2,3,4



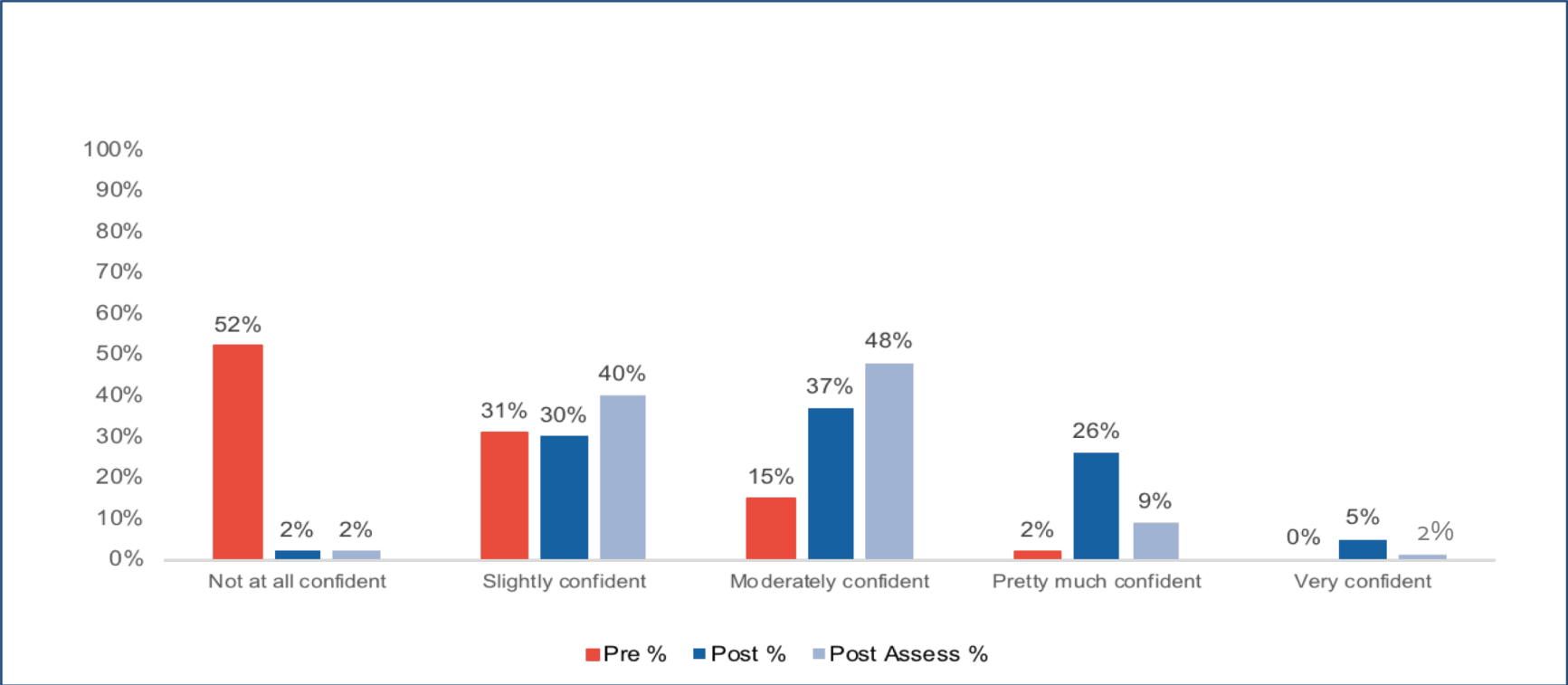
N = Pre: 726 Post: 771 Post Assess: 251

Pre-Post Change (Moderate-Very)	336%
Pre-PCA Change (Moderate - Very)	245%



How confident are you in your ability to integrate the latest treatment data into the management of patients with psoriatic disease?

Learning Domain: Confidence
 Learning Objective(s): 2,3,4



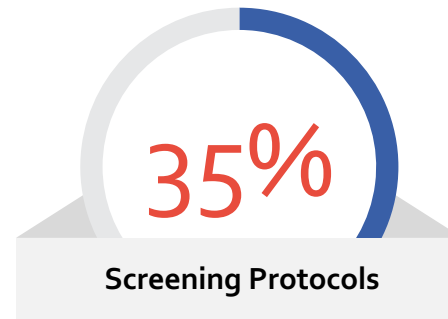
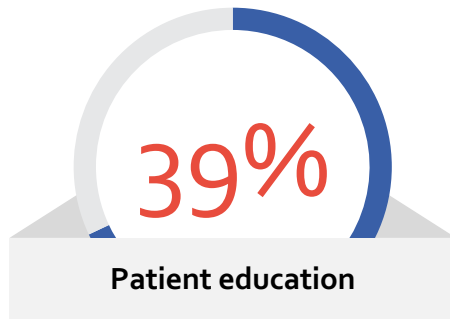
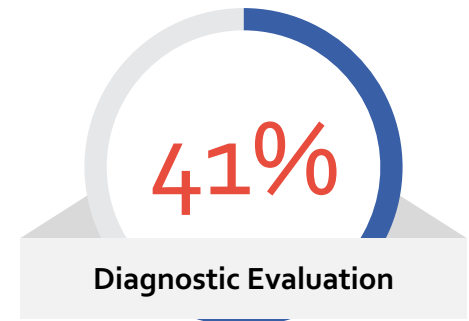
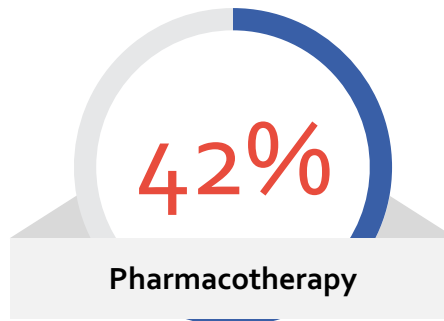
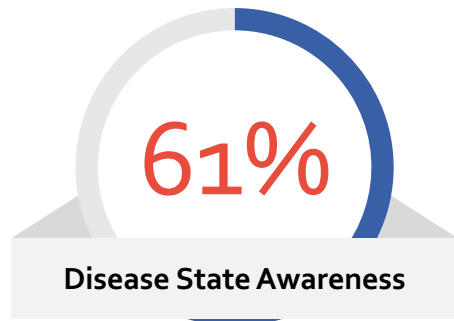
N = Pre: 744 Post: 767 Post Assess: 251

Pre-Post Change (Moderate-Very)	400%
Pre-PCA Change (Moderate - Very)	347%



4 Week Follow Up:

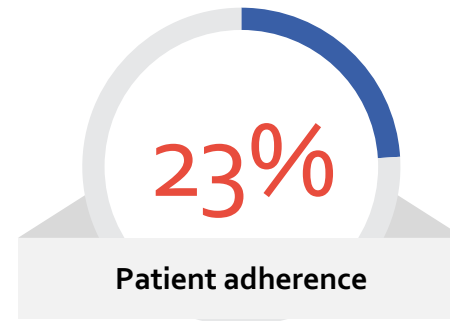
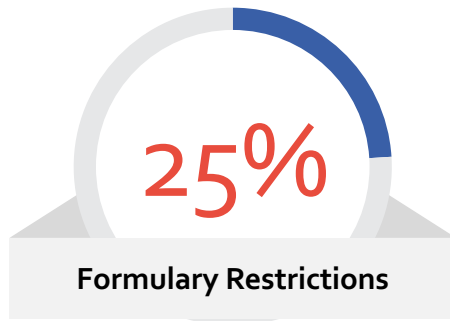
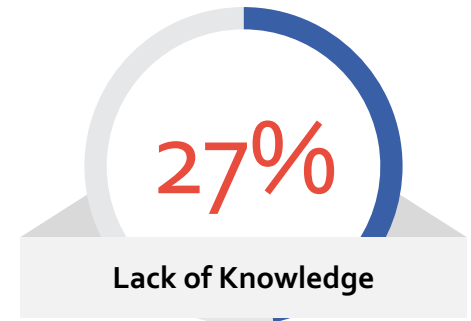
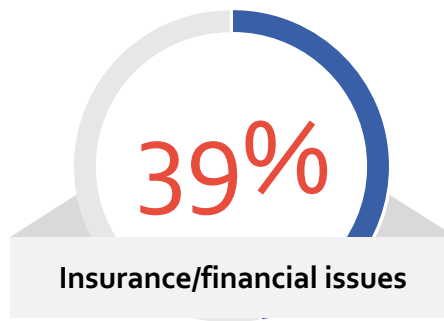
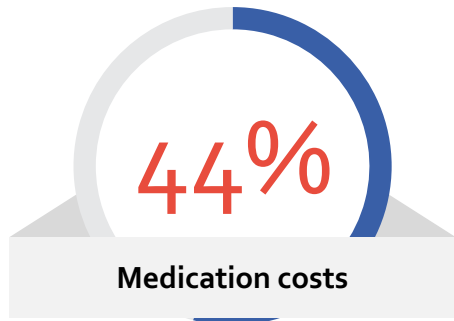
Please select the specific areas of skills, or practice behaviors, you have improved regarding the treatment of patients with psoriatic disease since this CME activity. (Select all that apply)



Sample Size: N = 251

4 Week Follow-Up:

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



Sample Size: N = 288

New Specific Behaviors Reported at 4 weeks



I have a better understanding of when to use biologics vs topicals.

I am now monitoring for cardiovascular disease in those patients with psoriasis.

Psoriasis is beyond a dermatologic disease state. I will provide more patient education on the comorbidities and indication for referral.

I have a better screening protocol that will improve timely referral.

I am more confident and more knowledgeable about the identification and assessment of psoriatic disease and its symptoms. I am discussing prognosis and treatment with my patients.

Educational Impact

This curriculum focused on helping primary care clinicians better diagnose psoriasis, recognize the impact of comorbidities and integrate the latest evidence based treatment strategies into the care of their patients with psoriatic disease.

Participants made the following statistically significant educational gains that persisted 4 weeks after the program:

- ❖ 20% increase in recognition of the diagnostic features of psoriasis (LO 1)
- ❖ 200% improvement in awareness that younger, not older, patients with severe psoriasis regardless of the the duration of their disease, are at the highest risk for myocardial infarction (LO 2)
- ❖ 50% increase in competence managing patients with psoriasis and cardiovascular disease (LO 3,4)
- ❖ 211% increase in competence selecting appropriate DMARD therapy for patients with psoriasis (LO 3,4)
- ❖ 245% improvement (Pre-PCA) in ability to recognize co-morbidities associated with psoriatic disease after this program (LO 2,3,4)
- ❖ 347% improvement (Pre-PCA) in ability to integrate the latest treatment data into the management of patients with psoriatic disease (LO 2,3,4)

4 Week Behavior Changes and Persistent Learning Gaps

At 4 weeks Follow-up, participants reported the following *changes in practice behavior*:

- ❖ Greater comfort in the identification and management of psoriasis
- ❖ Greater awareness of when biologic therapy is indicated
- ❖ Recognition of the importance of addressing comorbidities and cardiovascular risk in patients with psoriatic disease
- ❖ Participants reported the following improved skills regarding the treatment of patients with psoriatic disease: 61% disease state awareness, 42% pharmacotherapy, and 39% patient education

Persistent learning gaps were identified indicating a need for future education with a focus on:

- ❖ Common features of psoriasis for early identification
- ❖ Cardiovascular risk in patients with psoriasis
- ❖ Indications for initiating systemic pharmacotherapy, particularly in patients with established cardiovascular disease
- ❖ Recognition and management of adverse effects associated with DMARD therapy