# **Challenges in Pulmonary and Critical Care**



# LIVE CME CONFERENCE



**Sarcoidosis: Update 2019** 

Final Live Outcome Report
Prepared For Mallinckrodt Pharmaceuticals, LLC. Grant ID: MED-PUL-1646
January 27, 2020



# **Executive Summary**

- This activity focused on improving the diagnosis and treatment of sarcoidosis with recognition of the impact of patient phenotype in management.
- 917 attendees in multiple professional specialties were reached in this program.
- ❖ Improvement across several learning domains was noted ranging from 0% to 222%.
- Overall, the program improved the ability of learners to recognize how to diagnosis and manage sarcoidosis.







National online simulcast: 820 attendees

### **Persistent Educational Gaps**

- Though improvements were observed, learners demonstrated persistent gaps in the several areas including:
  - Strategy for accurately diagnosing a patient presenting with signs and symptoms of sarcoidosis
  - Individualizing treatment for sarcoidosis
  - Incorporating phenotype into treatment decisions
  - The role and timing of advanced therapies like Anti-TNFa and RCI

The post-test scores, and self reported confidence regarding the diagnosis and 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.



# **Learning Objectives**

- Describe the pathophysiology and the epidemiology or Sarcoidosis.
- Incorporate up-to-date methodology to accurately diagnosis Sarcoidosis.
- Recognize the impact of patient phenotypes in the management of Sarcoidosis.
- Provide appropriate treatment for patients with Sarcoidosis based on the extent and responsiveness of their disease.



### **Course Director**

#### Franck Rahaghi, MD, MHS, FCCP

Chairman, Department of Pulmonary Medicine Director, Pulmonary Hypertension Clinic Head, Pulmonary Education and Rehabilitation Department of Pulmonary and Critical Care Cleveland Clinic Florida Weston, FL

### **Activity Planning Committee**

Gregg Sherman, MD

Michelle Frisch, MPH, CCMEP

Sandy Bihlmeyer M.Ed

Franck Rahaghi, MD, MHS, FCCP

Sheila Lucas, CWEP

Joshua F. Kilbridge

Cedric Nazareth, MBBS

Deborah Paschal, CRNP

### **Faculty**

#### Sajive Aleyas, MD

Interventional Pulmonary Cleveland Clinic Florida Weston, FL

#### **Gregory Cosgrove, MD**

Associate Professor
Assistant Director, Interstitial Lung Disease Program
Department of Medicine
Division of Pulmonary, Critical Care & Sleep Medicine
Endowed Chair in Interstitial Lung Disease
National Jewish Health
Denver, CO

#### Samuel Gurevich, MD, FCCP

Medical Director, Respiratory Therapy Cleveland Clinic Florida Clinical Assistant Professor of Medicine Cleveland Clinic Lerner College of Medicine of Case Western Reserve University Weston, FL

#### Sandhya Khurana, MD

Professor, Pulmonary and Critical Care Medicine Director, Mary Parkes Center for Asthma, Allergy & Pulmonary Care University of Rochester School of Medicine Rochester, NY

#### Mehdi Mirsaeidi MD, MPH\*

Director of UM and VA Sarcoidosis Programs IRB Vice-Chairman, Miami VA Healthcare System
Division of Pulmonary, Critical Care,
Sleep and Allergy
Department of Medicine
University of Miami
Miller School of Medicine
Miami, FL

#### Farbod N. Rahaghi, MD, PhD

Instructor, Harvard Medical School Applied Chest Imaging Laboratory Pulmonary Vascular Disease Program Brigham and Women's Hospital Pulmonary and Critical Care Internal Medicine Boston, MA

#### Franck Rahaghi, MD, MHS, FCCP

Chairman, Department of Pulmonary Medicine

Weston, FL

Director, Pulmonary Hypertension Clinic Head, Pulmonary Education and Rehabilitation Department of Pulmonary and Critical Care Cleveland Clinic Florida



# **Challenges in Pulmonary and Critical Care**



# LIVE CME CONFERENCE



The Challenges in Pulmonary and Critical Care: 2019 CME activity was supported through educational grants or donations from the following companies:

- ❖ Novartis Pharmaceuticals Corporation
- Actelion Pharmaceuticals US, Inc.
- Shire
- CSL Behring, LLC.
- Grifols
- Genentech
- Mallinckrodt Pharmaceuticals, LLC



## **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** 

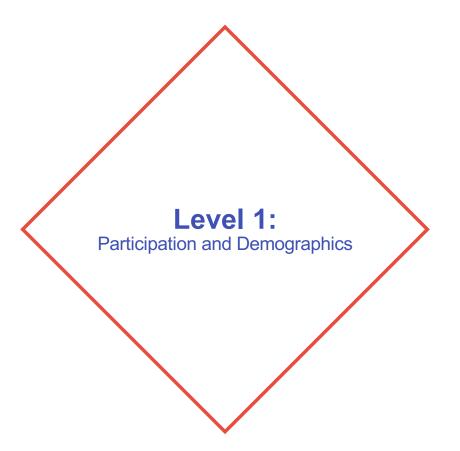
**Level 5: Performance** 

**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 1:Participation**



November 23, 2019 Coral Springs, FL



90%

Provide direct patient care



917 total attendees



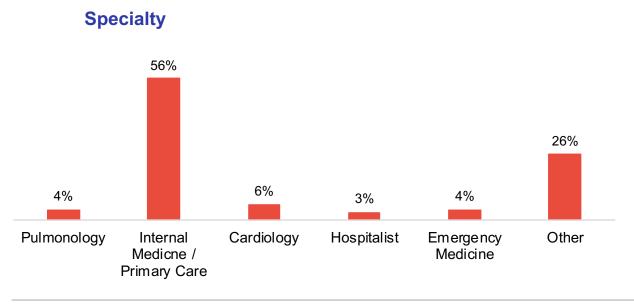
On site: 97 attendees

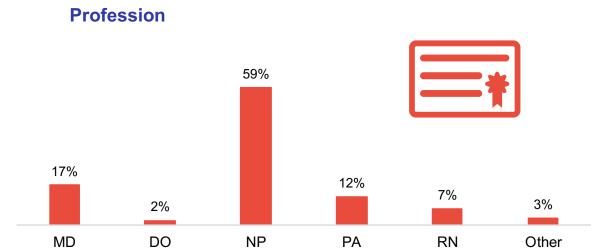


National online simulcast: 820 attendees

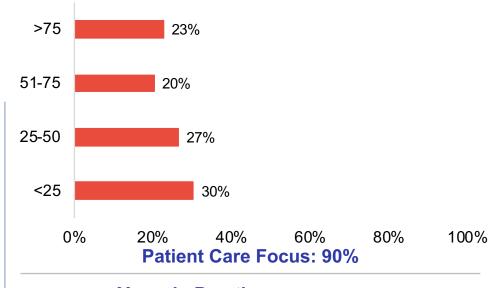


## **Level 1: Demographics and Patient Reach**

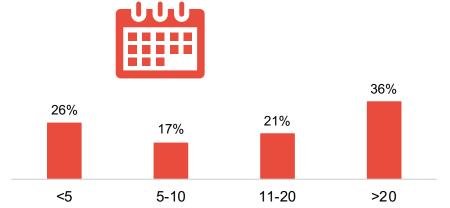




#### Patients seen each week, in any clinical setting:













## **Level 2: Satisfaction**



88% rated the activity as excellent



89% indicated the activity improved their knowledge



88% stated that they learned new and useful strategies for patient care



91% said they would implement new strategies that they learned

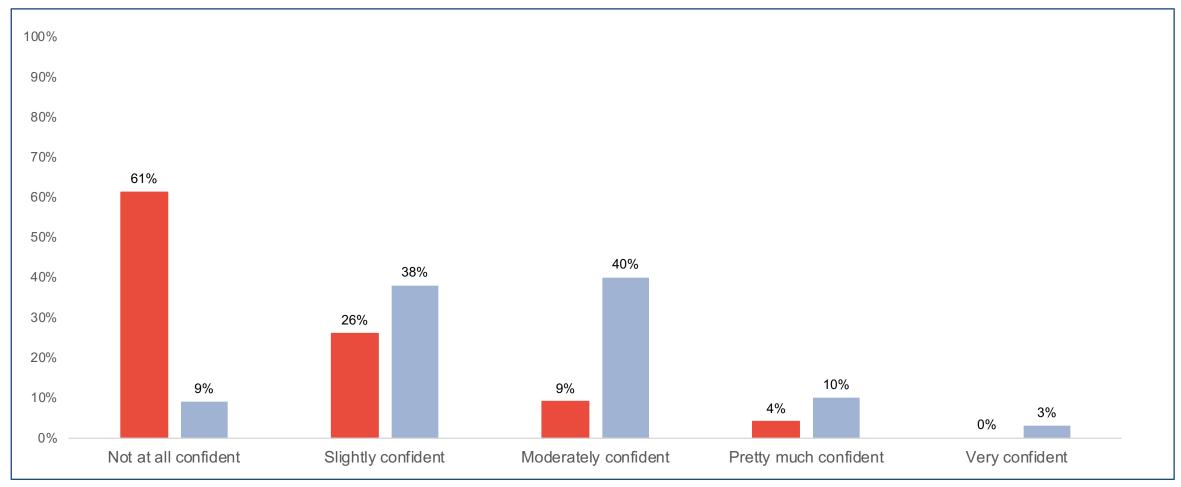


98% said the program was fair-balanced and unbiased



#### **Confidence Assessment**

# Please rate your confidence in your ability to manage patients with sarcoidosis:(Learning Objective 2,3,4)

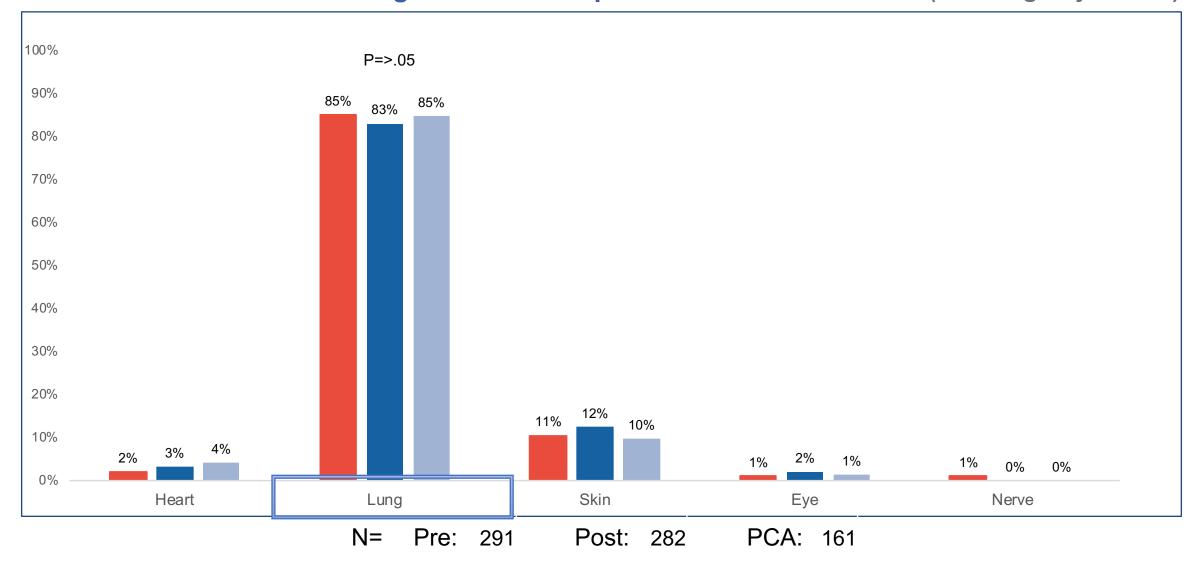


N= Pre: 343 PCA: 161



### **Knowledge Assessment**

### What is the most common organ involved in patients with sarcoidosis?(Learning Objective 1)

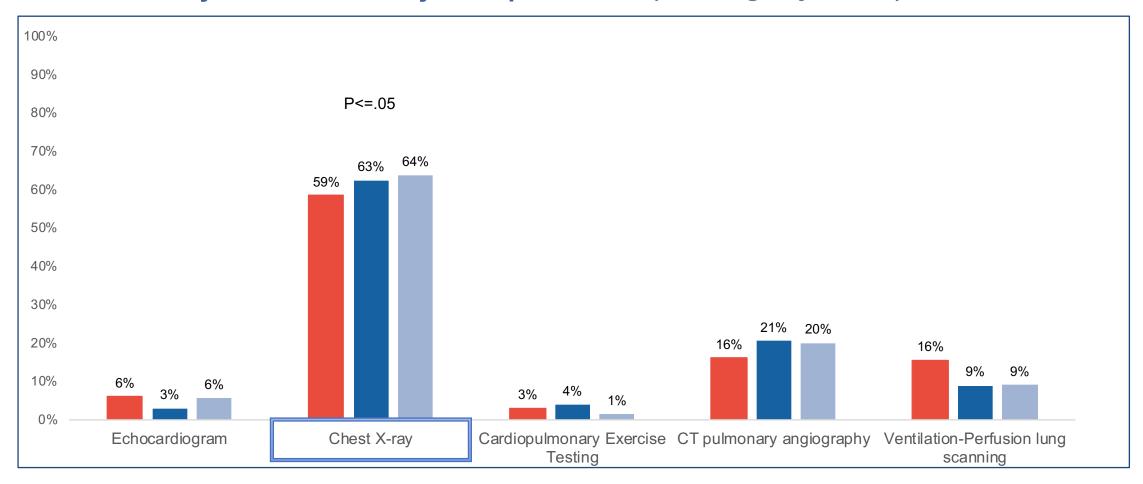


Pre to Post Change -2%
Pre to PCA Change 0%



### Competence Assessment

# A 22 y/o female with cough, reddish, painful, tender lumps in the front of both legs below the knees visits you. What would you request first? (Learning Objective 2)



N= Pre: 283 Post: 278 PCA: 161

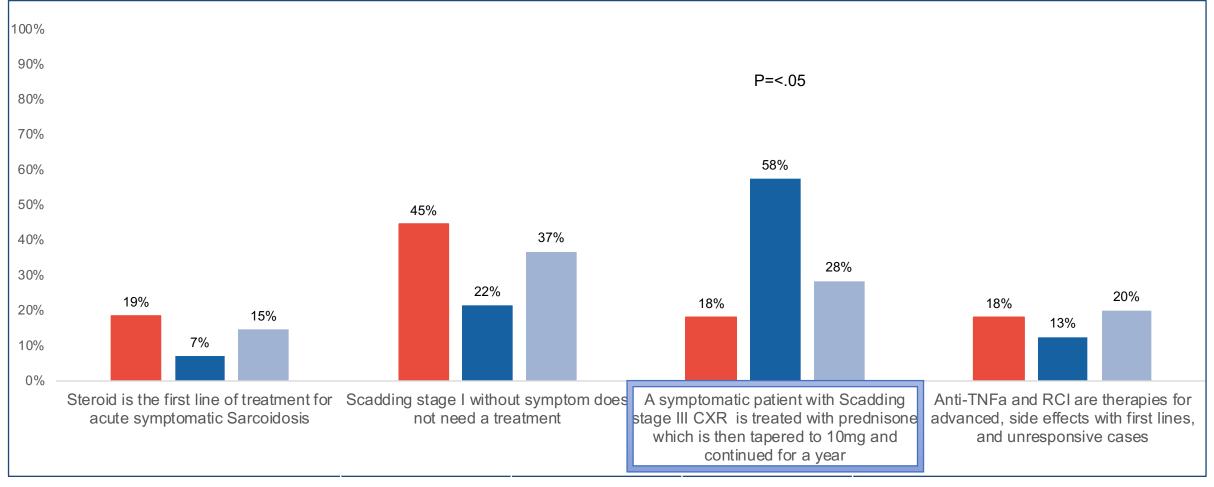
Pre to Post Change	7%
Pre to PCA Change	8%



### **Knowledge Assessment**

### Regarding treatment of Sarcoidosis all are true EXCEPT?

### (Learning Objective 3)



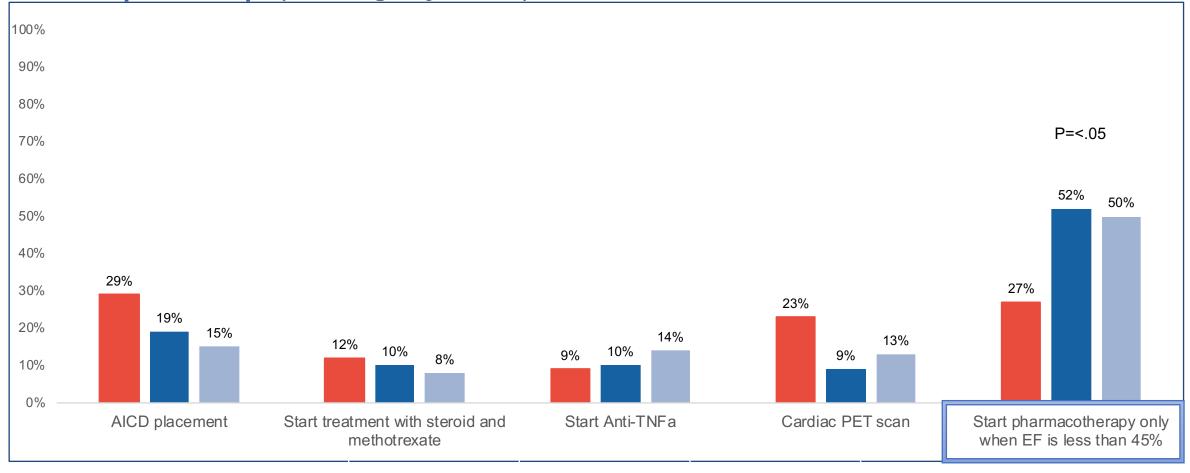
N= Pre: 272 Post: 279 PCA: 161

Pre to Post Change	222%
Pre to PCA Change	55%



### **Competence Assessment**

John Smith is a 60 y/o male with newly diagnosed cardiac sarcoidosis who presents to discuss treatment options. You advise him that all of the following may be components of his care plan except:(Learning Objective 4)



N= Pre: 276 Post: 295 PCA: 161

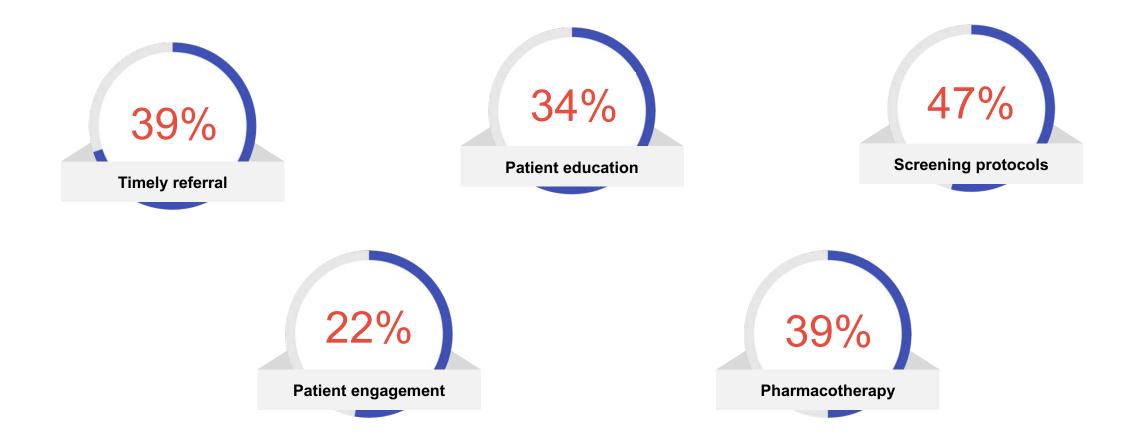
Pre to Post Change	93%
Pre to PCA Change	85%



(4-week Post Assessment)

Please select the specific areas of *skills, or practice behaviors*, you have improved regarding the screening, diagnosis and treatment of Sarcoidosis since this CME activity. (Select all that apply.)

N=161





(4-week Post Assessment)

What specific *barriers* have you encountered that may have prevented you from successfully implementing screening, diagnosis and treatment of Sarcoidosis since this CME activity? (Select all that apply)

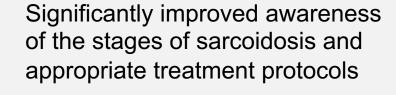
N=161





# **Participant Educational Gains**

Improved recognition of the presenting signs and symptoms of sarcoidosis and appropriate testing needed for initial evaluation



Greater competence in the management of patients with cardiac manifestations of sarcoidosis



Improved competence in learner ability to manage patients with sarcoidosis



# Persistent Educational Gaps After 4 Weeks

Strategy for accurately diagnosing a patient presenting with signs and symptoms of sarcoidosis



Individualizing treatment for sarcoidosis

Incorporating phenotype into treatment decisions

The role and timing of advanced therapies like Anti-TNFa and RCI



# **Key Take-Home Points**

Learners are more confident and competent in the diagnosis and management of sarcoidosis.

90% of learners are engaged in direct patient care and 91% reported that they will implement new strategies they learned

After 4 weeks, participants reported the following barriers regarding the screening, diagnosis and treatment of Sarcoidosis: 45% lack of knowledge, 34% patient adherence.compliance, 21% system constraints

After 4 weeks, participants reported the following improved skills regarding the screening, diagnosis and treatment of Sarcoidosis: 47% screening protocols, 39% pharmacotherapy, and 39% timely referral

