

Conversations in Primary Care: 2020

Final Live Activity Outcomes Report



Psoriasis in Primary Care: Updated Approaches to Care


October 2, 2020

Novartis Grant ID: NGC38191


Conversations in Primary Care: 2020

This curriculum focused on management of patients with psoriasis


Participation



4,081*
Total Attendees



4 Virtual Sessions



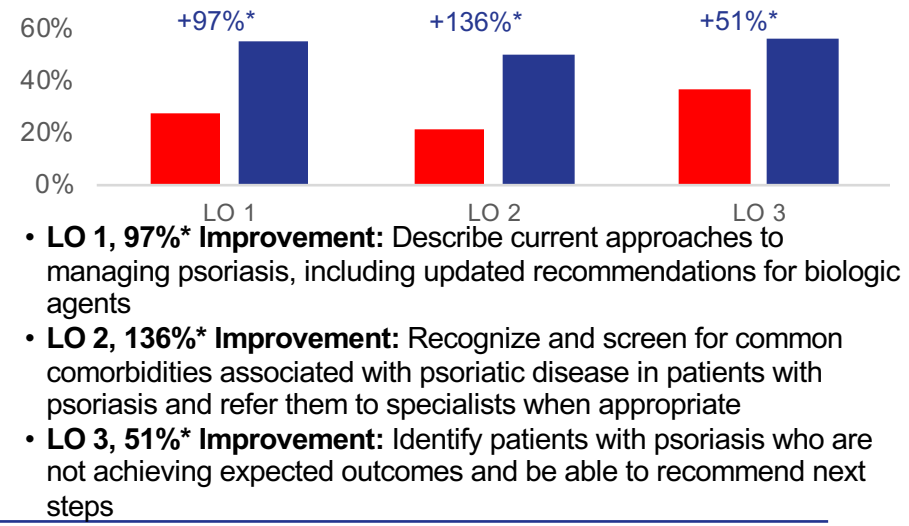
1947
certificates issued to date

This education has the potential to impact 273,262 Patients with psoriasis on an annual basis.

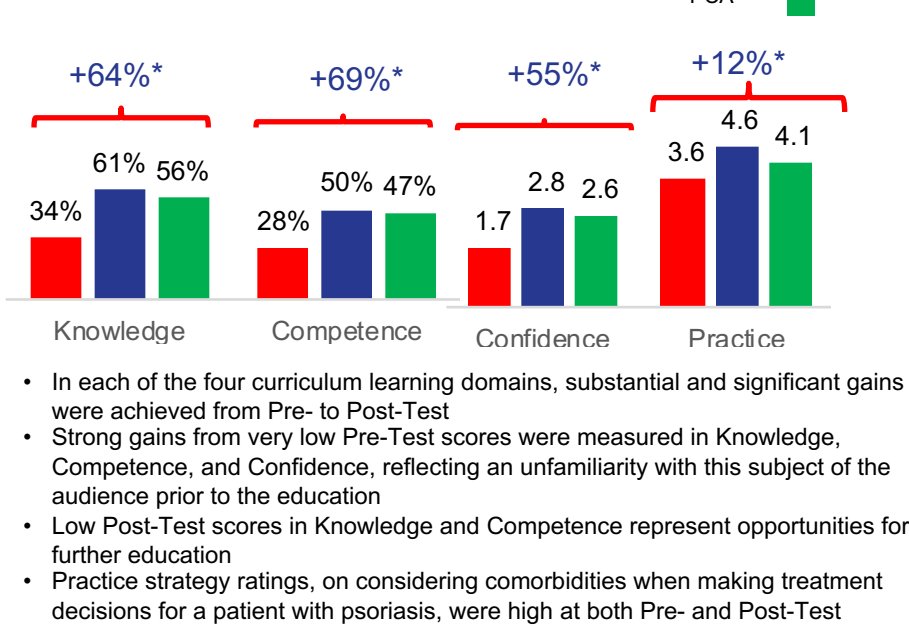
2,399–8,111 Patients Weekly

2020 Session	Date	Attendees
Conversations in Primary Care, Episode 1	2/8/20	1,026
Conversations Episode 1, Rebroadcast	2/15/20	329
Conversations in Primary Care, Episode 2	3/14/20	1,821
Conversations Episode 2, Rebroadcast	3/21/20	905
Total		4,081

Learning Gains Across Objectives



Learning Domain Analysis



Persistent Learning Gaps/Needs

Initiating or escalating guidelines-based treatment for patients with psoriasis

According to 2019 AAD-NPF guidelines for psoriasis, 35% fail to recognize that there is no preferred first-line biologic for psoriatic skin disease



32% of learners remain unable to recognize an acceptable response in terms of body surface area (BSA) affected by cutaneous psoriasis, 3 months after starting a new psoriasis therapy



Evaluating risks associated with comorbidities in the setting of psoriasis

49% fail to recognize that the relative risk for myocardial infarction is highest in younger patients with severe psoriatic disease



On a competence question where learners were asked to choose appropriate therapy for a patient with psoriatic arthritis, moderate skin disease and underlying cardiovascular disease, 35% of learners struggled at post test to recognize the importance of utilizing biologic or PDE4 therapy, in appropriate patients, despite underlying cardiovascular disease



Curriculum Patient Impact

In the Post-Test, learners (N = 1,504) were asked to report how many patients with psoriasis they see per week in any clinical setting by selecting a range. The resulting distribution of learner responses was then extrapolated to reflect the total number of learners who have attended the sessions.

The findings reveal that this education has the potential to impact

273,262

patients on an annual basis.

2,399 – 8,111 patients on a weekly basis

2,399–
8,111

Course Director

Gregg Sherman, MD

Course Director

Chief Medical Officer

National Association for Continuing Education

Plantation, FL

Activity Planning Committee

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Faculty

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Clinical Assistant Professor of Dermatology

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Founder and Course Director

San Diego Dermatology Symposium

Founder and CEO

Dermatology Research and Education Foundation

Irvine, CA

Commercial Support

The Conversations in Primary Care: 2020 series of CME activities were supported through educational grants or donations from the following companies:

- ❖ Astellas Pharma Global Development, Inc.
- ❖ Esperion Therapeutics, Inc.
- ❖ Ferring Pharmaceutical, Inc.
- ❖ Grifols
- ❖ Kaneka Pharma America LLC
- ❖ Novartis Pharmaceuticals Corporation
- ❖ Novo Nordisk, Inc.
- ❖ Takeda Pharmaceuticals U.S.A., Inc.

Overview

Learning Objectives

- ❖ Describe current approaches to managing psoriasis, including updated recommendations for biologic agents
- ❖ Recognize and screen for common comorbidities associated with psoriatic disease in patients with psoriasis and refer them to specialists when appropriate
- ❖ Identify patients with psoriasis who are not achieving expected outcomes and be able to recommend next steps


Curriculum Overview

**2 Accredited Live Virtual Symposia
and 2 Live Rebroadcast Symposia:
February – March 2020**



Clinical Highlights eMonograph

eMonograph, containing key teaching points from the CME activity, was distributed 1 week after the meeting to all attendees.



CONVERSATIONS IN PRIMARY CARE

Live Virtual Conferences

2020 Clinical Highlights

PSORIASIS IN PRIMARY CARE: Updated Approaches to Care

Faculty

Brad P. Glick, DO, MPH, FAAD
Glick Skin Institute

- Psoriasis is a chronic, relapsing, immune dysregulatory, inflammatory disease, characterized by erythema, induration, desquamation, scaling, and itching
- Plaque psoriasis is the most common cutaneous form, accounting for 80-90% of all cases

Enduring CME Symposium Webcast

Available at: <https://www.naceonline.com/courses/psoriasis-in-primary-care-updated-approaches-to-care>

Psoriasis in Primary Care: Updated
Approaches to Care



COURSE SUMMARY

Cost: Free

Start Date: 3/25/2020

Expiration Date: 3/24/2021

Target Audience: Primary Care

Format: Webcast

Estimated Time To Complete CME Activity: 1.0
hour

Credit(s):

1.0 AMA PRA Category 1 Credit(s)[™]

1.0 AANP Contact hour which includes 0.75
pharmacology hours

Hardware/Software Requirements: Any web
browser

Speaker



Brad P. Glick, DO, MPH, FAAD

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, FL

Outcomes Methodology

Learning outcomes were measured using matched Pre-Test and Post-Test scores for Knowledge, Performance, Confidence, and practice strategy and across all of the curriculum's Learning Objectives.

Outcomes Metric	Definition	Application
Percentage change	This is how the score changes resulting from the education are measured. The change is analyzed as a relative percentage difference by taking into account the magnitude of the Pre-Test average.	Differences between Pre-Test, Post-Test, and PCA score averages
P value (p)	This is the measure of the statistical significance of a difference in scores. It is calculated using dependent or independent samples t-tests to assess the difference between scores, taking into account sample size and score dispersion. Differences are considered significant for when $p \leq .05$.	Significance of differences between Pre-Test, Post-Test, and PCA scores and among cohorts
Effect size (d)	This is a measure of the strength/magnitude of the change in scores (irrespective of sample size). It is calculated using Cohen's d formula, with the most common ranges of d from 0-1: d < .2 is a small effect, d=.2-.8 is a medium effect, and d > .8 is a large effect.	Differences between Pre-Test and Post-Test score averages
Power	This is the probability (from 0 to 1) that the "null hypothesis" (no change) will be appropriately rejected. It is the probability of detecting a difference (not seeing a false negative) when there is an effect that is dependent on the significance (p), effect size (d), and sample size (N).	Differences between Pre-Test and Post-Test score averages
Percentage non-overlap	This is the percentage of data points at the end of an intervention that surpass the highest scores prior to the intervention. In this report, it will reflect the percentage of learners at Post-Test who exceed the highest Pre-Test scores.	Differences between Pre-Test and Post-Test score averages

Participation

2020 Session	Date	Attendees
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Participation



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Total Attendees



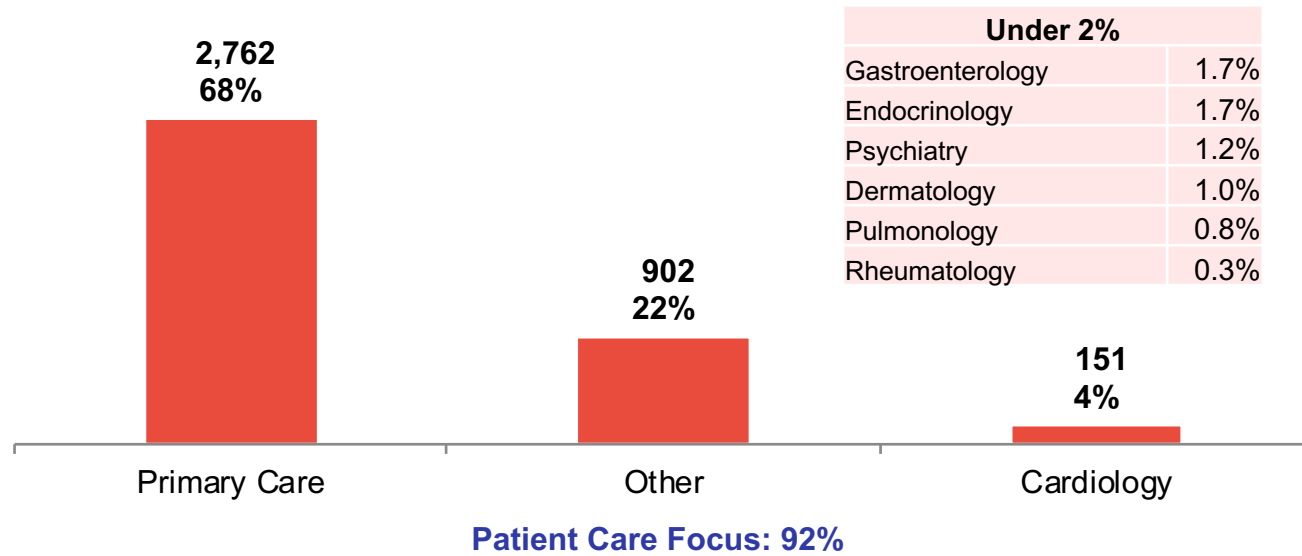
4 Virtual Sessions

997 Follow-up Participants
24% Rate of follow-up engagement

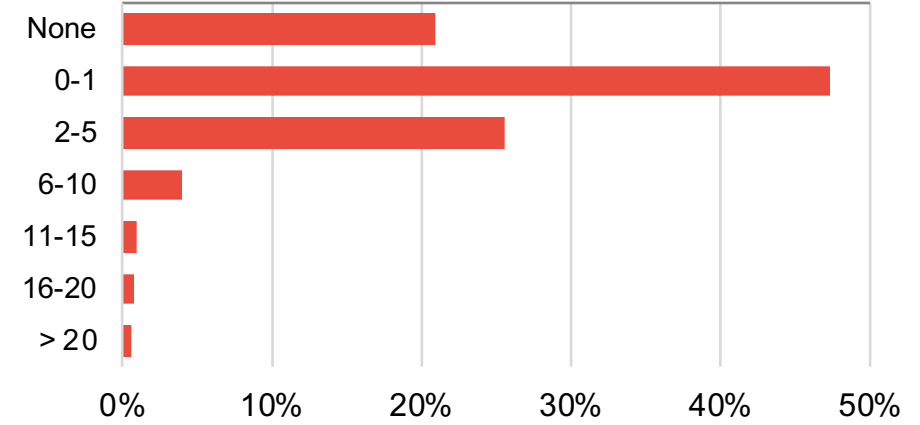
*These numbers represent the total number of attendees, irrespective of assessment participation

Level 1: Demographics and Patient Reach

Specialty

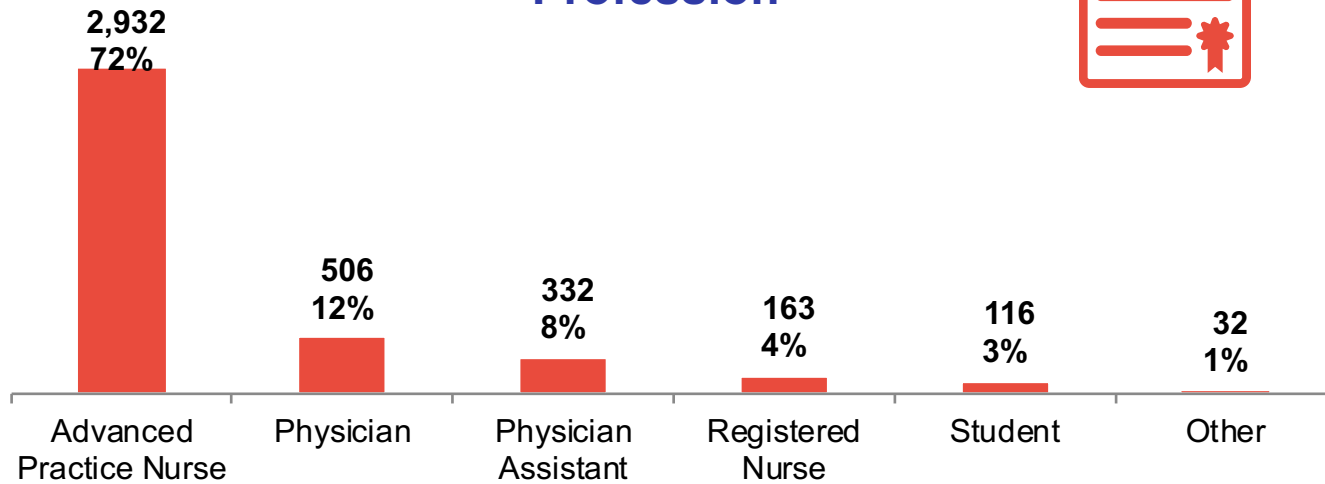


Patients with psoriasis seen each week, in any clinical setting:

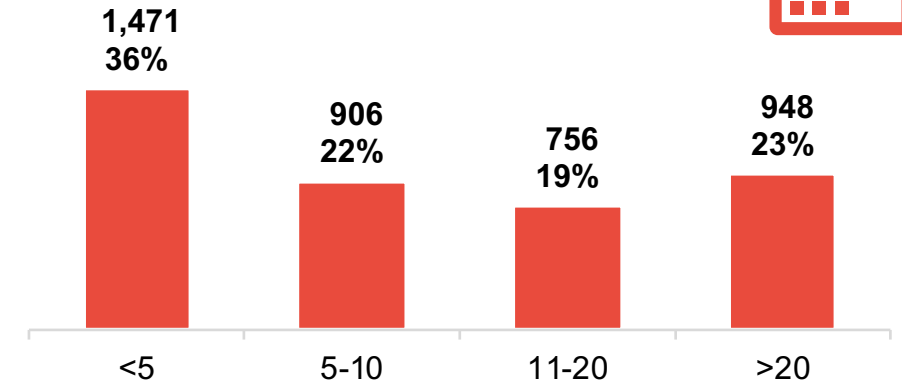


Average number of patients with psoriasis seen each week per clinician: 2

Profession



Years in Practice

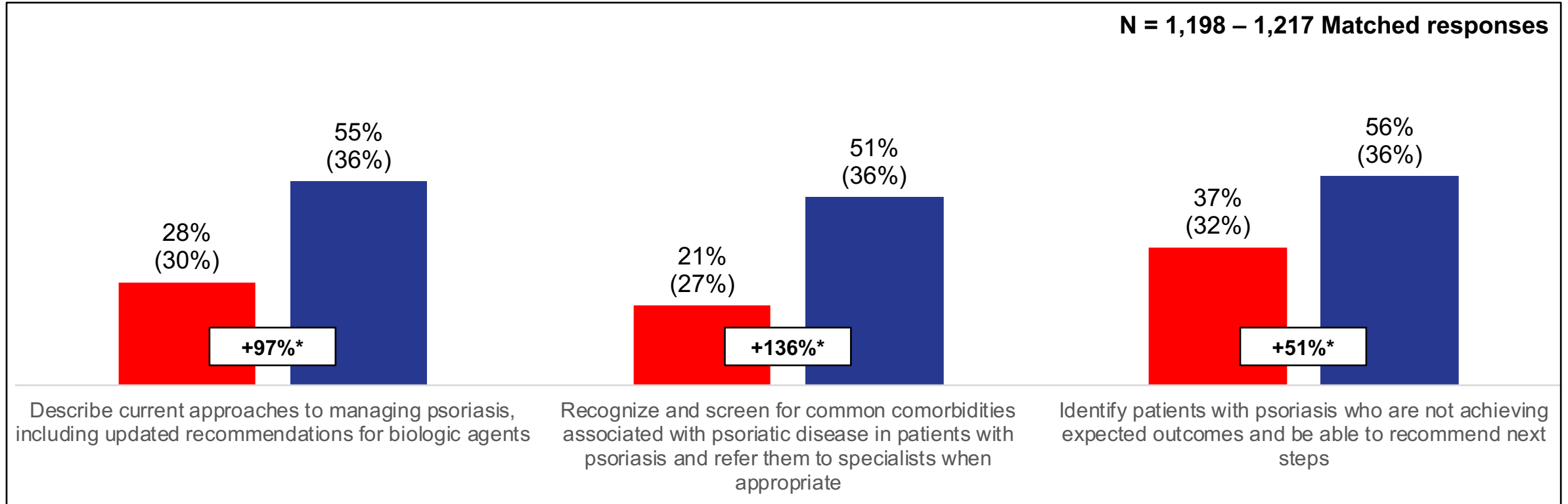




**Level 2-5:
Outcomes Metrics**

Learning Objective Analysis

Pre-Test
Post-Test



- Across all three curriculum Learning Objectives, substantial and significant improvements were measured from low scores at Pre-Test (< 38%)
- The strongest gains were measured on recognizing and screening for common comorbidities associated with psoriatic disease and referring patients accordingly
- Across all scored curriculum Knowledge and Competence items, uniformly low Post-Test (< 57%) reflect opportunities for further education in this area

Learning Objective Analysis

Cohort comparison by profession

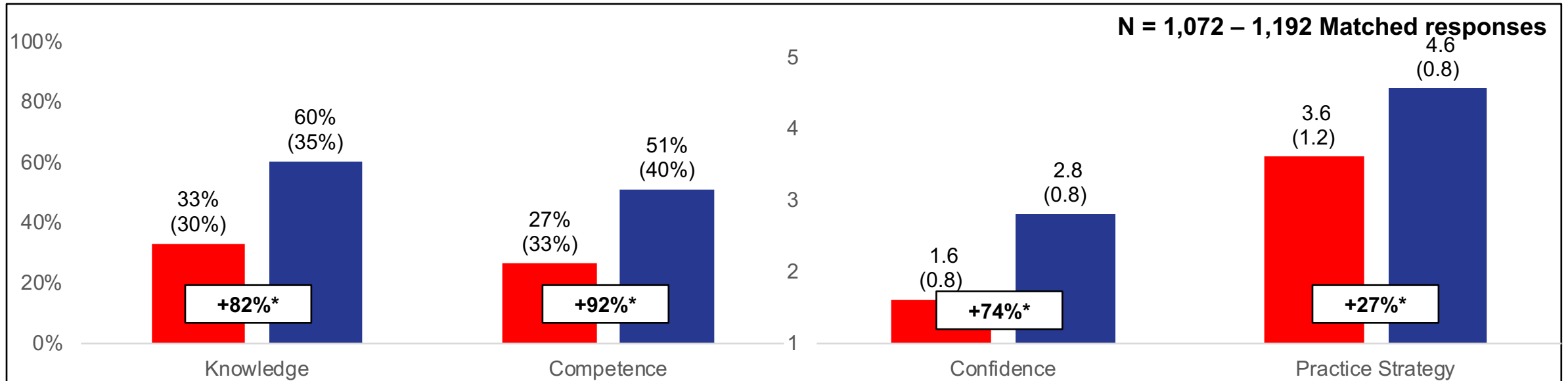
Matched data, * indicates significance, $p < 0.05$

Learning Objective	Advanced Practice Nurses				Physicians			
	N	Pre-Test	Post-Test	% Change	N	Pre-Test	Post-Test	% Change
Describe current approaches to managing psoriasis, including updated recommendations for biologic agents	390	24% (30%)	57% (35%)	+139%*	65	33% (27%)	54% (34%)	+63%*
Recognize and screen for common comorbidities associated with psoriatic disease in patients with psoriasis and refer them to specialists when appropriate	387	18% (26%)	51% (35%)	+178%*	66	24% (24%)	47% (35%)	+94%*
Identify patients with psoriasis who are not achieving expected outcomes and be able to recommend next steps	383	34% (31%)	56% (34%)	+65%*	65	43% (27%)	54% (33%)	+27%*

- For both advanced practice nurses and physicians, substantial and significant gains were measured from Pre- to Post-Test on each of the three curriculum Learning Objectives
- Despite these gains, low Post-Test scores were measured on all three Objectives for both groups (47% to 57%)
- Across all three Objectives, advanced practice nurses had stronger gains from lower Pre-Test scores to higher Post-Test scores, compared to physicians

Learning Domain Analysis

Pre-Test
Post-Test



- In each of the four curriculum learning domains, substantial and significant gains were achieved from Pre- to Post-Test
- Strong gains (74% to 92%) from very low Pre-Test scores (33%, 27%, 1.6) were measured in Knowledge, Competence, and Confidence, reflecting an unfamiliarity with this subject of the audience prior to the education
- Low Post-Test scores in Knowledge and Competence (60% and 51%) represent opportunities for further education
- Practice strategy ratings, on considering comorbidities when making treatment decisions for a patient with psoriasis, were high at both Pre- and Post-Test

Learning Domain Analysis

Cohort comparison by profession

Matched data, * indicates significance, $p < 0.05$

Learning Domain	Advanced practice nurses				Physicians			
	N	Pre-Test	Post-Test	Change	N	Pre-Test	Post-Test	Change
Knowledge	383	33% (29%)	61% (34%)	+86%*	65	35% (28%)	70% (31%)	+100%*
Competence	360	22% (32%)	52% (39%)	+141%*	61	33% (31%)	44% (39%)	+35%*
Confidence	338	1.5 (0.7)	2.8 (0.8)	+85%*	53	1.5 (0.8)	2.8 (0.8)	+89%*
Practice	350	3.7 (1.2)	4.7 (0.7)	+27%*	61	3.3 (1.0)	4.6 (0.8)	+37%*

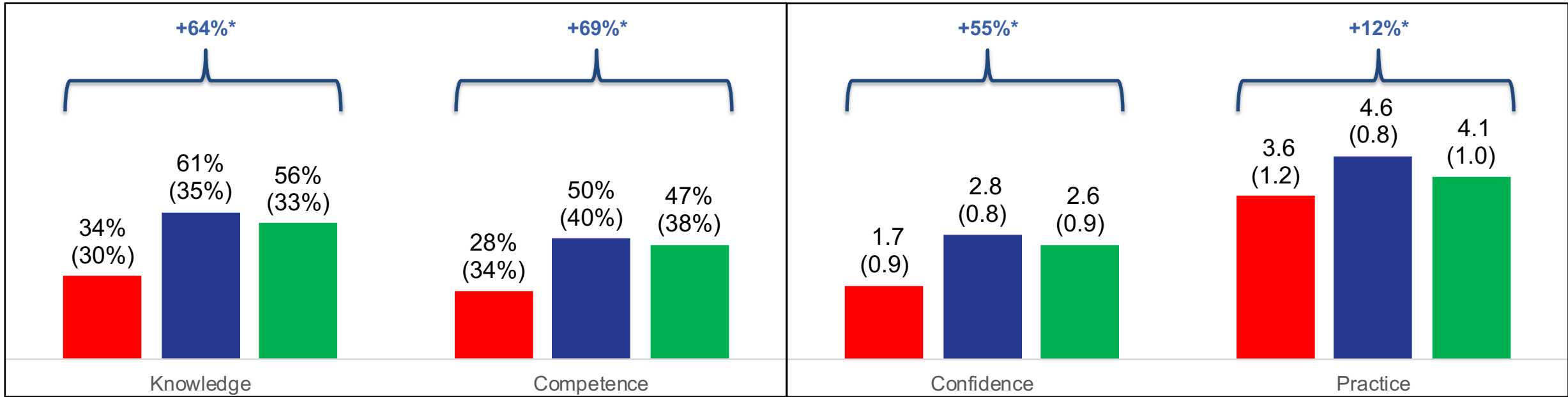
- When comparing the scores of advanced practice nurses and physicians by learning domain, both groups achieved substantial and significant gains from Pre- to Post-Test, across all four curriculum domains
- In all domains except Competence, physicians achieved stronger gains compared to advanced practice nurses; physicians also had higher Post-Test scores in all areas except Competence and practice strategy
- Though both groups achieved strong gains, Post-Test scores remained low in all areas except practice strategy, highlighting opportunities for further education in this area

4-Week Retention Analysis

By learning domain

Pre-Test Post-Test PCA

N = 363 – 425 Matched responses



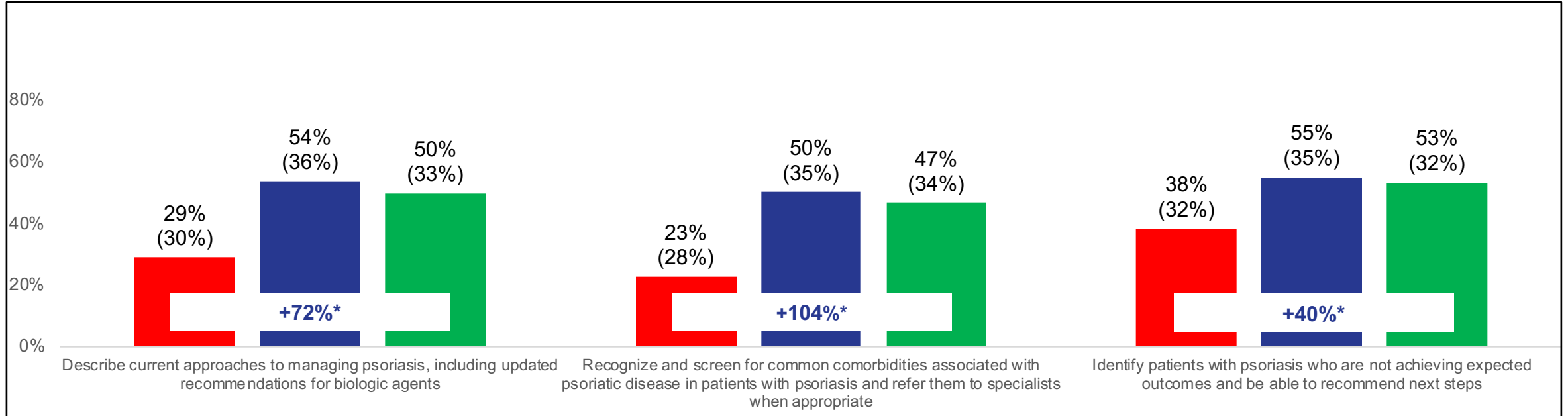
- Four to six weeks following their engagement in one of the curriculum sessions, learners were prompted to complete a brief Post Curriculum Assessment (PCA), which repeated items from each of the four curriculum learning domains
- In each of the four domains, substantial and significant net gains were achieved from Pre-Test to PCA measurements
 - Despite these gains, some score slippage was seen from Post-Test to PCA in all domains

4-Week Retention Analysis

By Learning Objective

Pre-Test Post-Test PCA

N = 428 – 435 Matched responses

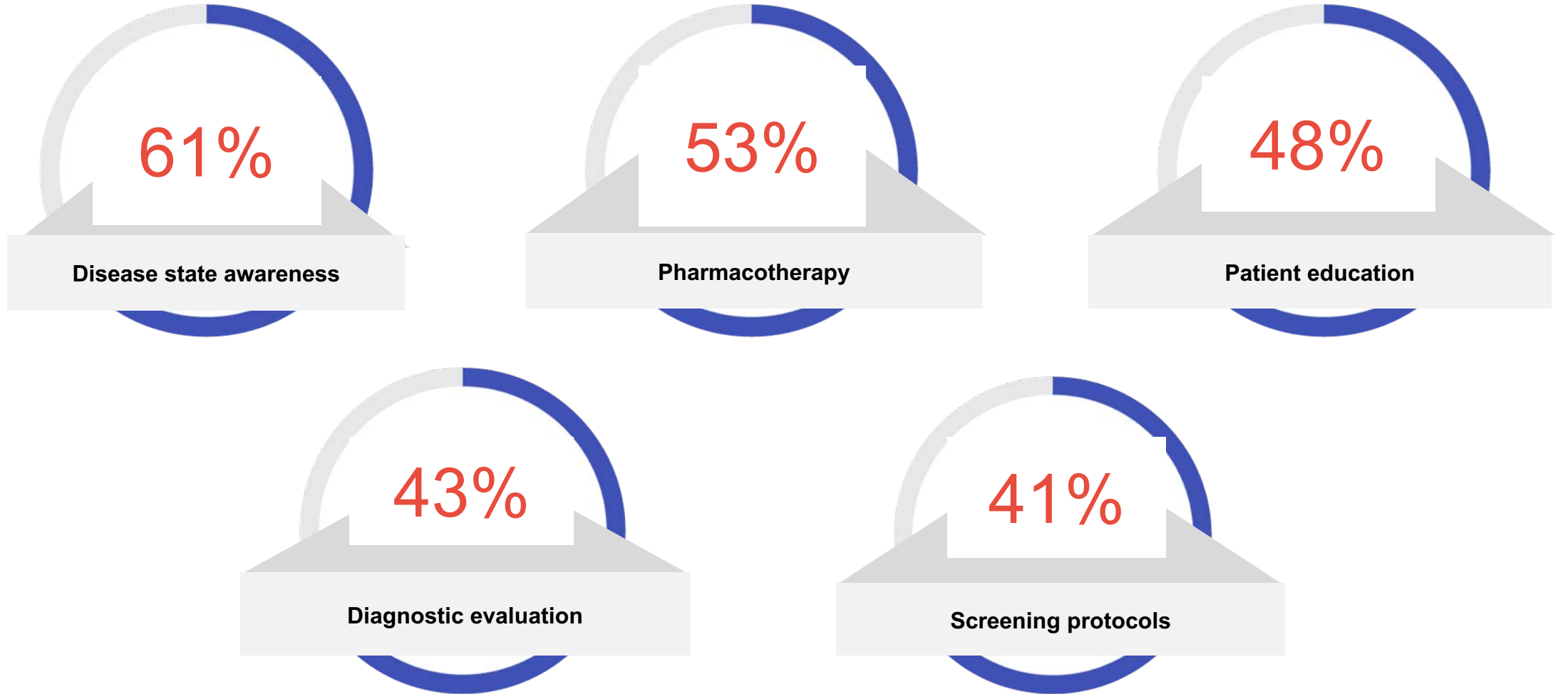


- When examining results by Learning Objective, substantial and significant net gains were achieved from Pre-Test to PCA measurements on each of the three Objectives, with some score slippage from Post-Test to follow-up
- The strongest gains, from the lowest Pre-Test scores, were measured in recognizing and screening for common comorbidities associated with psoriatic disease in patients with psoriasis
- Despite these gains on all Objectives, low scores at follow-up (< 54%) reflect opportunities for further reinforcement in this area

(4-week Post Assessment)

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

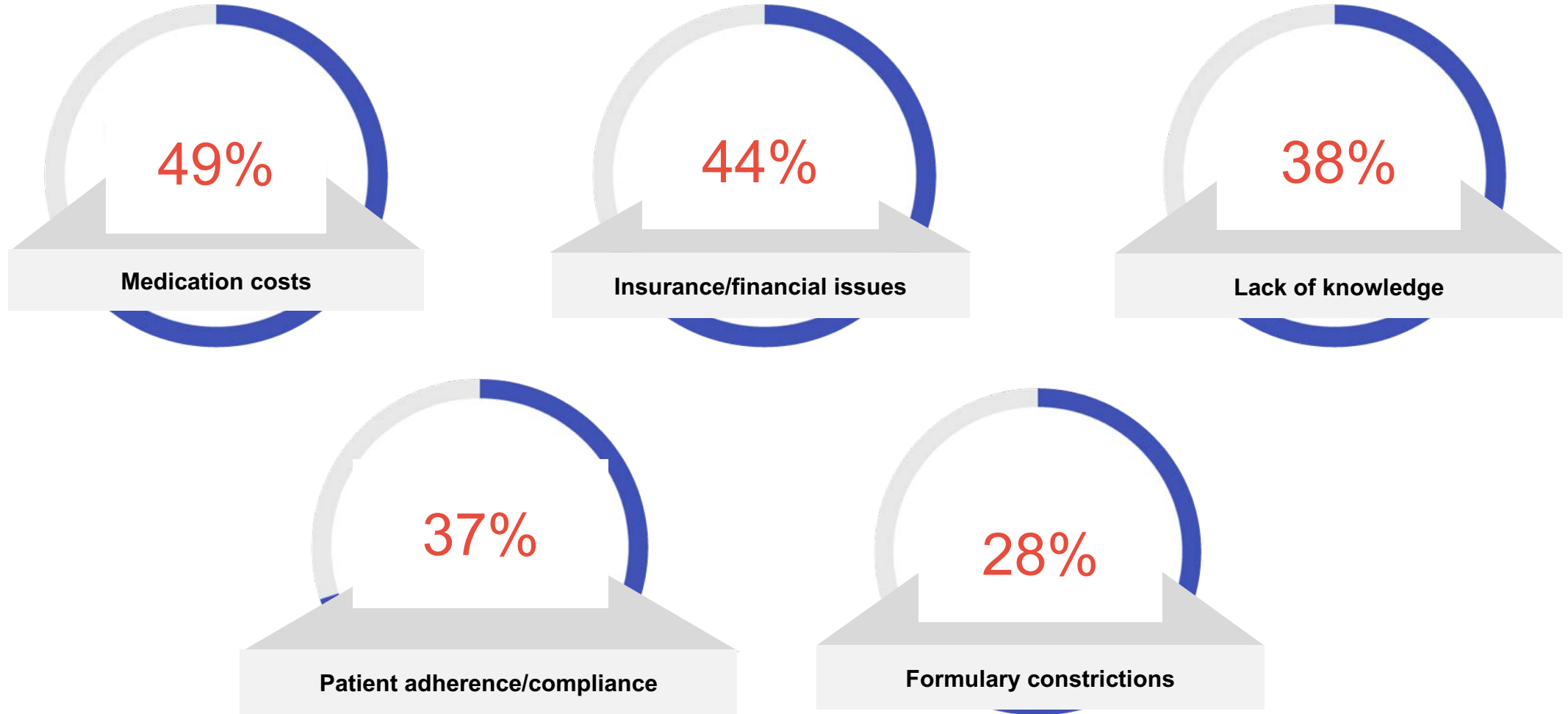
N = 887



(4-week Post Assessment)

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

N = 887



Identified Learning Gap: 1 of 2

Initiating or escalating guidelines-based treatment for patients with psoriasis

Despite improvements in score on two Knowledge items discussing initiation of treatment and evaluating its effectiveness to determine when escalation is indicated, Post-Test scores remained low.

According to 2019 AAD-NPF guidelines for psoriasis, which of the following is the preferred first-line biologic for psoriatic skin disease in appropriate patients?

Results:

- At Post-Test, 61% of learners correctly answered: “No single preferred first-line biologic”

According to the National Psoriasis Foundation (NPF), what is an acceptable response in terms of body surface area (BSA) affected by cutaneous psoriasis, 3 months after starting a new psoriasis therapy?

Results:

- At Post-Test, 63% of learners correctly answered: “BSA \leq 3% or BSA improvement \geq 75% from baseline”

Identified Learning Gap: 2 of 2

Evaluating risks associated with comorbidities in the setting of psoriasis

Despite improvements in score on two Competence questions presenting cases of patients with comorbidities in the setting of psoriasis, low scores were measured at Post-Test.

63-year-old obese man with a 12-year history of psoriasis and 2-year history of psoriatic arthritis Reports increased disease activity (5% BSA, moderate joint disease activity) Current Rx: topical steroids and NSAIDs Cardiovascular (CV) risk: recently underwent PCI for management of unstable angina Which of the following might be appropriate based on this history?

- At Post-Test, 64% of learners correctly answered: “Consider biologic therapy or PDE4 inhibitor”

35 y/o woman with 10-year history of moderate psoriasis managed with high-potency topical steroids presents with worsening disease. Last year had episode of major depression, successfully treated with SSRI Prior visit: switched to superhigh potency topical steroid due to worsening disease (BSA 9%) Today: No improvement in skin disease (BSA 9%) Denies joint pain, no nail pitting Which of the following should clinicians avoid based on this presentation?

- At Post-Test, 37% of learners correctly answered: “Brodalumab”

Overall Educational Impact

- Substantial, significant improvements of 82% and 92% were seen in learner Knowledge and Competence, from Pre- to Post-Test
 - These gains were similar for advanced practice nurses and physicians, with physicians having stronger gains in Knowledge, Confidence, and practice strategy, and advanced practice nurses having stronger gains in Competence
 - These gains were seen across all individual Knowledge and Competence items, with improvements ranging from 15% to 336%
- Practice strategy ratings, on considering comorbidity status when making treatment decisions, were high at Pre- and Post-Test; this conflicted with low scores on Competence items presenting patients with psoriasis and comorbidities, indicating non-concordance with learner intent versus actual behaviors as demonstrated in competence scenarios.
- Net gains were measured across all learning domains from Pre-Test to a follow-up Post Curriculum Assessment
- The analysis of the Knowledge and Competence domains identified two **opportunities for further education related to:**
 - Initiation or escalation of therapy for patients with psoriasis
 - Evaluation of risks associated with comorbidities in the setting of psoriasis

Appendix

**Slides 26 – 29: Pre-Test to Post-Test
matched item responses**

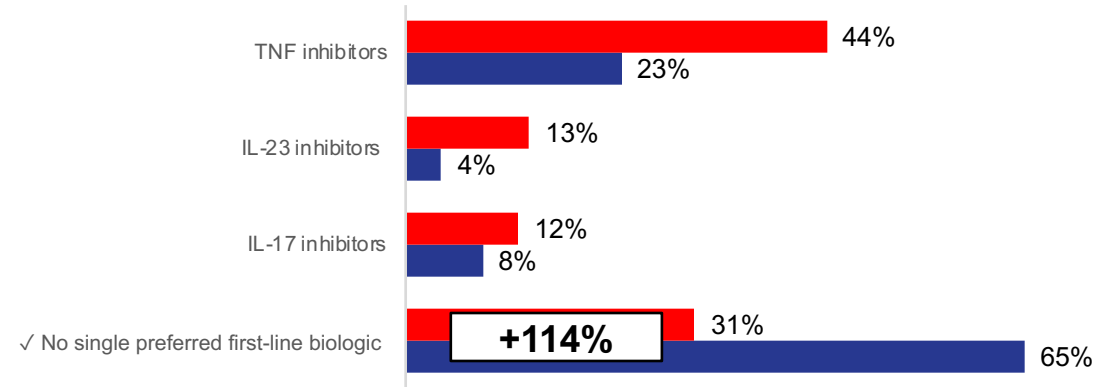
**Slides 30 – 32: Pre-Test, Post-Test, and
PCA matched item responses***

Knowledge Items

Pre-Test
Post-Test

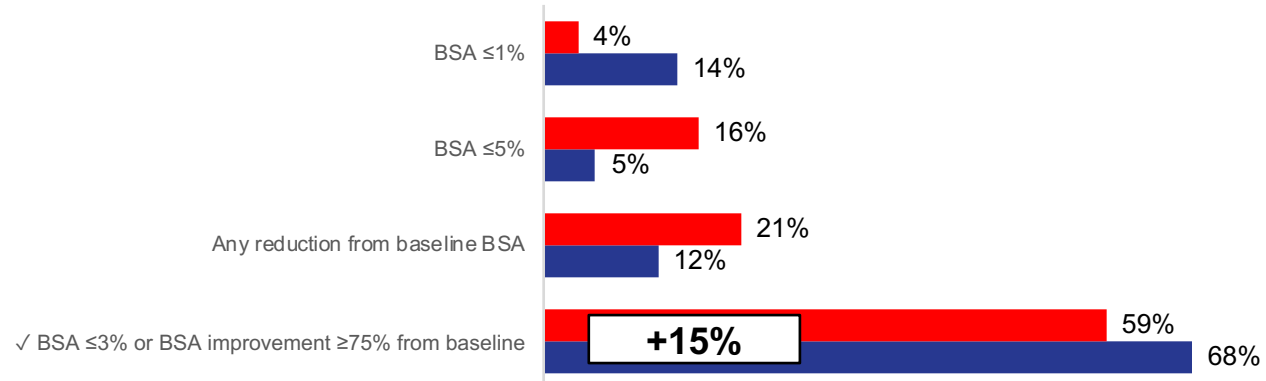
According to 2019 AAD-NPF guidelines for psoriasis, which of the following is the preferred first-line biologic for psoriatic skin disease in appropriate patients?

N = 1,024 Matched responses



According to the National Psoriasis Foundation (NPF), what is an acceptable response in terms of body surface area (BSA) affected by cutaneous psoriasis, 3 months after starting a new psoriasis therapy?

N = 982 Matched responses

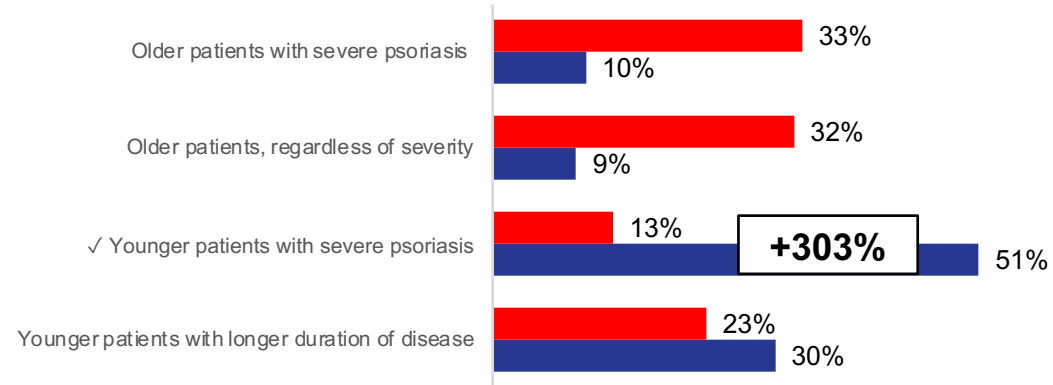


Knowledge Items

Pre-Test
Post-Test

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

N = 1,035 Matched responses

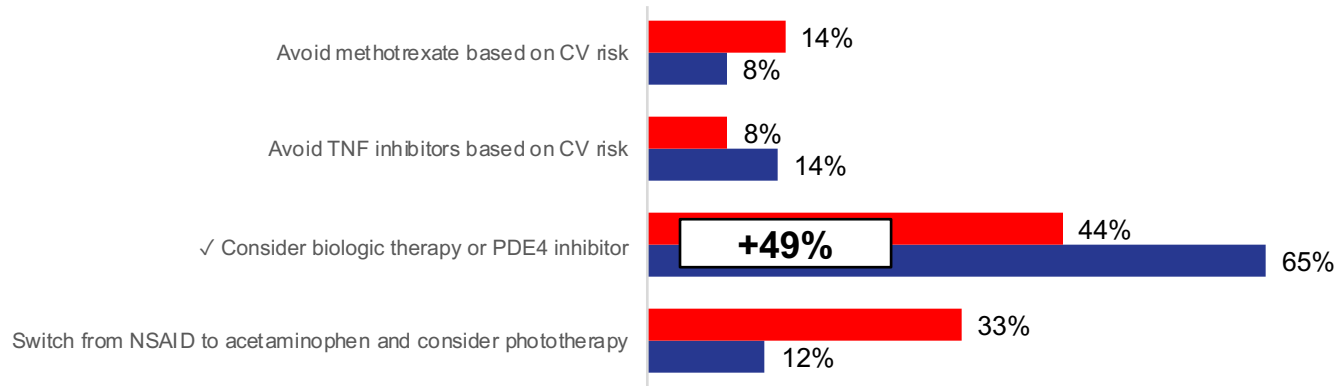


Competence Items

Pre-Test
Post-Test

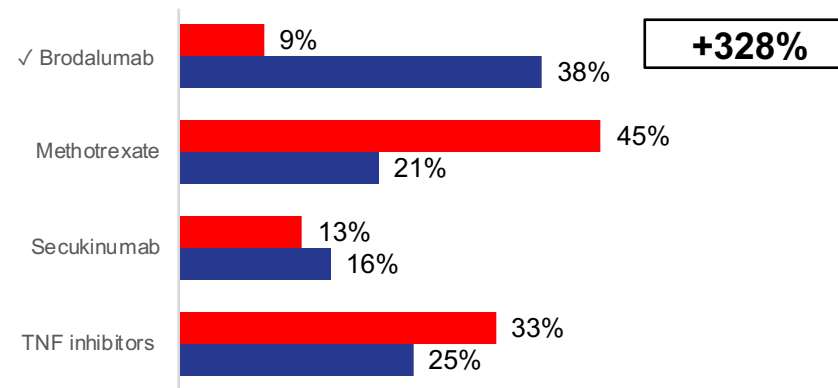
63-year-old obese man with a 12-year history of psoriasis and 2-year history of psoriatic arthritis Reports increased disease activity (5% BSA, moderate joint disease activity) Current Rx: topical steroids and NSAIDs Cardiovascular (CV) risk: recently underwent PCI for management of unstable angina Which of the following might be appropriate based on this history?

N = 1,001 Matched responses



35 y/o woman with 10-year history of moderate psoriasis managed with high-potency topical steroids presents with worsening disease. Last year had episode of major depression, successfully treated with SSRI Prior visit: switched to superhigh potency topical steroid due to worsening disease (BSA 9%) Today: No improvement in skin disease (BSA 9%) Denies joint pain, no nail pitting Which of the following should clinicians avoid based on this presentation?

N = 984 Matched responses

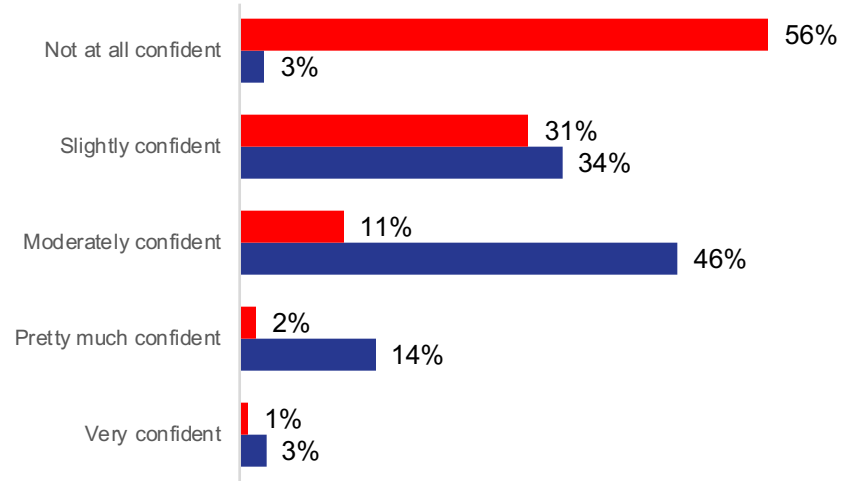


Confidence and Practice Strategy Items

Pre-Test
Post-Test

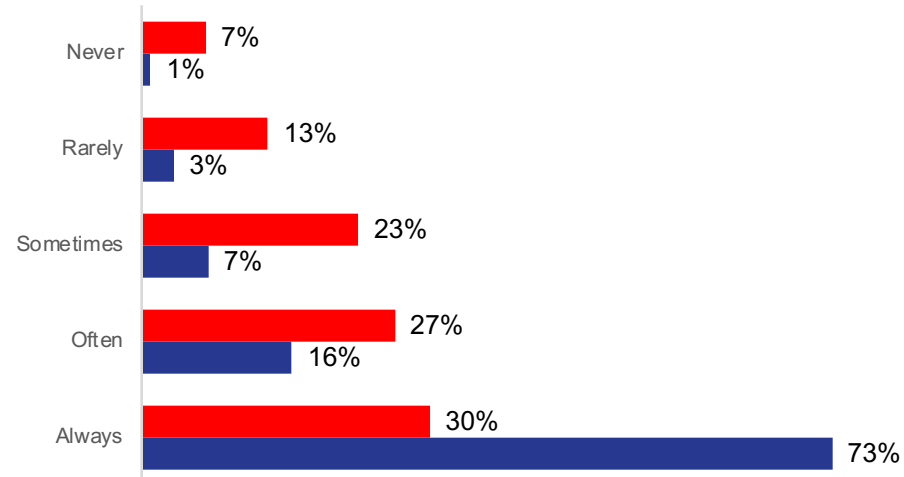
How confident are you in your ability to incorporate recent clinical data into the management of patients with psoriatic disease?

N = 1,022 Matched responses



How often do you consider comorbidities when making treatment decisions for a patient with psoriasis?

N = 1,072 Matched responses



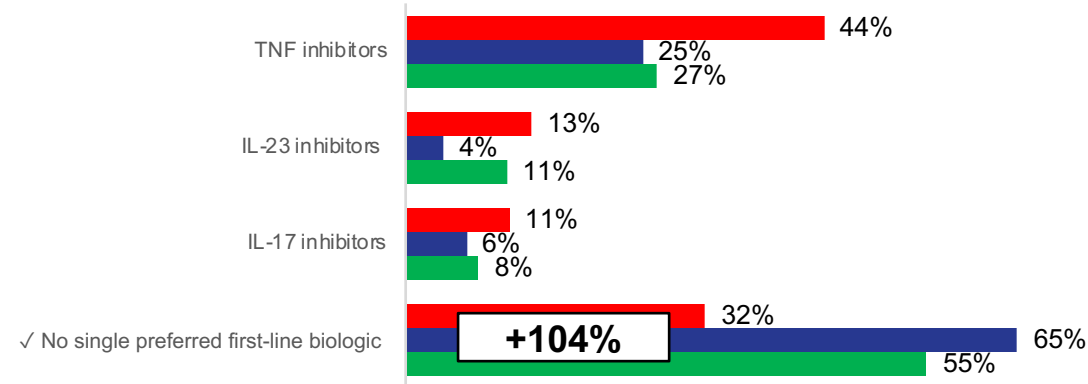
Knowledge Items

Post Curriculum Assessment (PCA)

Pre-Test
Post-Test
PCA

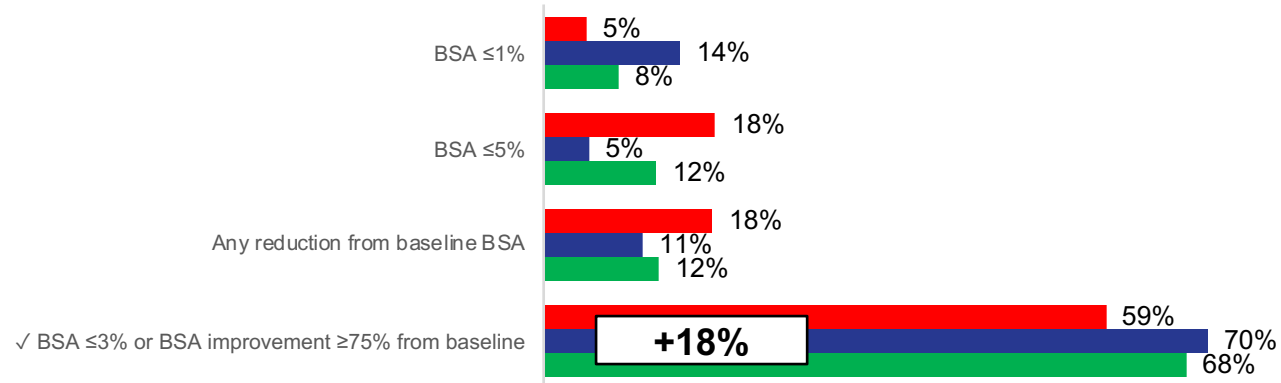
According to 2019 AAD-NPF guidelines for psoriasis, which of the following is the preferred first-line biologic for psoriatic skin disease in appropriate patients?

N = 376 Matched responses



According to the National Psoriasis Foundation (NPF), what is an acceptable response in terms of body surface area (BSA) affected by cutaneous psoriasis, 3 months after starting a new psoriasis therapy?

N = 352 Matched responses



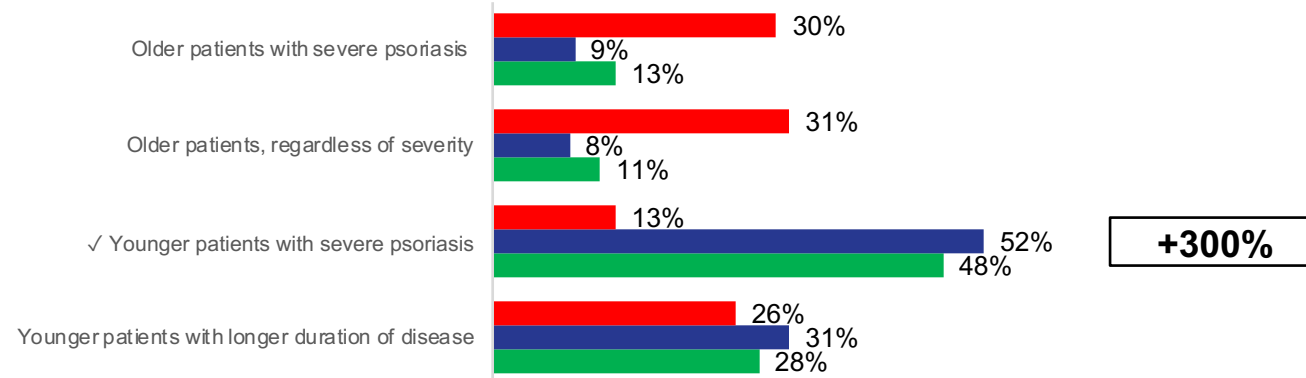
Knowledge Items

Post Curriculum Assessment (PCA)

Pre-Test
Post-Test
PCA

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

N = 370 Matched responses



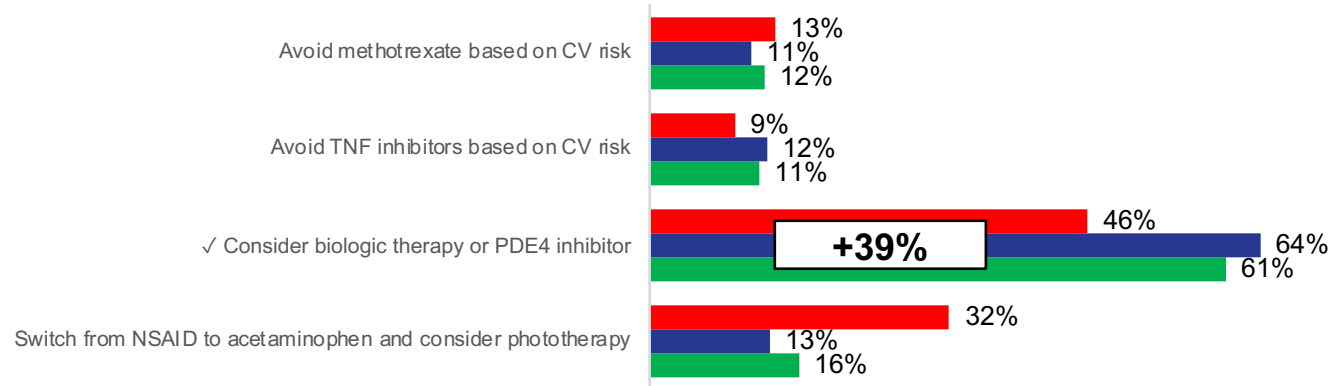
Competence Items

Post Curriculum Assessment (PCA)



63-year-old obese man with a 12-year history of psoriasis and 2-year history of psoriatic arthritis Reports increased disease activity (5% BSA, moderate joint disease activity) Current Rx: topical steroids and NSAIDs Cardiovascular (CV) risk: recently underwent PCI for management of unstable angina Which of the following might be appropriate based on this history?

N = 357 Matched responses



35 y/o woman with 10-year history of moderate psoriasis managed with high-potency topical steroids presents with worsening disease. Last year had episode of major depression, successfully treated with SSRI Prior visit: switched to superhigh potency topical steroid due to worsening disease (BSA 9%) Today: No improvement in skin disease (BSA 9%) Denies joint pain, no nail pitting Which of the following should clinicians avoid based on this presentation?

N = 365 Matched responses

