

Challenges in Pulmonary and Critical Care: 2020

Final Live Outcome Report



Excessive Daytime Sleepiness: Current Approaches

Jazz Pharmaceuticals, Inc. Grant ID : SLP 6572

January 26, 2021

NACE

Executive Summary

❖ This activity focused on helping clinicians to recognize the clinical significance of excessive daytime sleepiness (EDS) associated with obstructive sleep apnea (OSA); identify and diagnose, and implement approved treatments to manage EDS associated with OSA

❖ 548 attendees in multiple professional specialties were reached in this program.

❖ Improvement across all learning domains was noted ranging from 22% to 96%.

❖ Overall, the program improved the ability of learners to recognize hypoxemia as a potential consequence of EDS; increased recognition of the Epworth Sleepiness scale as an office-based assessment tool for excessive daytime sleepiness; and greater competence to prescribe a wake promoting agent for a patient with OSA experiencing persistent daytime sleepiness. Learners reported increased confidence in their ability to manage excessive daytime sleepiness in patients with OSA; and increased intention to screen patients with OSA for EDS.



548 total attendees



1 Live Virtual Broadcast

Persistent Educational Gaps

- ❖ Though improvements were observed, learners demonstrated score slippage on the PCA indicating persistent gaps in the several areas including:
 - ❖ Recognition of office based measurement tools for excessive daytime sleepiness
 - ❖ Appropriate use of wake promoting agents in the management of excessive daytime sleepiness in patients with OSA

The post-test scores, and self reported confidence regarding the management of patients with excessive daytime sleepiness associated with obstructive sleep apnea, 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

- Recognize the clinical significance of excessive daytime sleepiness (EDS) associated with obstructive sleep apnea (OSA)
- Employ strategies to identify and assess EDS
- Implement treatment approaches to manage EDS associated with OSA

Course Director

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Commercial Support

The Challenges in Pulmonary and Critical Care 2020 CME activity was supported through educational grants or donations from the following companies:

- Actelion Pharmaceuticals US, Inc.
- AstraZeneca Pharmaceuticals
- Bayer HealthCare Pharmaceuticals Inc.
- Grifols
- Jazz Pharmaceuticals, Inc.
- ST Shared Services 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

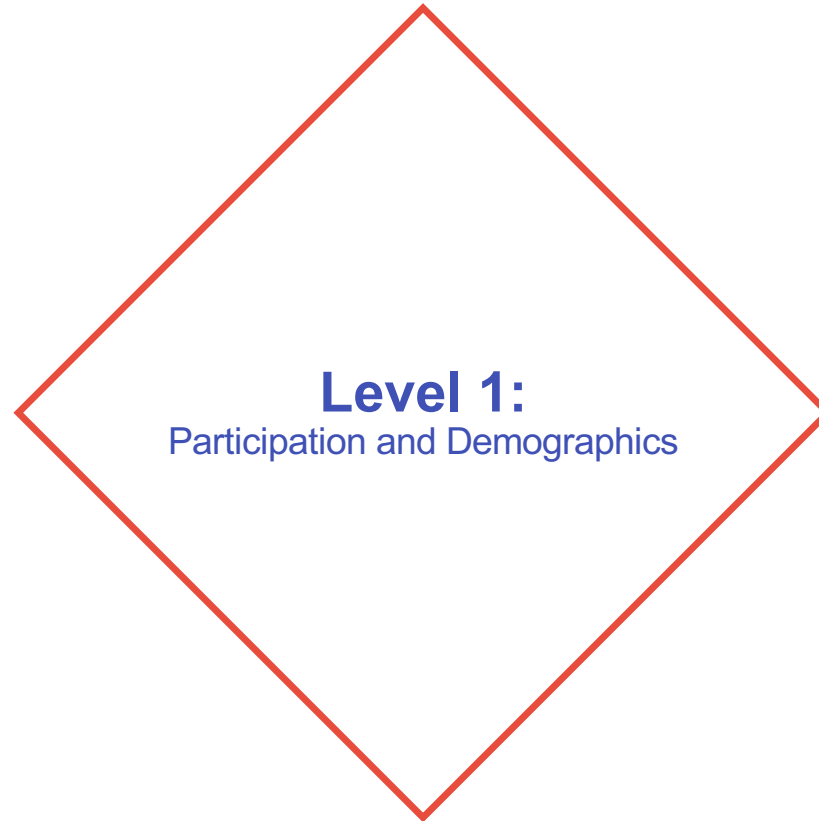
Level 4: Competence

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



548 total attendees



1 Live Virtual Broadcast



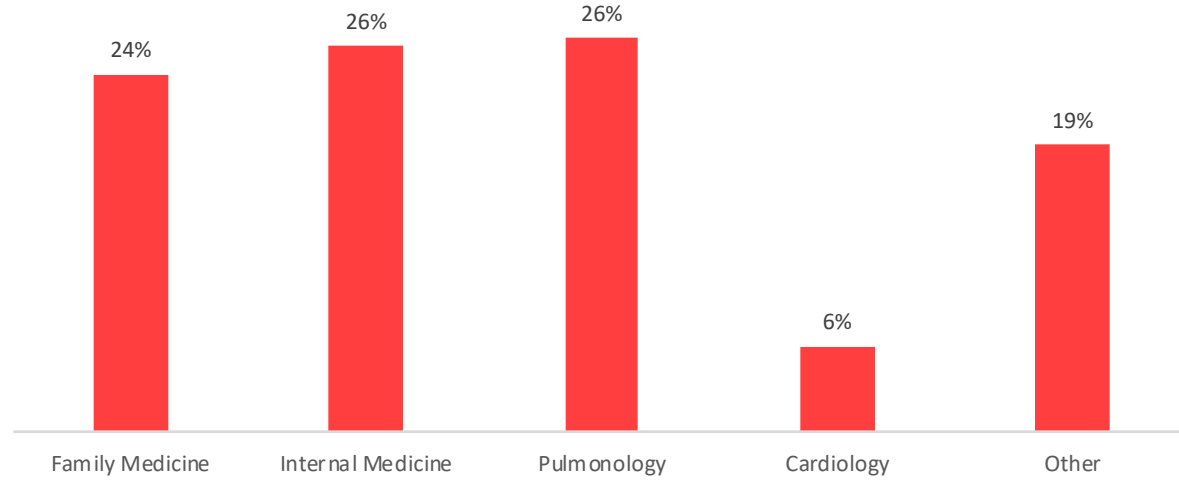
95%

Provide direct patient care

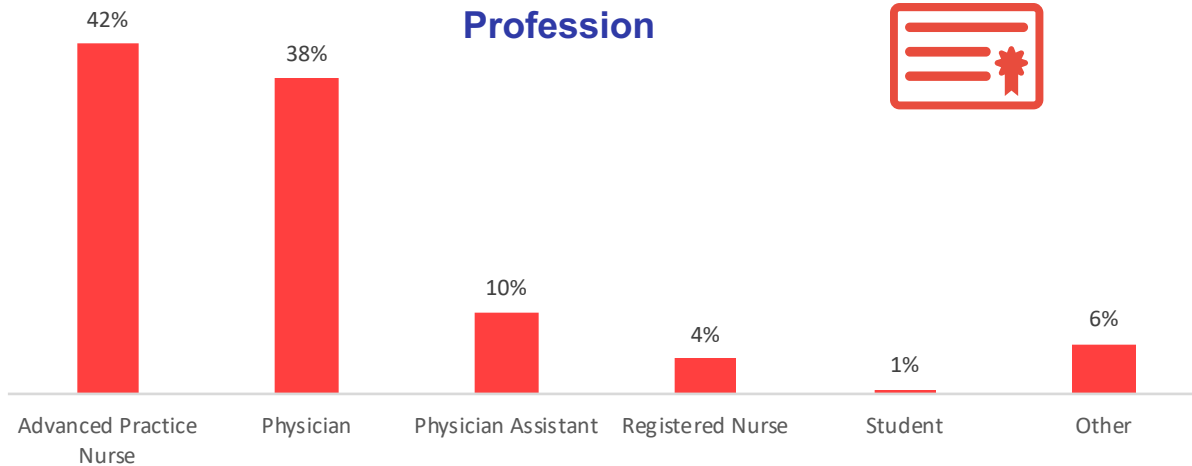
Activity	Date	Attendees
Challenges in Pulmonary and Critical Care	12/12/2020	548
Total		548

Level 1: Demographics and Patient Reach

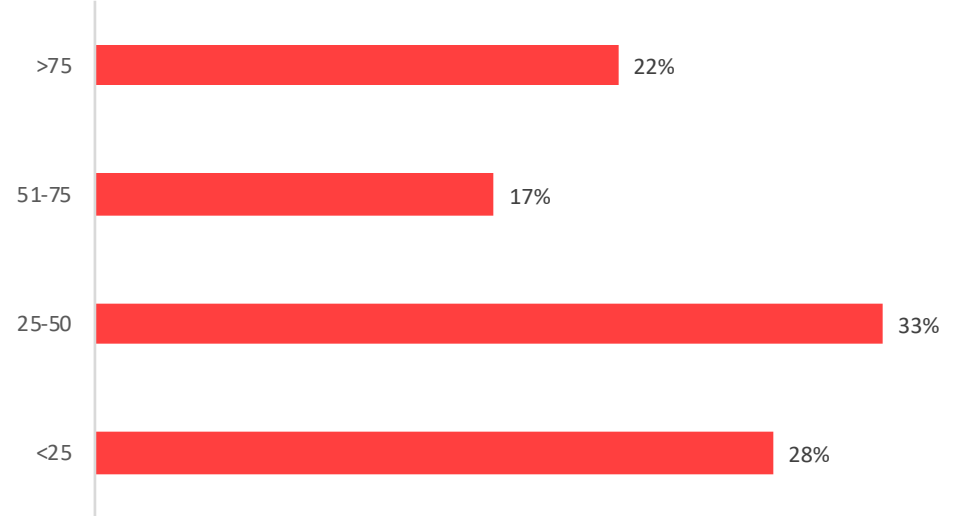
Specialty



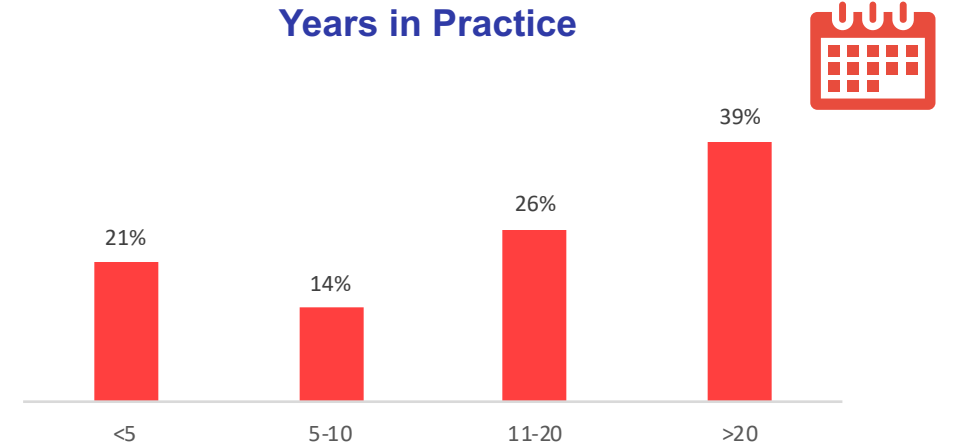
Profession



Patients seen each week, in any clinical setting:



Years in Practice





Level 2-5:
Outcomes Metrics

Level 2: Satisfaction



97% rated the activity as excellent



98% indicated the activity improved their knowledge



95% stated that they learned new and useful strategies for patient care

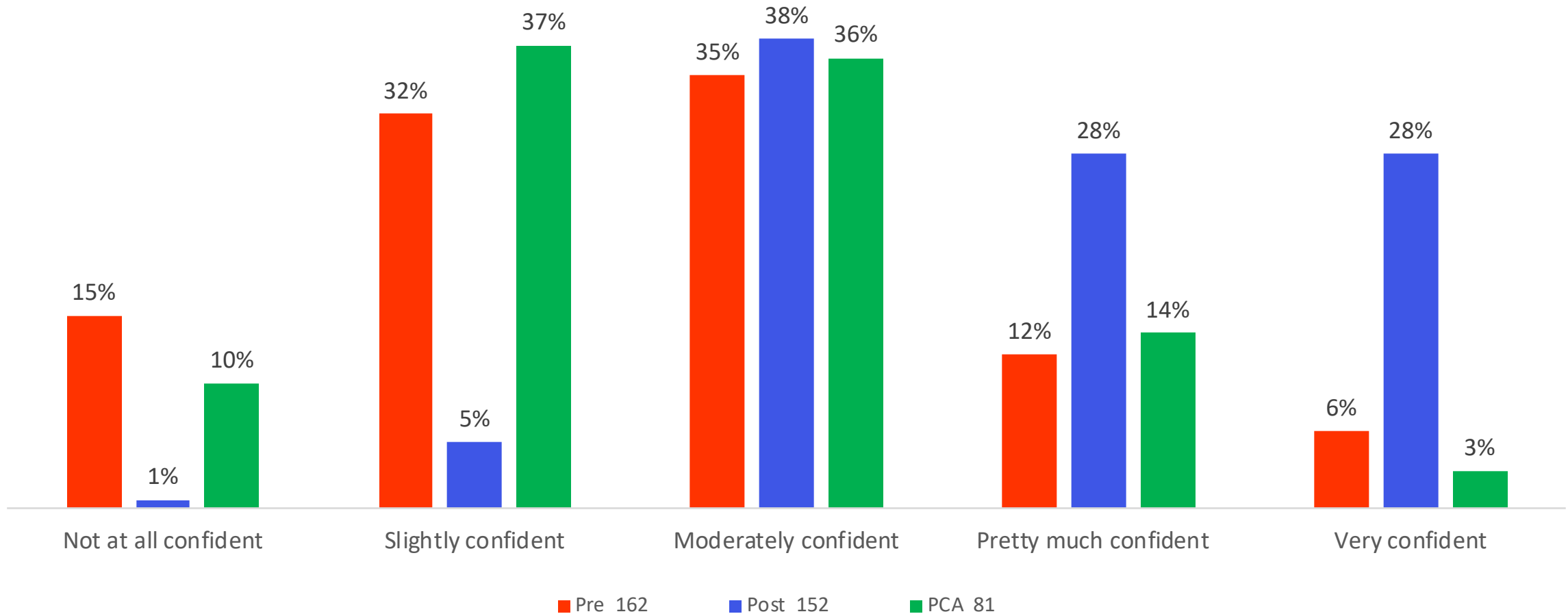


86% said they would implement new strategies that they learned

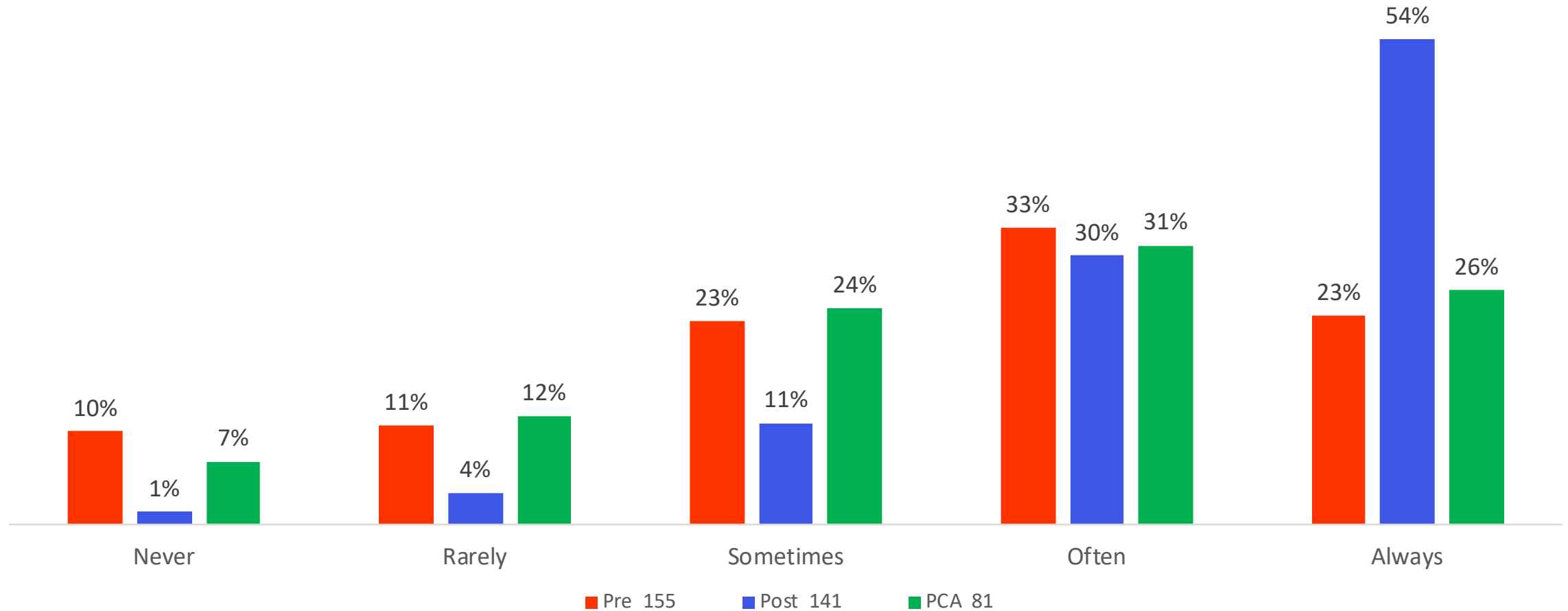


97% said the program was fair-balanced and unbiased

Please rate your confidence in your ability to manage excessive daytime sleepiness in patients with OSA:

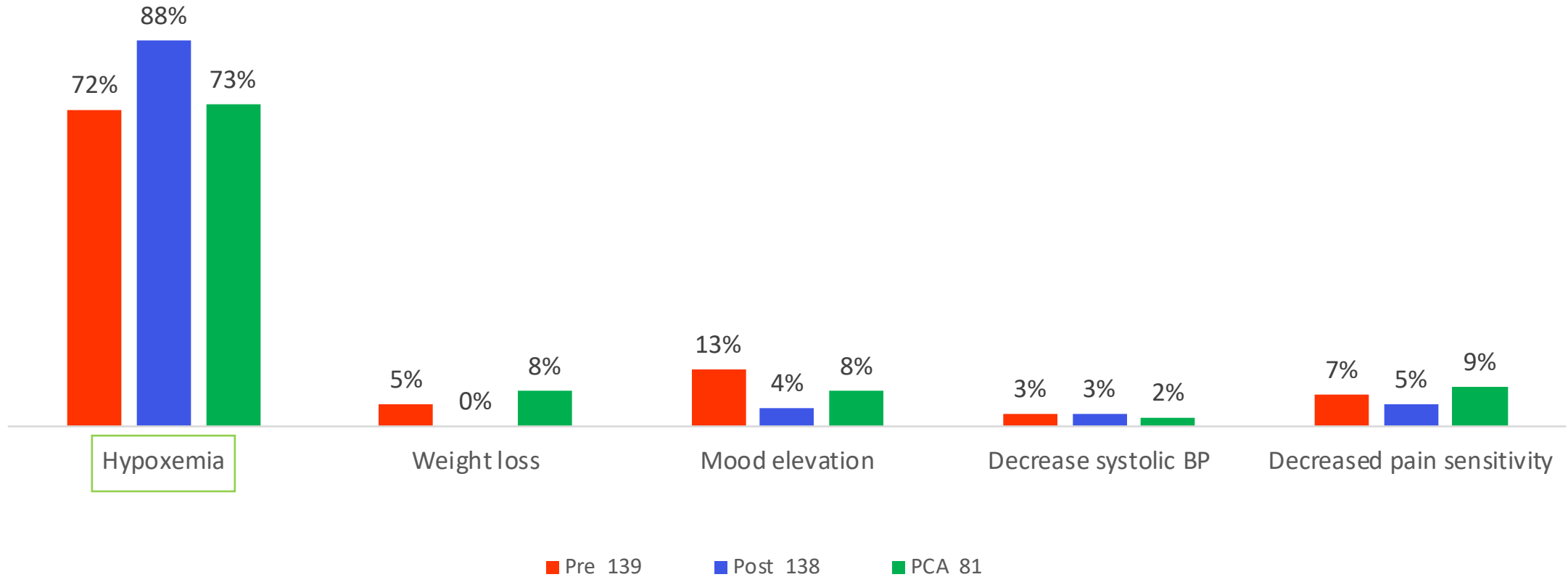


How often do/will you screen patients with Obstructive Sleep Apnea (OSA) for excessive daytime sleepiness?



Which of the following is a potential consequence of excessive daytime sleepiness?

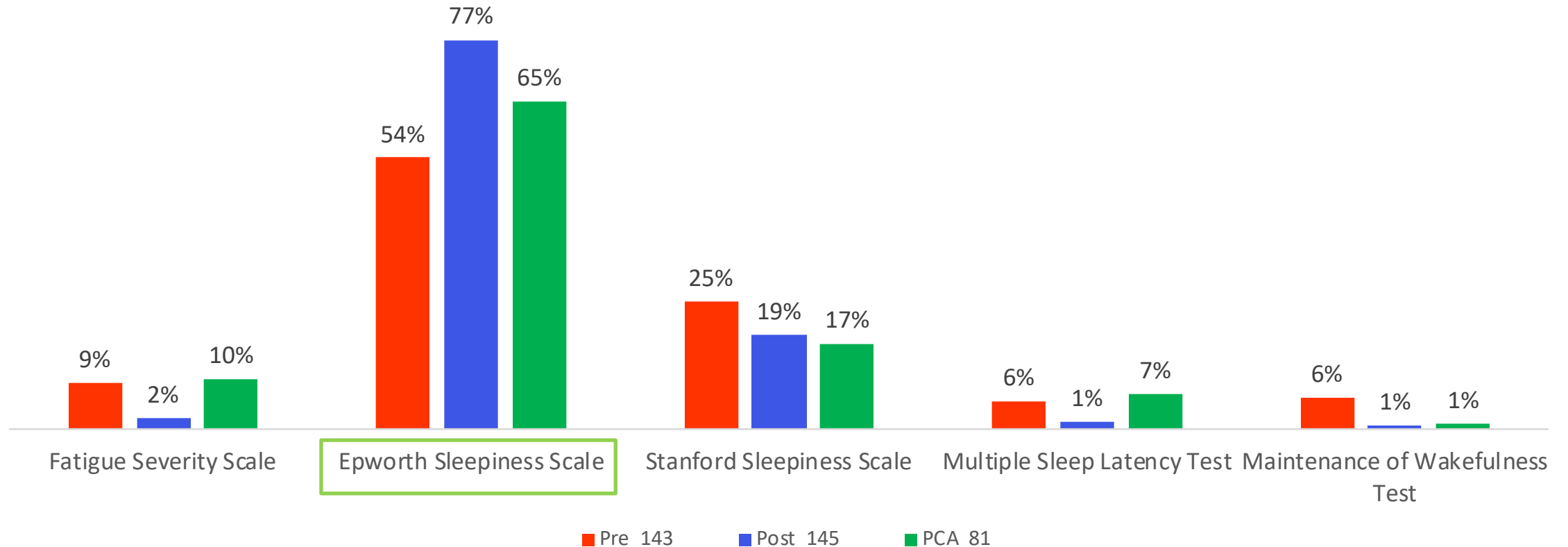
P Value: <0.05



Pre-Post Change	22%
Pre-PCA Change	1%

Which of the following is the most commonly utilized office-based assessment tool for excessive daytime sleepiness?

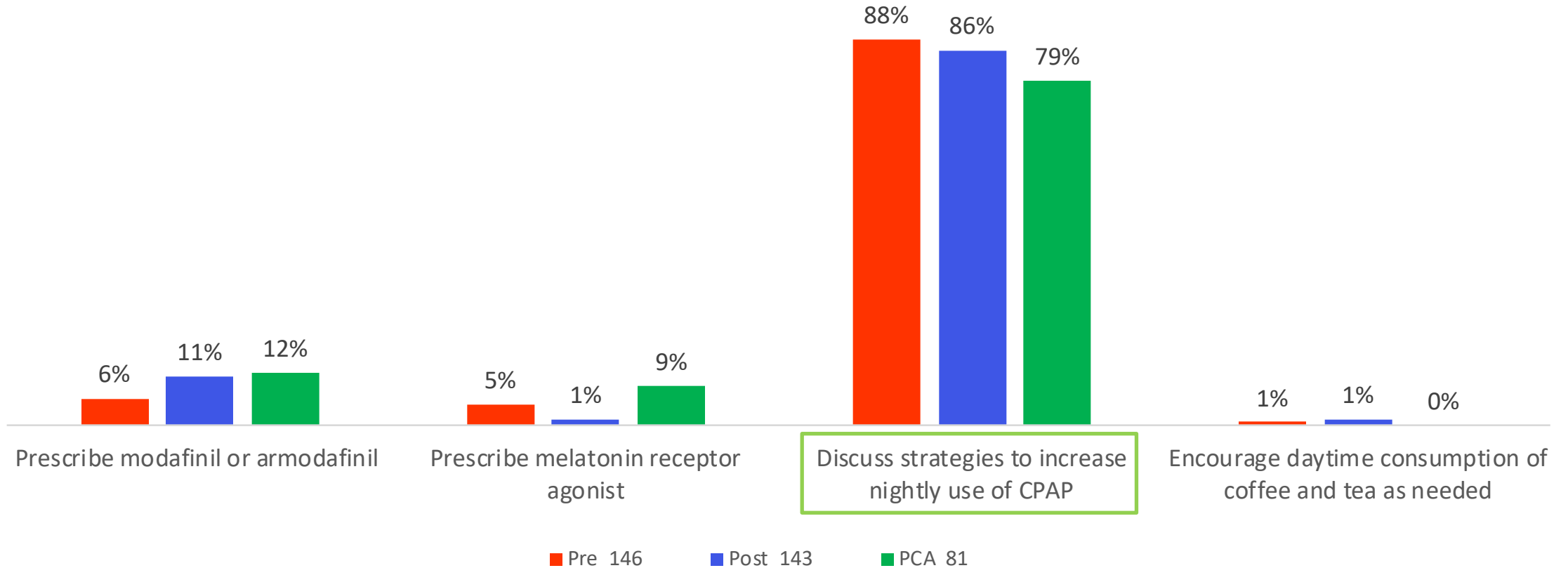
P Value: <0.05



Pre-Post Change	43%
Pre-PCA Change	20%

62 y/o obese man, 10-year history of T2D. Diagnosed with obstructive sleep apnea (OSA) 6 months ago, treated with continuous positive airway pressure (CPAP). Says he uses CPAP “a couple hours each night” and follows sleep hygiene recommendations, but reports persistent daytime sleepiness. What might be appropriate at this time?

P Value: <0.5

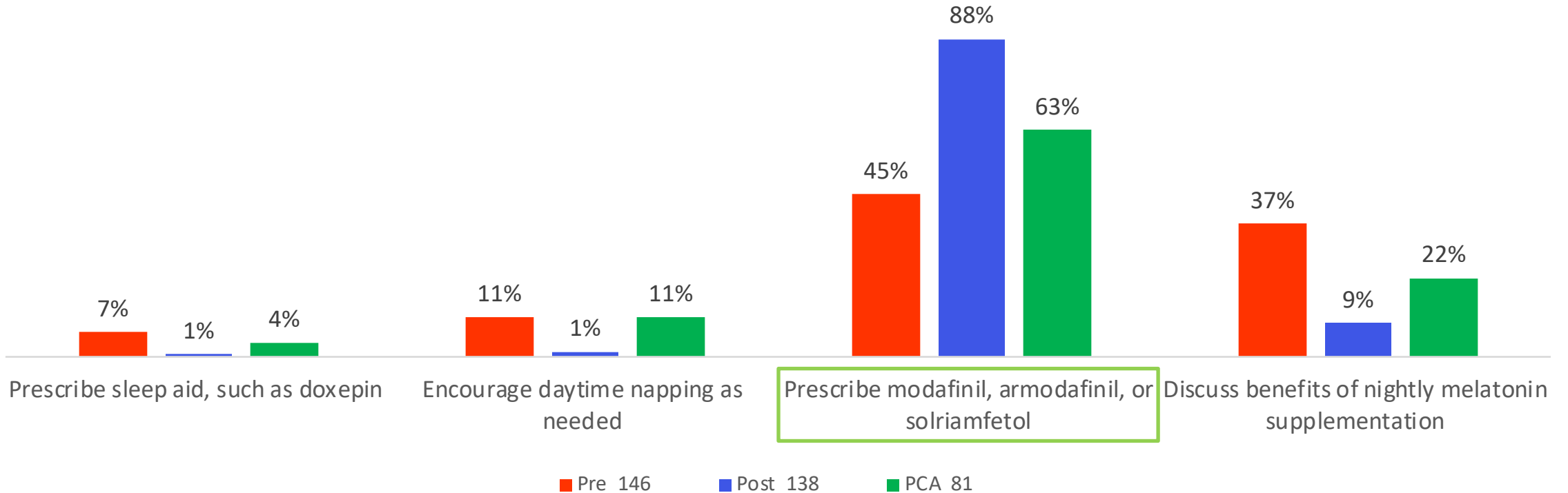


Pre-Post Change	-2%
Pre-PCA Change	-10%

Competence Assessment

54-y/o obese woman, history of hypertension. Diagnosed with OSA 1 year ago, treated with CPAP. Reports persistent daytime sleepiness. At her last visit, you ensured compliance with CPAP, discussed sleep hygiene, and ruled out comorbidities. Today her PAP compliance rate is 92% and AHI is 2.3; BP is 110/72. What might be appropriate at this time?

P Value: <0.05

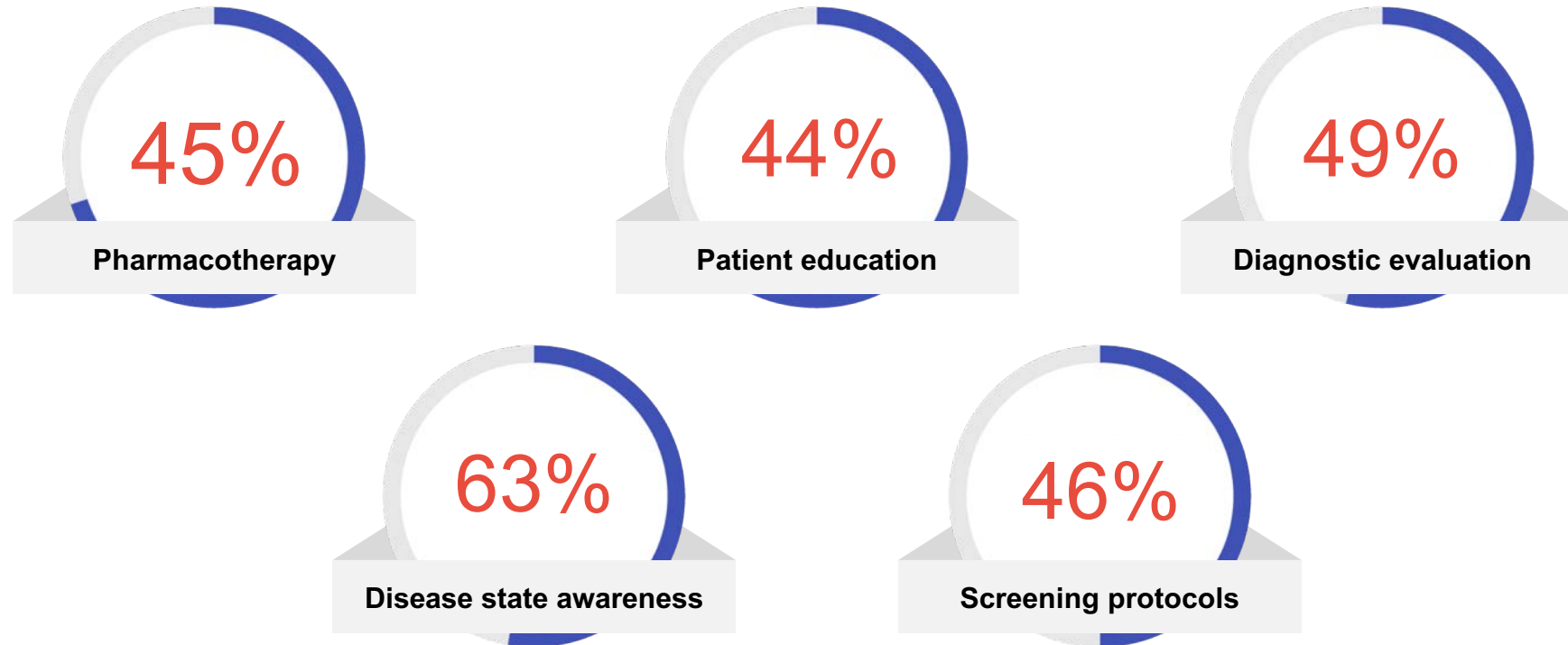


Pre-Post Change	96%
Pre-PCA Change	40%

(4-week Post Assessment)

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

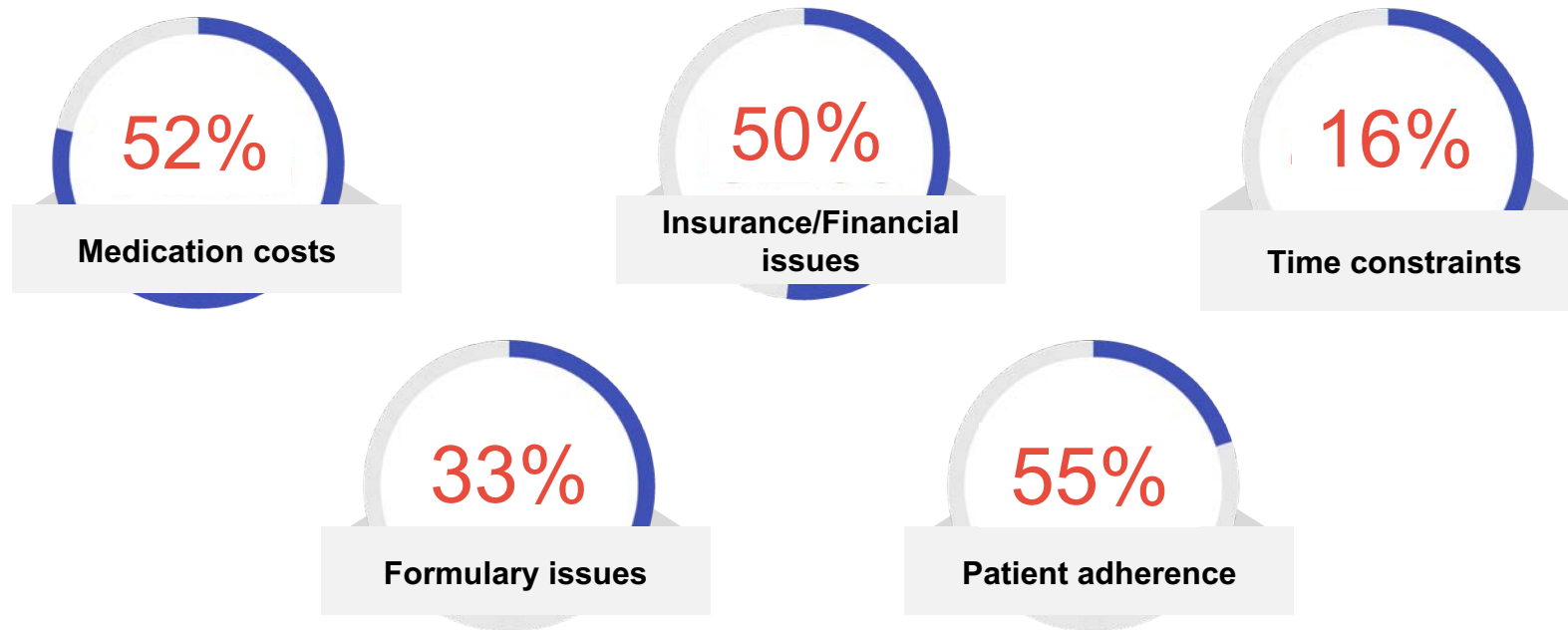
N=81



(4-week Post Assessment)

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

N=81



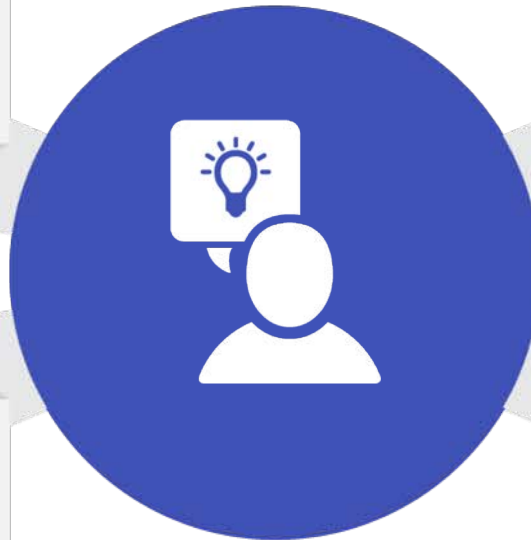
Participant Educational Gains

Increased intention to screen patients with OSA for EDS.

43% increased recognition of the Epworth Sleepiness Scale as the most commonly utilized office-based assessment tool for excessive daytime sleepiness

22% increased recognition of hypoxemia as a potential consequence of excessive daytime sleepiness

96% greater competence to prescribe a wake promoting agent for a patient with OSA experiencing persistent daytime sleepiness



Persistent Educational Gaps After 4 Weeks

Recognition of office based measurement tools for excessive daytime sleepiness

Appropriate use of wake promoting agents in the management of excessive daytime sleepiness in patients with OSA

Confidence to manage excessive daytime sleepiness in patients with OSA

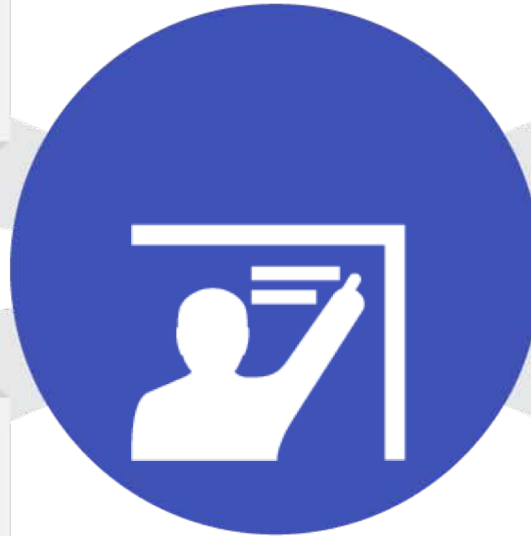
Frequency of screening patients with Obstructive Sleep Apnea (OSA) for excessive daytime sleepiness.



Key Take-home Points

Increased confidence in learners ability to manage excessive daytime sleepiness in patients with OSA

95% of learners are engaged in direct patient care and 95% reported that they learned new strategies for patient care



After 4 weeks, participants reported the following improved skills regarding the screening, diagnosis and treatment of EDS: 63% disease state awareness, 49% diagnostic evaluation, timely referral, and 46% screening protocols

After 4 weeks, participants reported the following barriers regarding the screening, diagnosis and treatment of EDS: 55% patient adherence, 52% medication costs, and 50% insurance/financial issues