Outcome Report

Psoriasis: Update for Primary Care Physicians

Emerging Challenges In Primary Care: 2009

Presented at 3 Locations
Nashville, TN • Lexington, KY • Hollywood, FL

Report Date: 1/7/10

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Course Accreditation

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The National Association for Continuing Education designates this educational activity for a maximum of 7 AMA PRA Category 1 Credits (number of credits varies with agenda in each city).*

* This applies to the full day CME activity entitled Emerging Challenges in Primary Care

Commercial Support

These activities were supported through educational grants or donation from the following companies:

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Trans1 Inc.

Psoriasis: Update for Primary Care Physicians was supported through an educational grant or donation from Abbott Laboratories, Inc.
Cities and Dates
Emerging Challenges in Primary Care: Update 2009
Conference Schedule

April 25, 2009 St. Louis, Missouri
May 2, 2009 Columbus, Ohio
May 16, 2009 Raleigh, North Carolina
June 13, 2009 Denver, Colorado
August 15, 2009 Atlanta, Georgia
August 29, 2009 Nashville, Tennessee
September 26, 2009 Lexington, Kentucky
October 3, 2009 Hollywood, Florida
October 10, 2009 Indianapolis, Indiana
October 24, 2009 Tampa, Florida
November 7, 2009 Birmingham, Alabama
November 14, 2009 Long Beach, California

Titles of Presentations
*Given in all 12 cities

Case Studies in Diabetes Management: Individualizing Therapy *
Patrick Boyle, MD and Mark Stolar, MD and Barry McLean, MD, PhD

Residual Cardiovascular Risk in Diabetes: Beyond LDL-C *
Alexandre C. Ferreira, MD, FACC

COPD - Enhancing Recognition and Improving Outcomes *
Louis Kuritzky, MD, Fernando J. Martinez, MD, MS, and MMelLan K. Han, MD, MS

Depression - We Can Do Better *
John Tomkowiak, MD MOL and Benoit Dubé, MD, FRCPC

What You and Your Patients Need to Know About the Advances in Migraine Management *
Louis Kuritzky, MD and Paul Winner, DO, FAAN

Advances in Minimally Invasive Spine Surgery: An Evidence Based Approach *
W. B. Rodgers, MD and Curtis S. Cox, MD

Alzheimer’s Dementia: Evaluation Therapeutic Options
Walter C. Martinez, MD, FAAN

Case Studies in Chronic Pain Management
Rick Chavez, MD and Howard A. Heit, MD, FACP, FASAM

Psoriasis: Update for Primary Care Physicians
Brad P. Glick, DO, MPH and Paolo Romanelli, MD

Contraceptive Therapy Update
Anita Nelson, MD
Levels of Evaluation

Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities, using a systematic process based on the following model:

- **Level 1:**
  Participation—# of participants

- **Level 2:**
  Satisfaction—The degree to which the expectations of the participants about the setting and delivery of the CME activity were met.

- **Level 3:**
  Learning—Changes in knowledge, skills, and/or attitudes of the participants: the development of competency

- **Level 4:**
  Performance—Changes in practice behavior as a result of the application of what was learned

### Level 1: Participation

- 371 attendees in 3 cities
- 67% physicians; 17% NPs or PAs; 8% RNs; 8% Other
- Over 90% in community-based practice
- 77% PCPs, 2% Cardiologists; 1% Pulmonologists; 20% Other
- 95% provide direct patient care

Did we reach the right audience? **Yes!**
Level 2: Satisfaction

- 88% rated the activity as very good to excellent
- 98% indicated the activity improved their knowledge
- 95% stated that they learned new strategies for patient care
- 88% said they would implement new strategies that they learned in their practice
- 99% said the program was fair-balanced and unbiased

Were our learners satisfied? Yes! Data was collected across all 12 cities for the complete Emerging Challenges in Primary Care program.

Level 2: Satisfaction

Upon completion of this activity, I can now –

Recognize and diagnose psoriasis and psoriatic arthritis (PsA) earlier, and institute appropriate initial treatment options; Understand the burden of impact of psoriasis and PsA; Recognize the systemic impact of psoriasis and the relationship to the metabolic syndrome; Evaluate various management options for psoriasis and PsA and recognize which patients are candidates for systemic and biologic therapy; Understand novel therapeutic options in the management of psoriasis

Did learners indicate they achieved the learning objectives? Yes! 100% believed they did. Data was collected across 3 cities.
Outcome Study Methodology

Goal
To determine the effect of this CME activity had on learners with respect to competence to apply critical knowledge, confidence in treating patients with diseases or conditions discussed, and change in practice behavior.

Dependent Variables
- **Level 3: Competence to Apply Critical Knowledge**
  Case-based vignettes and pre- and post-test knowledge questions were asked with each session in the CME activity. Responses can demonstrate learning and competence in applying critical knowledge. The use of case vignettes for this purpose has considerable predictive value. Vignettes, or written case simulations, have been widely used as indicators of actual practice behavior. ¹
- **Practitioner Confidence**
  Confidence with the information relates directly to the likeliness of actively using knowledge. Practitioner confidence in his/her ability to diagnose and treat a disease or condition can affect practice behavior patterns.
- **Level 4: Self-Reported Change in Practice Behavior**
  Intent to change and change four weeks after CME activity.


Psoriasis: Update for Primary Care Physicians

Faculty

Brad P. Glick, DO, MPH  
Dermatology Residency Program  
Director  
Wellington Regional Medical Center/LECOM  
Wellington, Florida

Paolo Romanelli, MD  
Associate Professor  
Department of Dermatology and Cutaneous Surgery  
University of Miami Miller School of Medicine  
Miami, FL

**Learning Objectives**
- Recognize and diagnose psoriasis and psoriatic arthritis (PsA) earlier, and institute appropriate initial treatment options
- Understand the burden and impact of psoriasis and PsA
- Recognize the systemic impact of psoriasis and the relationship to the metabolic syndrome;
- Evaluate various management options for psoriasis and PsA and recognize which patients are candidates for systemic and biologic therapy
- Understand novel therapeutic options in the management of psoriasis
Key Findings
Psoriasis: Update for Primary Care Physicians

Knowledge/Competence
Learners demonstrated significant improvement in pre to post-testing on three of the four case-based questions regarding the diagnosis and treatment of Psoriasis.

Confidence
17% of learners rated themselves as moderately to very confident in treating patients with Psoriasis before the education 68% after the education.

Intent to Perform
Learners stated that they were very likely (54%) to somewhat likely (25%) to implement strategies learned at this session in their practice.

Change of Practice Behavior
On a follow-up surveys completed 4 weeks after the activity 86% of learners who responded reported that they strongly agree or agree that they have implemented changes in their practice based on the information they learned in the CME activity with respect to the management of Psoriasis.

Responses to Critical Knowledge and Case-Based Questions
Psoriasis: Update for Primary Care Physicians

Systemic therapies for psoriasis vulgaris include which of the following agents?

- acitretin
- calcitriol
- etanercept
- tazarotene

<table>
<thead>
<tr>
<th></th>
<th>Pre %</th>
<th>Post %</th>
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<tbody>
<tr>
<td>acitretin</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>calcitriol</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>etanercept</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>tazarotene</td>
<td>5</td>
<td>72</td>
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</tbody>
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Best answer p > .05

Which of the following statements regarding the use of Quantaferon Gold usage for Tb testing is/are correct?

- High specificity and high sensitivity
- No cross reactivity with BCG vaccine
- Only single office visit necessary
- Ability of repeated testing without a "booster effect"
- All of the above

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<thead>
<tr>
<th></th>
<th>Pre %</th>
<th>Post %</th>
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<tbody>
<tr>
<td>High specificity and high sensitivity</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>No cross reactivity with BCG vaccine</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Only single office visit necessary</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Ability of repeated testing without a &quot;booster effect&quot;</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>All of the above</td>
<td>77</td>
<td>93</td>
</tr>
</tbody>
</table>

Best answer p < .05
Responses to Critical Knowledge and Case-Based Questions (cont)
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The shifting treatment paradigm to continuous control for the management of psoriasis includes all of the following parameters except:

Which of the following statements is true regarding the AAD Consensus Statement on Psoriasis Therapies:

Changes in Confidence from Pre to Post-Testing
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On a scale of 1 to 5 please rate how confident you would be in treating patients with Psoriasis.
Intention to Change Practice Behavior and Implement Learning
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How likely are you to implement strategies learned from this presentation in your practice?

- Very likely: 64%
- Somewhat likely: 25%
- Unlikely: 8%
- Not Applicable: 12%

Self-Reported Changes in Practice Behavior Four Weeks After the Activity
Psoriasis: Update for Primary Care Physicians

Percent of Learners Who Agreed That They Changed Their Actual Practice Behavior for the Learning Objectives Listed Below Four Weeks After the CME Activity

Learning Objectives: Recognize and diagnose psoriasis and psoriatic arthritis (PsA) earlier, and institute appropriate initial treatment options; Understand the burden and impact of psoriasis and PsA; Recognize the systemic impact of psoriasis and the relationship to the metabolic syndrome; Evaluate various management options for psoriasis and PsA and recognize which patients are candidates for systemic and biologic therapy; Understand novel therapeutic options in the management of Psoriasis.
Discussion and Implications
Psoriasis: Update for Primary Care Physicians

The need for continued education in the evaluation and treatment of Psoriasis was demonstrated based on literature reviews and surveys completed prior to the conference series.

Drs. Romanelli and Glick, the NACE faculty for this program, received high ratings on their effectiveness in delivering this material. Attendee knowledge was assessed using the case vignettes listed above with results indicating a statistically significant improvement in the post testing in nearly all areas. Specifically, participants are better able as a result of this lecture to: understand and utilize the Quantaferon Gold test for Tb testing, describe the shifting treatment paradigm of Psoriasis recognizing there is no need for treatment failures before switching therapies and finally, attendees are more aware of the AAD Consensus statement describing biologic therapies as first line treatments in patients that are candidates for systemic therapy.

The notable changes in post test scores signify a clear gap in knowledge and an unmet need amongst primary care clinicians. It continues to be an important area for future educational programs. Additional programming should continue to educate clinicians on the evaluation of Psoriasis, quantification of body surface area, the continued evolution of biologic treatment options, and the role of inflammation in Psoriasis with its systemic manifestations and role in the metabolic syndrome.