



NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

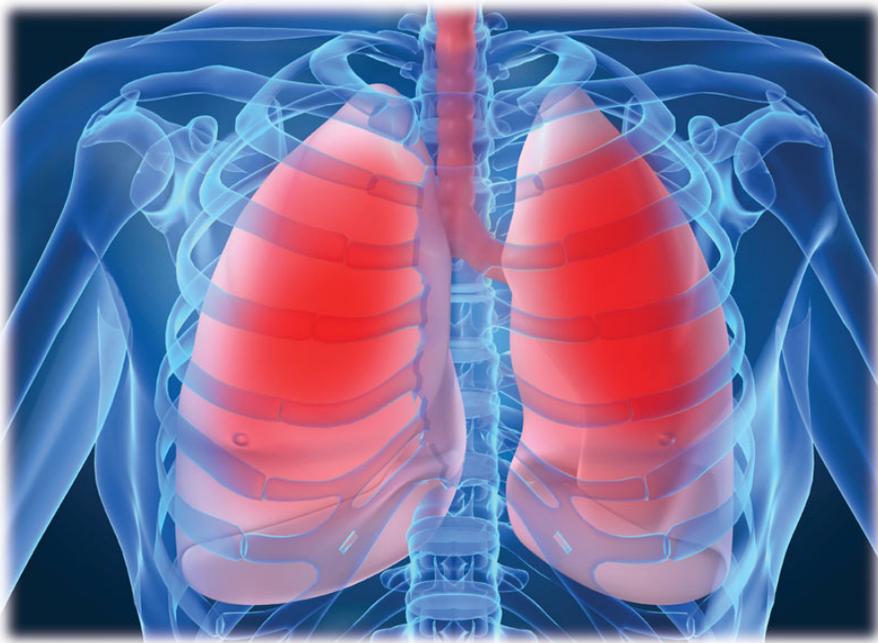
Idiopathic Pulmonary Fibrosis:
Updates from IPFNET and New
Horizons

Final Outcome Report

Challenges in Pulmonary and Critical Care: 2012

**Presented at:
Cleveland Clinic Florida
Weston, Florida
December 1, 2012**

Report Date: May 2, 2013



Course Director

Franck Rahaghi, MD, MHS, FCCP

Director, Pulmonary Hypertension Clinic

Director, Pulmonary Education and Rehabilitation

Chair of Quality

Cleveland Clinic Florida

Weston, FL

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 live activity for a maximum of 7 *AMA PRA Category 1 Credits*[™]. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of University of Massachusetts Medical School and the National Association for Continuing Education. The University of Massachusetts Medical School is accredited by the ACCME to provide continuing medical education for physicians.

The University of Massachusetts Medical School designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Commercial Support

Challenges in Pulmonary and Critical Care: 2012 CME activity was supported through educational grants or donations from the following companies:

Actellion

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Hospira, Inc.

United Therapeutics Corporation

Agenda

7:15-7:50	Continental Breakfast and Registration	12:15- 1:00	Lunch Break/Exhibits
7:50-8:00	Welcome Remarks Franck Rahaghi, MD, MHS, FCCP	1:00-2:00	Idiopathic Pulmonary Fibrosis: Updates from IPFNET and New Horizons Robert Kaner, MD
8:00-9:00	Electromagnetic Navigation Bronchoscopy and Bronchial Thermoplasty: Two Techniques That Are Revolutionizing Bronchoscopy Eduardo Oliveira, MD, MBA	2:00-3:00	New Directions in Treatment of Asthma Raed A. Dweik, MD
9:00-10:00	COPD: New Developments, New Treatment Horizons Charlie Strange, MD	3:00-3:15	Break/Exhibits
10:00- 10.15	Break/Exhibits	3:15-4:15	Sedation in the ICU Jinesh Mehta, MD
10:15-11:15	Alpha-1 Antitrypsin Deficiency: How to Change Franck Rahaghi, MD, MHS, FCCP	4:15-5:315	Management of Chronic Cough Gustavo Ferrer, MD
11:15-12:15	Pulmonary Hypertension: A Disease Evolution Ioana Preston, MD	5:15-5:30	Closing Remarks Franck Rahaghi, MD, MHS, FCCP

Levels of Evaluation

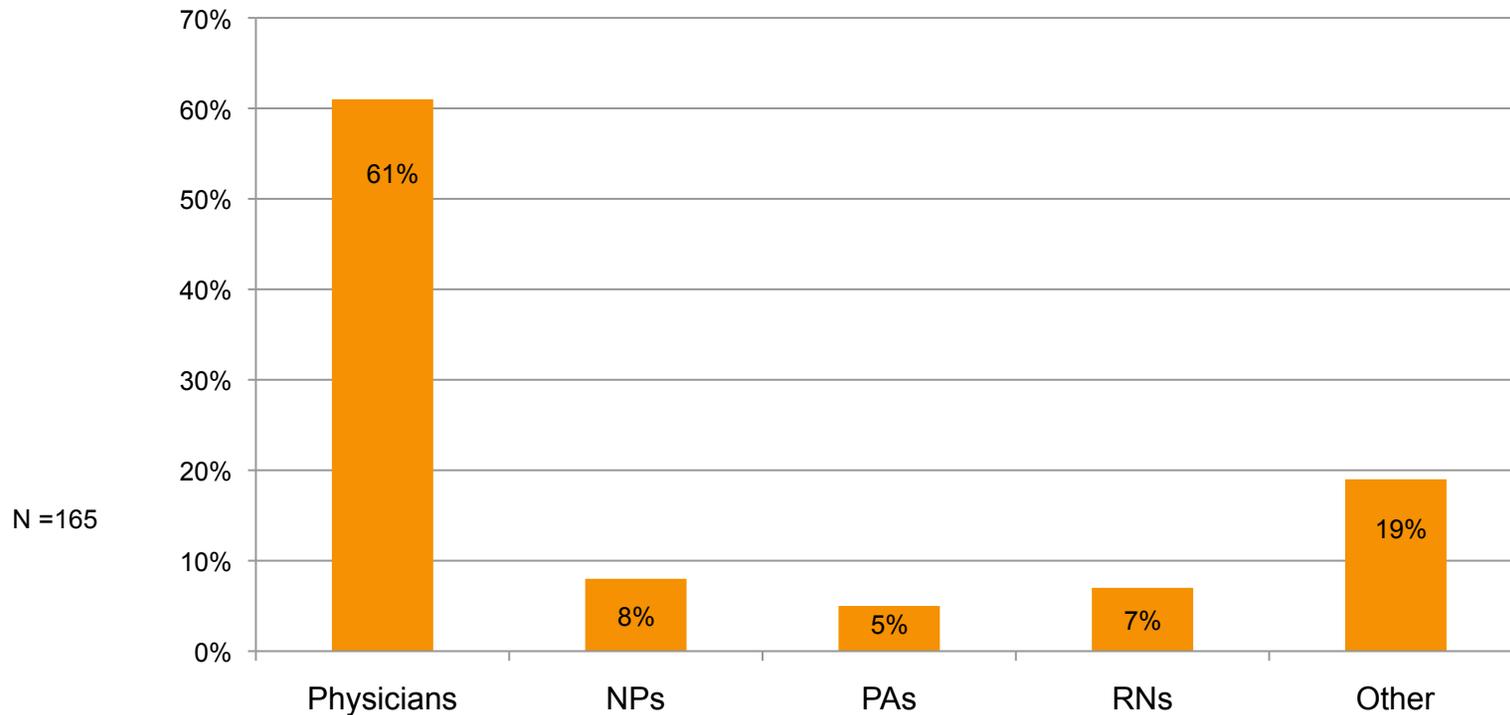
Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on the following model:

1. Participation
2. Satisfaction
3. Learning
 - A. Declarative Knowledge
 - B. Procedural Knowledge
4. Competence
5. Performance
6. Patient Health
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

- 122 attendees
- 61% Physicians; 8% NPs; 5% PAs; 7% RNs; 19% Other
- Over 40% in community-based practice
- 37% PCPs, 40% Pulmonologists; 3% Rheumatology; 3% Cardiologists; 17% Other or did not respond



Did we reach the right audience? **Yes!**

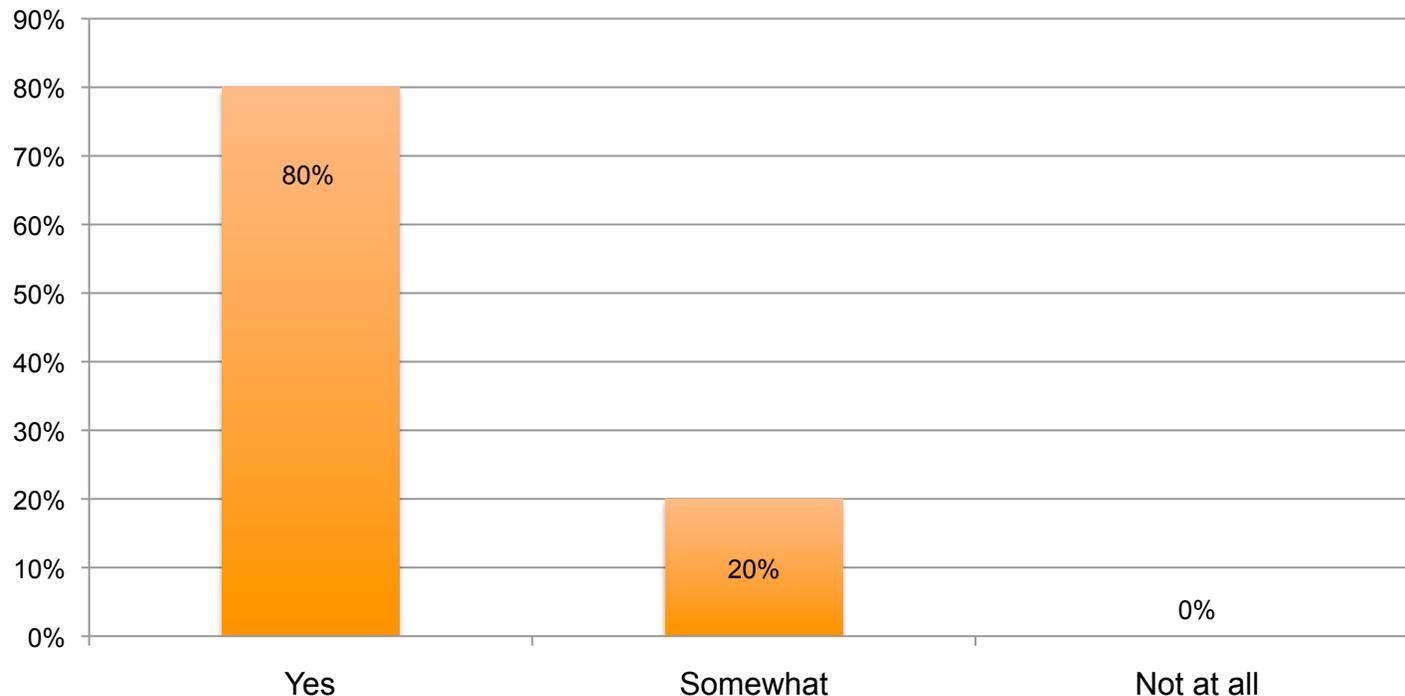
Level 2: Satisfaction

- 100% rated the activity as very good to excellent
- 98% indicated the activity improved their knowledge
- 98% stated that they learned new strategies for patient care
- 85% said they would implement new strategies that they learned in their practice
- 100% said the program was fair-balanced and unbiased

Were our learners satisfied? **Yes!**

Level 2: Satisfaction

Upon completion of this activity, I can now – Describe the state-of-the-art approach to diagnosing idiopathic pulmonary fibrosis (IPF) from among a range of diffuse parenchymal lung disorders; Define prognostic features for individual IPF patients; Apply appropriate pharmacotherapeutic options for individual IPF patients while having a general understanding of the options under intense investigation; Recognize the role of available nonpharmacological therapies including pulmonary rehabilitation, oxygen supplementation and lung transplantation in IPF management:



Did learners indicate they achieved the learning objectives?

Yes! 100% believed they did.

Outcome Study Methodology

Goal

To determine the effect 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

1. Level 3-5: Knowledge, Competence, and Performance

Case-based vignettes and pre- and post-test knowledge questions were asked with each session in the CME activity. Identical questions were also asked to a sample of attendees 4 weeks after the program to assess retention of knowledge. 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

2. 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.

3. Level 5: Self-Reported Change in Practice Behavior

Four weeks after CME activity, practitioners are asked if they changed practice behavior.

1. Peabody, J.W., J. Luck, P. Glassman, S. Jain, J. Hansen, M. Spell and M. Lee (2004). *Measuring the quality of physician practice by using clinical vignettes: a prospective validation study*. Ann Intern Med 14(10): 771-80.

Outcome Study Methodology (Cont.)

4. Readiness to Change Behavior (Prochaska and DeClemente Model)

CME activities can motivate providers to move through different stages of change which can ultimately lead them to take action and modify their practice behavior in accordance with the objectives of the education. Movement through these stages of change is an important dependent variable to consider in evaluating the impact of CME. Participants were asked to evaluate their stage of change with respect to specific topics being presented.

- **Pre-contemplation stage:** I do not manage (XXX illness), nor do I plan to this year.
- **Contemplation stage:** I did not manage (XXX illness) before this course, but as a result of attending this course I'm thinking of managing it now.
- **Pre-contemplation/confirmation stage:** I do manage patients with (XXX illness) and this course confirmed that I do **not** need to change my treatment methods.
- **Preparation for action stage:** I do manage patients with (XXX illness) and this course helped me change my treatment methods.

Idiopathic Pulmonary Fibrosis: Updates from IPFNET and New Horizons

Faculty

Robert Kaner, MD

Associate Professor of Clinical Medicine and Genetic Medicine

Weill Cornell Medical College

New York, NY

Learning Objectives

- Describe the state-of-the-art approach to diagnosing idiopathic pulmonary fibrosis (IPF) from among a range of diffuse parenchymal lung disorders
- Define prognostic features for individual IPF patients
- Apply appropriate pharmacotherapeutic options for individual IPF patients while having a general understanding of the options under intense investigation
- Recognize the role of available nonpharmacological therapies including pulmonary rehabilitation, oxygen supplementation and lung transplantation in IPF management

Key Findings

Idiopathic Pulmonary Fibrosis: Updates from IPFNET and New Horizons

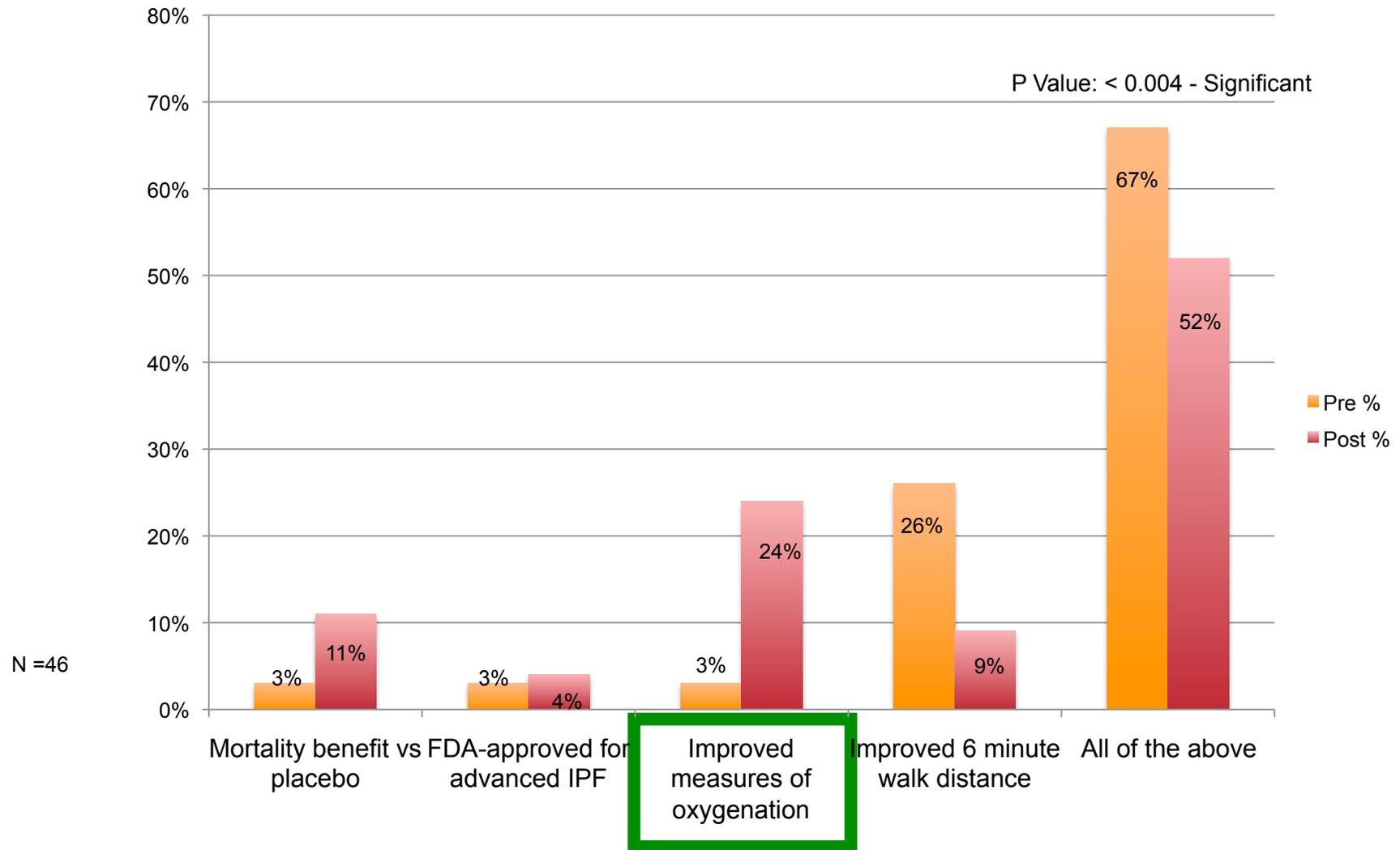
Knowledge/Competence	Learners demonstrated significant improvement in their answers from pre to post-testing on three of the three case-based questions regarding Idiopathic Pulmonary Fibrosis.
Confidence	Whereas the majority of learners rated themselves as having very low to slight confidence in their understanding of treating regarding Idiopathic Pulmonary Fibrosis before the education most of the learners showed gains in confidence after the program.
Intent to Perform	As a result of this program, 24% of learners who did not manage regarding Idiopathic Pulmonary Fibrosis before are considering doing so, while 27% indicated that they will change their treatment methods
Change of Practice Behavior	95% of learners who responded to our four week survey indicated that they had changed their practice behavior to implement the learning objectives of this program within four weeks after they attended the activity.

N=57

Case Vignette Knowledge and Competence Assessment Questions

(Presented before and after lecture. Boxed answer is correct.)

In the STEP study, which of the following is true regarding sildenafil?

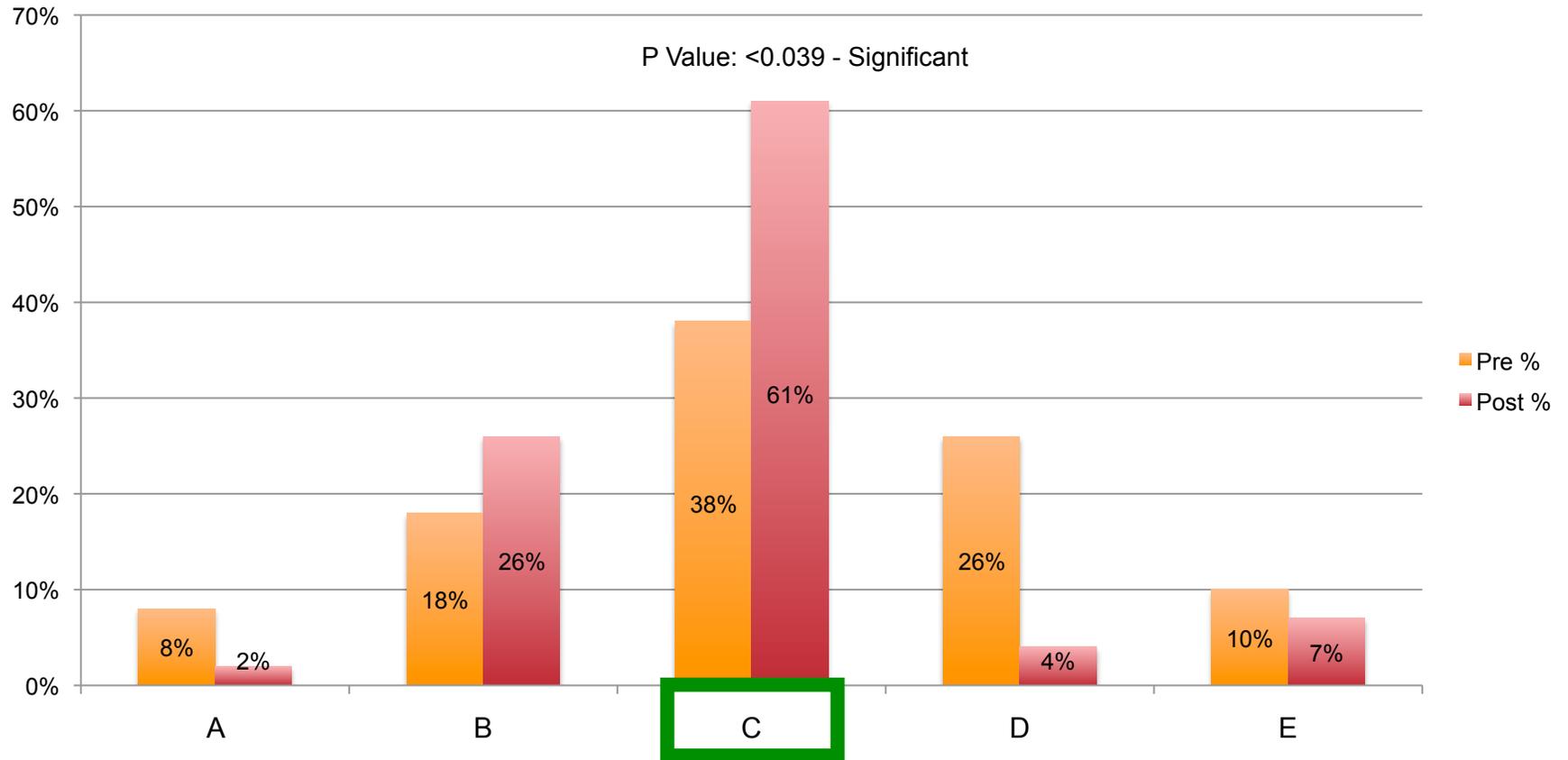


Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

(Presented before and after lecture. Boxed answer is correct.)

Which of the following are correct regarding the PANTHER study?



N =46

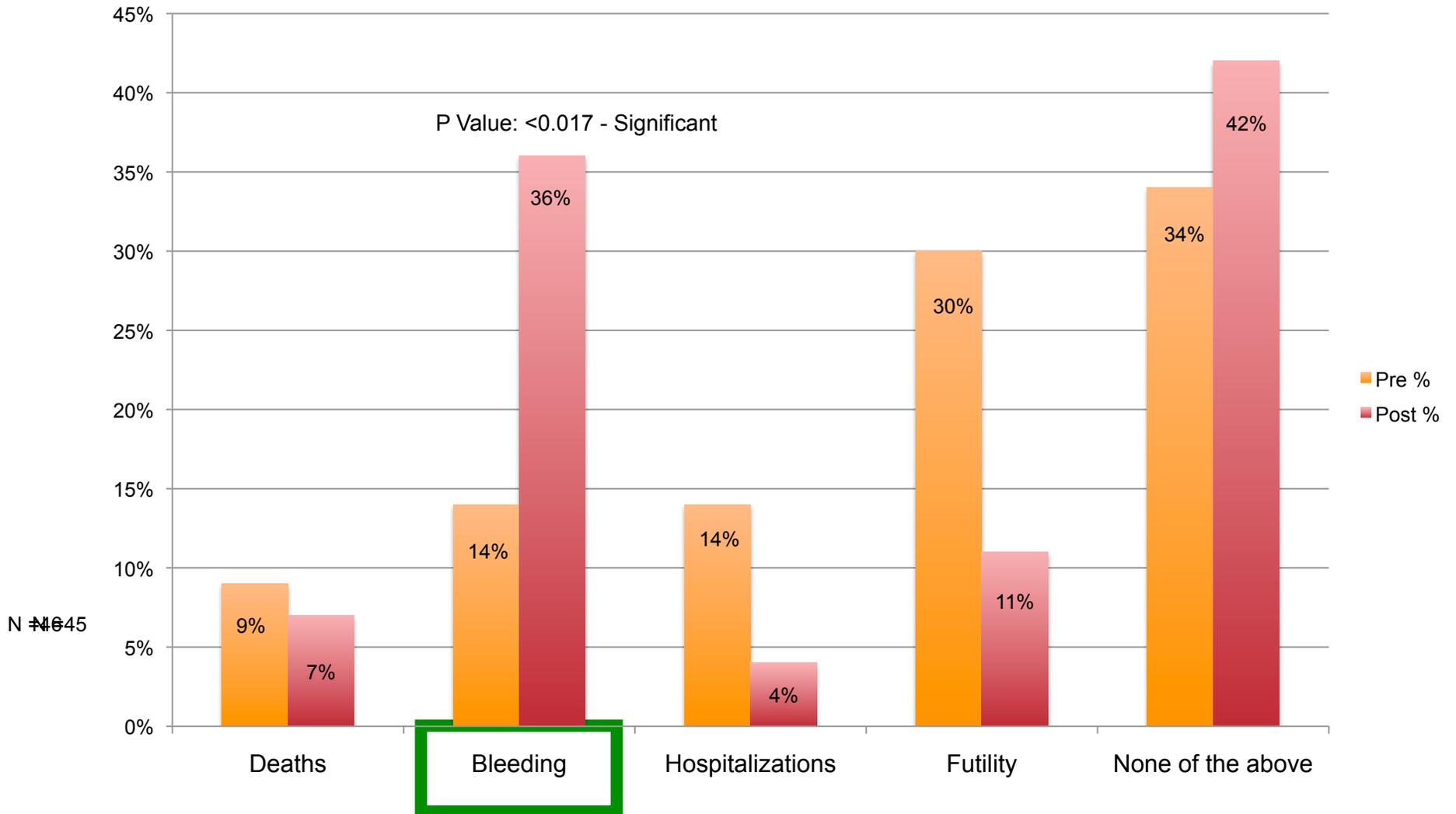
- A. Benefit of N-acetyl cysteine demonstrated
- B. Early termination of the study due to deaths and hospitalizations
- C. Early termination the prednisone/azathioprine/N-acetyl cysteine arm only due to deaths and hospitalizations**
- E. Study is still enrolling
- F. None of the above

Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

(Presented before and after lecture. Boxed answer is correct.)

Which of the following was not a reason for early termination of ACE-IPF?

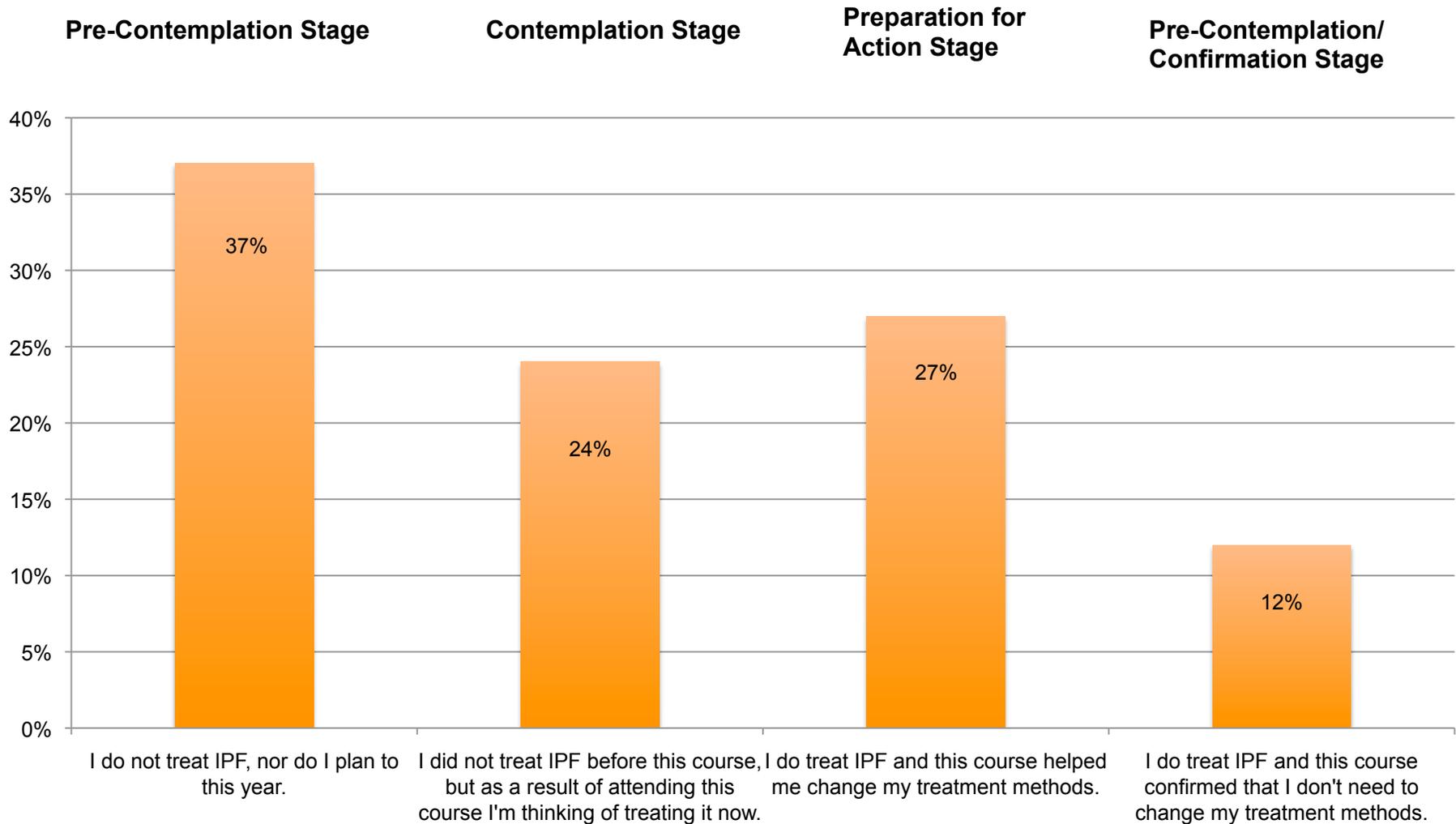


Green highlight indicates significant difference between pre and post testing.

Change in Practice Behavior Question

Presented after lecture.

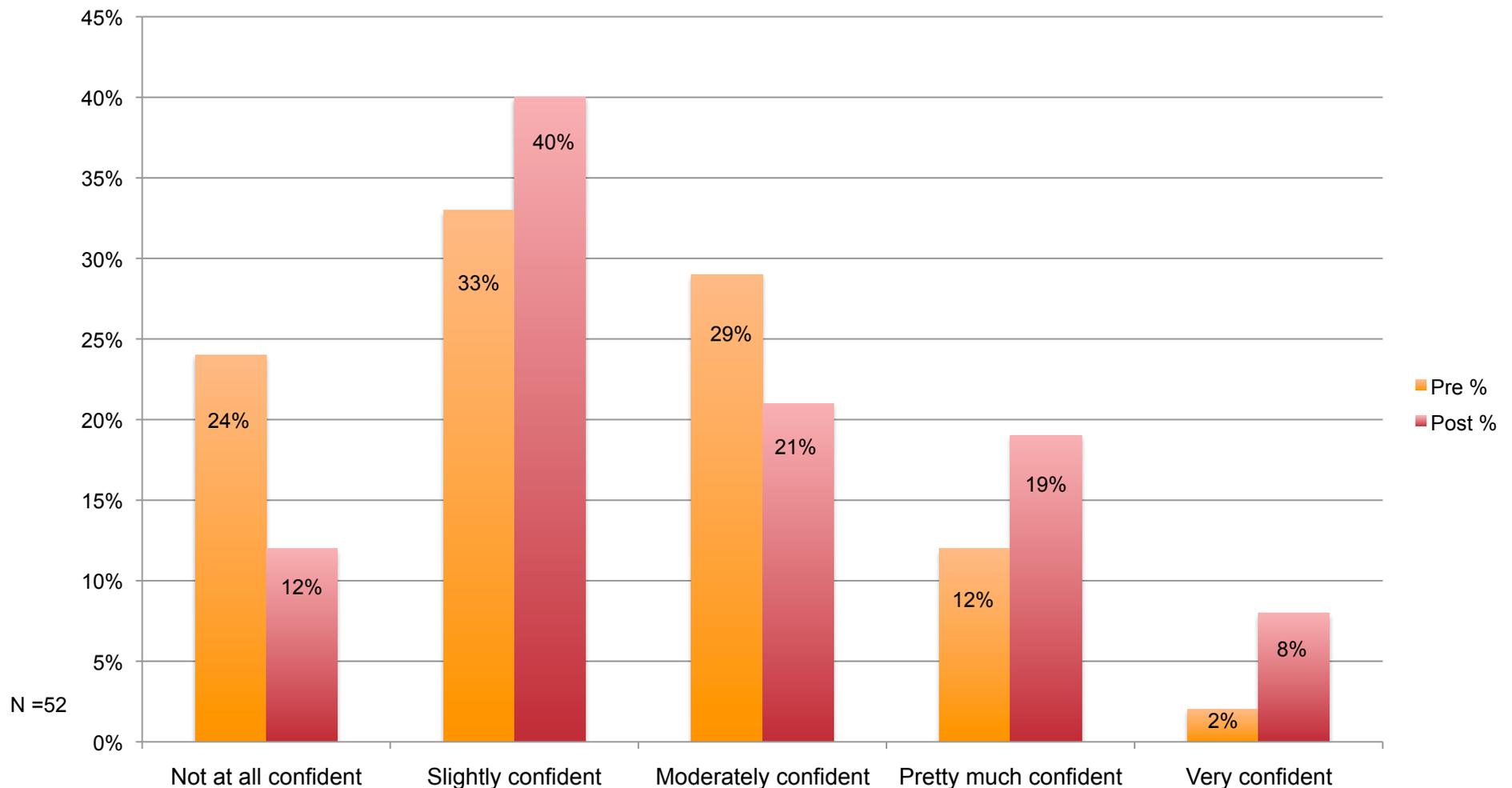
Which of the statements below describes your approach to anticoagulation of patients with Pulmonary Hypertension?



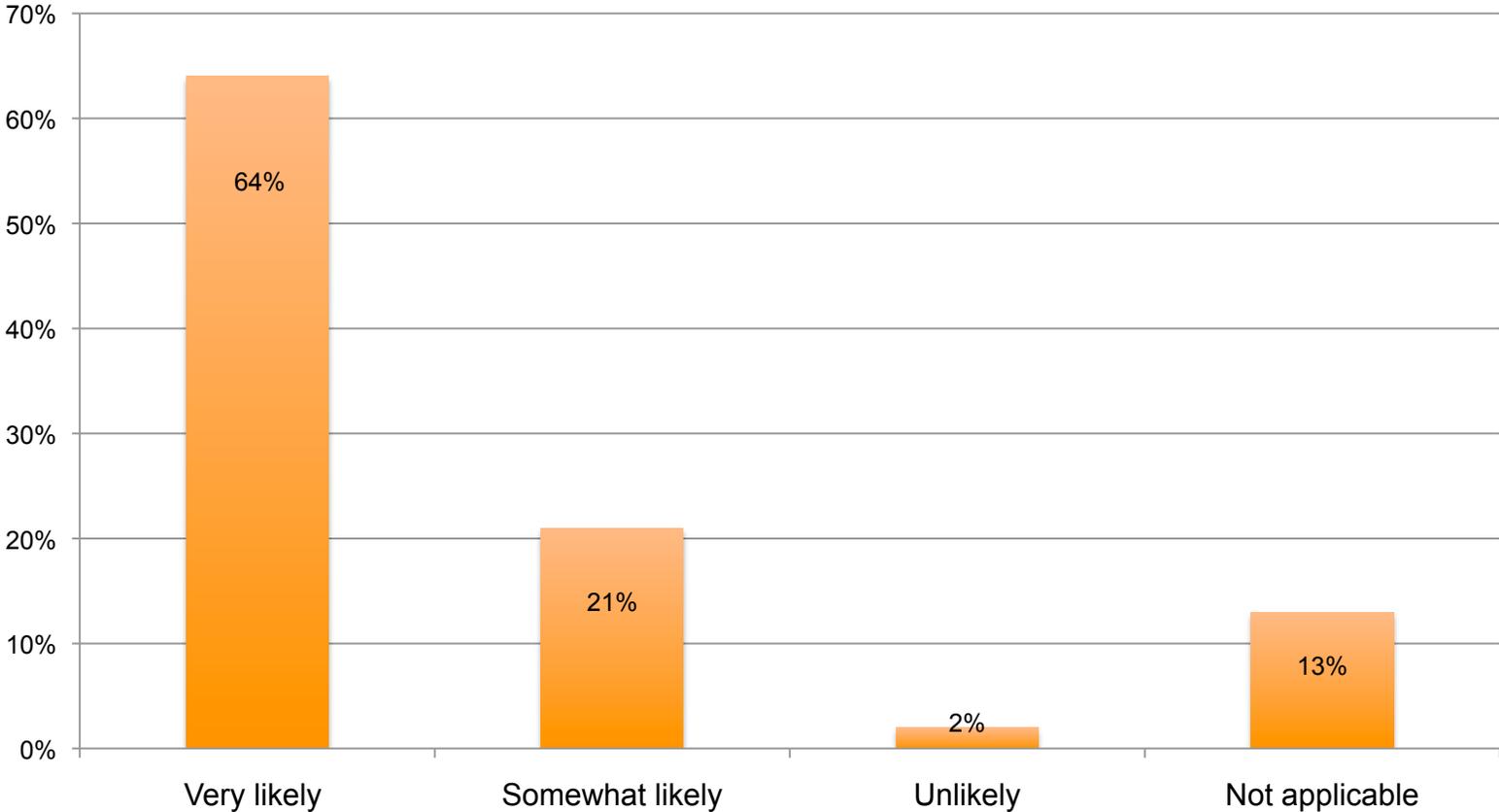
N = 49

Changes in Confidence from Pre to Post-Testing Idiopathic Pulmonary Fibrosis: Updates from IPFNET and New Horizons

On a scale of 1 to 5 please rate how confident you would be in treating patients with this condition.



Intention to Change Practice Behavior and Implement Learning



N = 165

Discussion and Implications

Idiopathic Pulmonary Fibrosis: Updates from IPFNET and New Horizons

Idiopathic pulmonary fibrosis (IPF) is a chronic, progressive fibrosing interstitial pneumonia of unknown cause, occurring primarily in older adults, limited to the lungs, and associated with the histopathologic and/or radiologic pattern of usual interstitial pneumonia. Early diagnosis of IPF is desirable because it allows for lung transplantation enrolment, avoidance of inappropriate drugs, and access to clinical trials and new treatments. However, diagnosis is a challenge, and there is often considerable delay in making a diagnosis. The objective of this activity was to enable learners to describe procedures used to diagnosis IPF, identify prognostic features of the condition, apply appropriate pharmacological therapies, and recognize the role of pulmonary rehabilitation, oxygen supplementation, and lung transplantation in treating patients with IPF.

Knowledge/Competence: Attendee knowledge was assessed at two points for this activity—prior to the activity and immediately following the activity using the case vignettes and knowledge questions listed above. The results indicated improvement in knowledge as measured by positive changes in pre to post-test scores on two of the three questions asked. This was proven in a statistically significant manner.

Readiness to Change: Twenty-seven percent of attendees noted that they currently treat patients with IPF and that this activity provided information that would lead to further changes in their care of patients with IPF. Twenty-four percent indicated that they did not treat patients with IPF prior to this activity, but would consider doing so after having been exposed to the information taught.

Confidence: Over half the participants indicated that they were not at all or only slightly confident about their understanding of treatment of IPF prior to the start of the activity. After the activity confidence of attendees improved but was still low with only 27% of attendees stating that they had moderate to very high confidence.

Intention for Change in Practice Behavior: Sixty-four percent of participants reported that they were very likely to utilize information learned from this activity in their practice.

Summary: Eighty five percent of attendees suggested they were likely or very likely to change their practice patterns as a result of this event. Based on the data collected at this educational activity, there appears to be a need for further education on this topic.