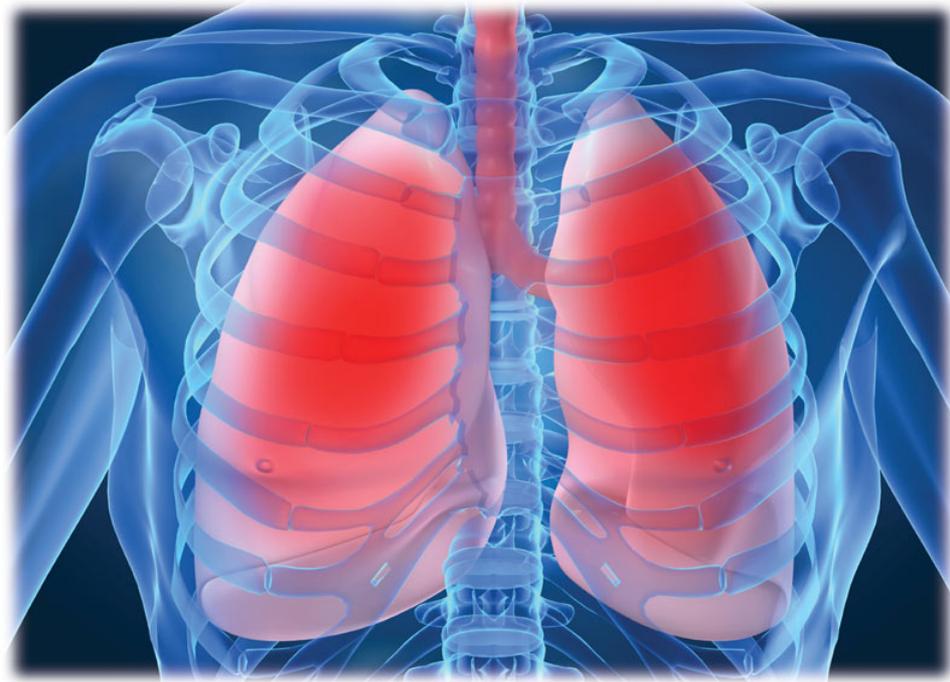




# **NATIONAL ASSOCIATION FOR CONTINUING EDUCATION**



Transition to End of Life Care: The  
How and Why

**Final Outcome Report**

## **Challenges in Pulmonary and Critical Care: 2014**

**Presented at:  
Cleveland Clinic Florida  
Weston, Florida  
December 6, 2014**

Report Date: January 14, 2015

# Course Director

**Franck Rahaghi, MD, MHS, FCCP**

Director, Pulmonary Hypertension Clinic  
Director, Pulmonary Education and Rehabilitation  
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*<sup>™</sup>. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 7.0 contact hours of continuing education (which includes 1.25 pharmacology hours).

\* This applies to the full day CME activity entitled Challenges in Pulmonary and Critical Care: 2014.

# Commercial Support

Challenges in Pulmonary and Critical Care: 2014 CME activity was supported through educational grants from the following companies:

Actelion

Boehringer Ingelheim Pharmaceuticals, Inc.

CSL Behring

Grifols

Intermune

VITAS Innovative Hospice Care

United Therapeutics

# Agenda

7:00-8:00	Continental Breakfast and Registration	12:25- 1:10	Lunch Break/Exhibits
8:00-8:10	Welcome Remarks Franck Rahaghi, MD, MHS, FCCP	1:10-2:10	Transition to End of Life Care: The How and Why Nydia Martinez Galvis, MD
8:10-9:10	Pulmonary Hypertension: New Horizons and New Perspectives Robert Schilz, DO, PhD	2:10-3:10	Idiopathic Pulmonary Fibrosis: A New Hope Franck Rahaghi, MD, MHS, FCCP
9:10-10:10	Sleep Apnea: Changes in Practice, Hope for better outcomes Laurence Smolley, MD	3:10-3:25	Break/Exhibits
10:10- 10.25	Break/Exhibits	3:25-4:25	Update in Interventional Bronchoscopy 2014 Eduardo Oliveira, MD, MBA, FCCP
10:25-11:25	COPD: New Developments, New Treatment Horizons Anas Hadeh, MD, FCCP	4:25-4:30	Concluding Remarks Franck Rahaghi, MD, MHS, FCCP
11:25-12:25	Alpha-1 Antitrypsin Deficiency: Evidence for Efficacy Robert A. Sandhaus, MD, PhD		

# Levels of Evaluation

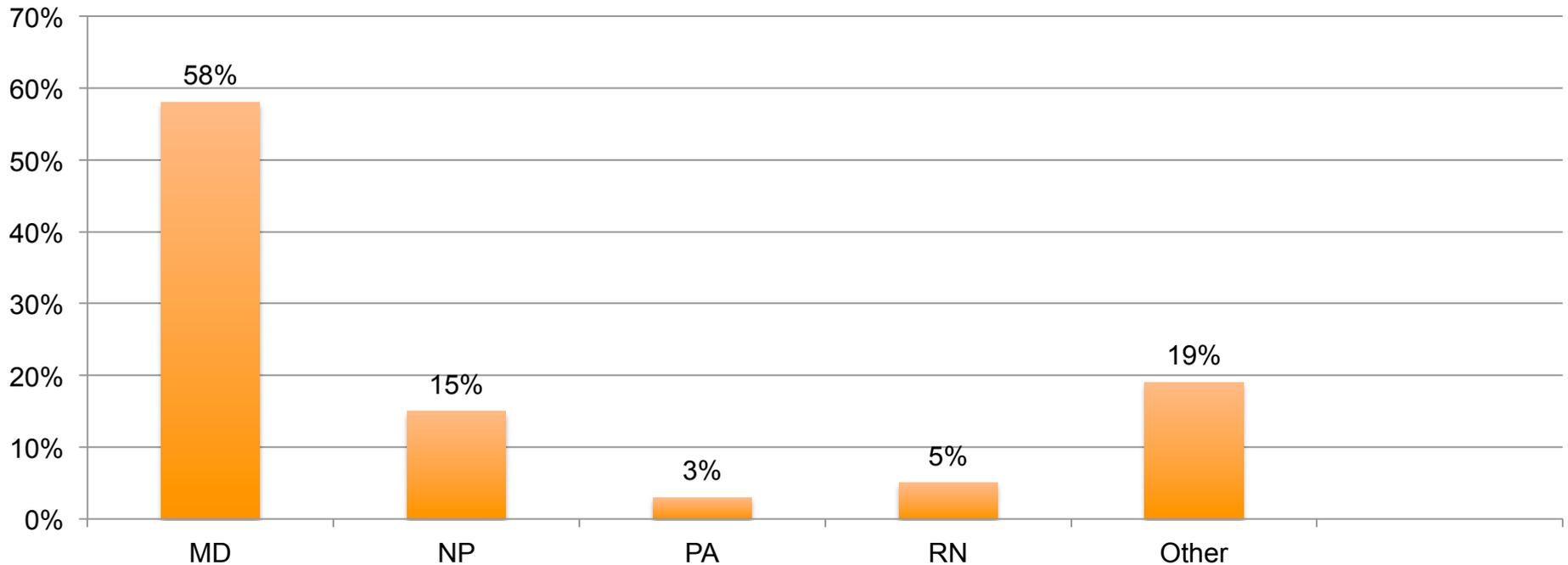
Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on the following model:

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

- 101 attendees
- 58% Physicians; 15% NPs; 3% PAs; 5% RNs; 19% Other
- Over 62% in community-based practice
- 42% PCPs, 35% Pulmonology; 2% Rheumatology; 3% Cardiology; 18% Other or did not respond



N =88

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

## Level 2: Satisfaction

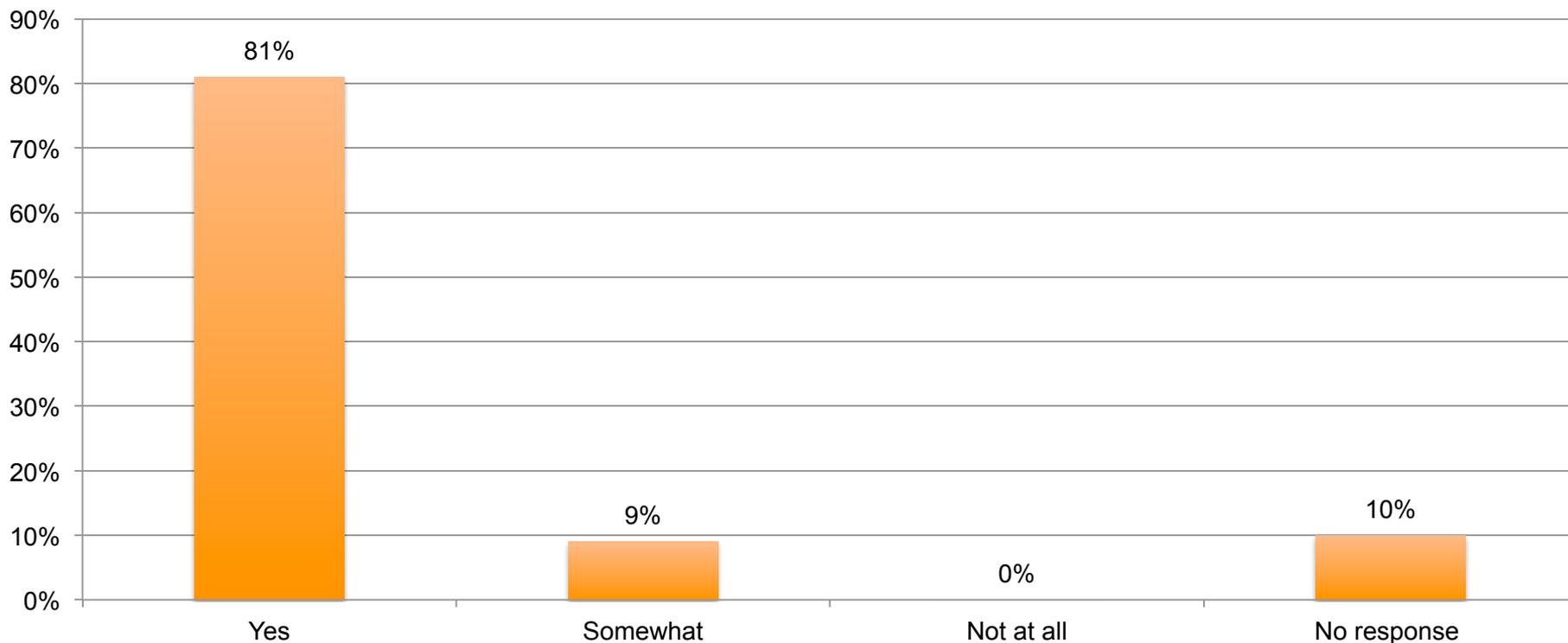
- 100% rated the activity as very good to excellent
- 100% indicated the activity improved their knowledge
- 100% stated that they learned new strategies for patient care
- 82% said they would implement new strategies that they learned in their practice
- 100% said the program was fair-balanced and unbiased

Were our learners satisfied? **Yes!**

# Level 2: Satisfaction

**Upon completion of this activity, I can now –**

Discuss hospice care and its evolving role in end of life care; Describe palliative care and its evolving role in patient care, how to identify patients eligible for hospice care; and discuss obstacles to better end of life care and how to overcome them



Did learners indicate they achieved the learning objectives?

**Yes! 90% 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.<sup>1</sup>

### 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.

# Transition to End of Life Care: The How and Why

## Faculty

Nydia Martinez Galvis, MD  
Associate Staff  
Pulmonary and Critical Care  
Cleveland Clinic Florida  
Weston, FL

## Learning Objectives

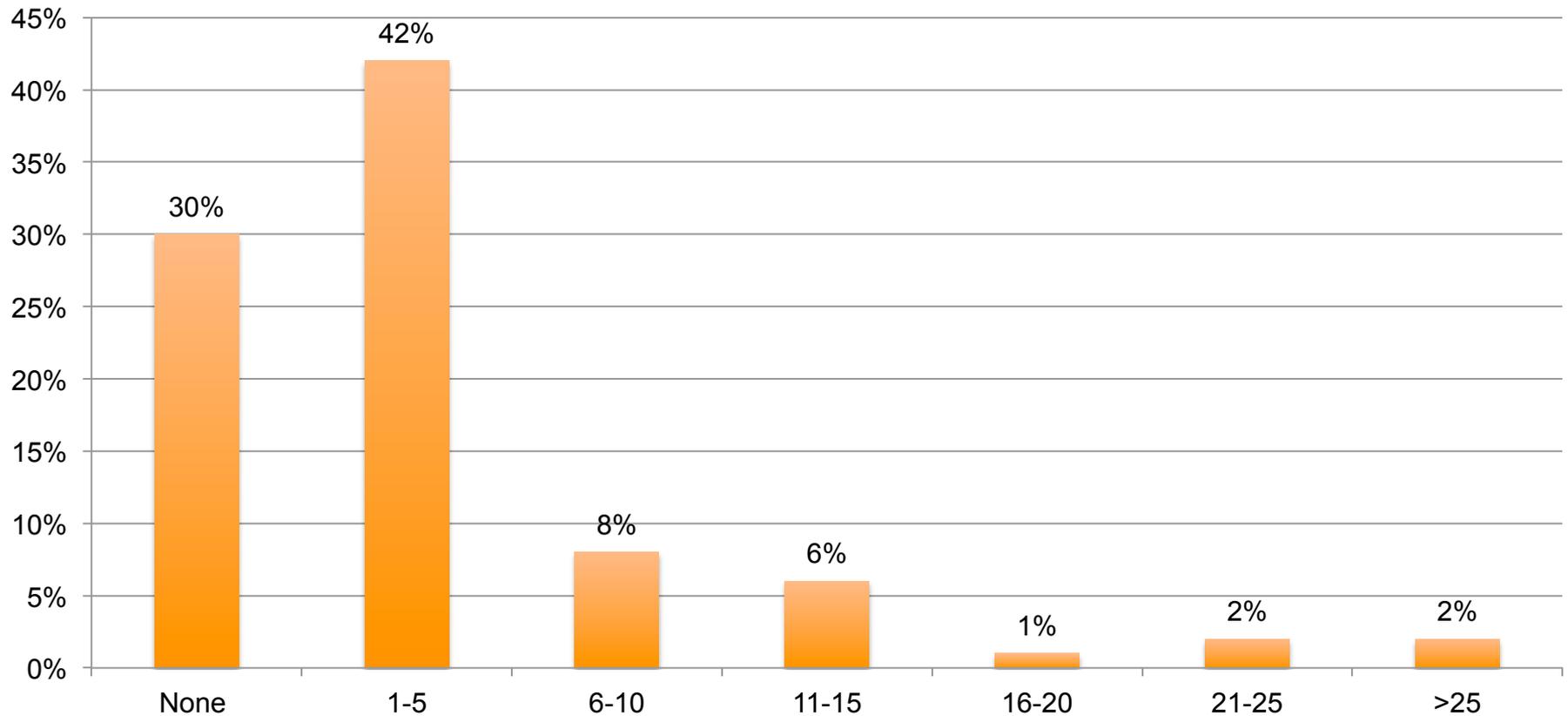
- Discuss hospice care and its evolving role in end of life care
- Describe palliative care and its evolving role in patient care, how to identify patients eligible for hospice care
- Discuss obstacles to better end of life care and how to overcome them

# Key Findings

## Transition to End of Life Care: The How and Why

Knowledge/Competence	Learners demonstrated improvement from pre to post-testing in their answers to three out of four of the case-based questions regarding End of Life Care.
Confidence	Whereas the majority of learners rated themselves as having confidence in their understanding of treating patients with medical care at the End of Life before the education most of the learners showed gains in confidence after the program.
Intent to Perform	As a result of this program, 11% of learners who did not manage patients with End of Life Care before are considering doing so, while 53% indicated that they will change their treatment methods.
Change of Practice Behavior  N=27	96% 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.

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: End of Life Care:



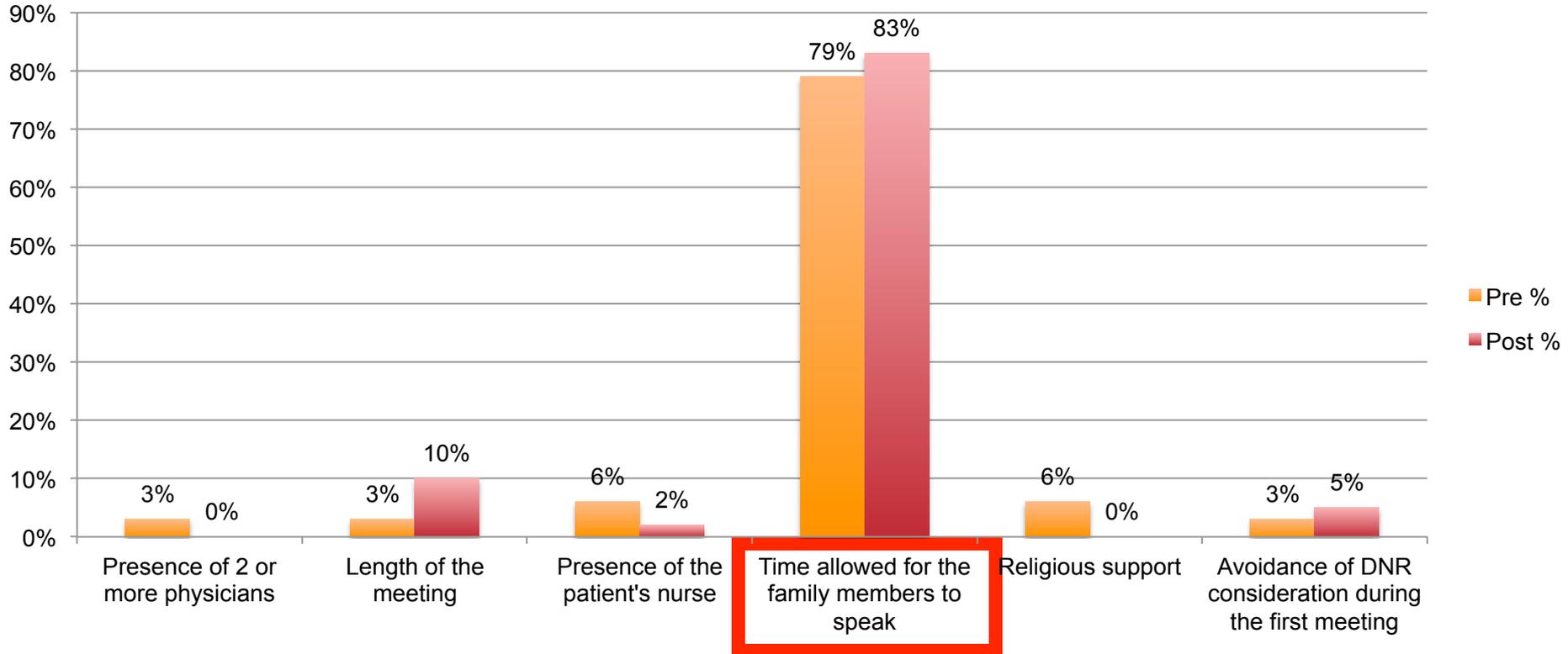
Sample Size: N = approximately 101

# Case Vignette Knowledge and Competence Assessment Questions

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

During a family meeting, most determinant factor for satisfaction is:

P Value: >0.661 - Not Significant



Pre N = 34

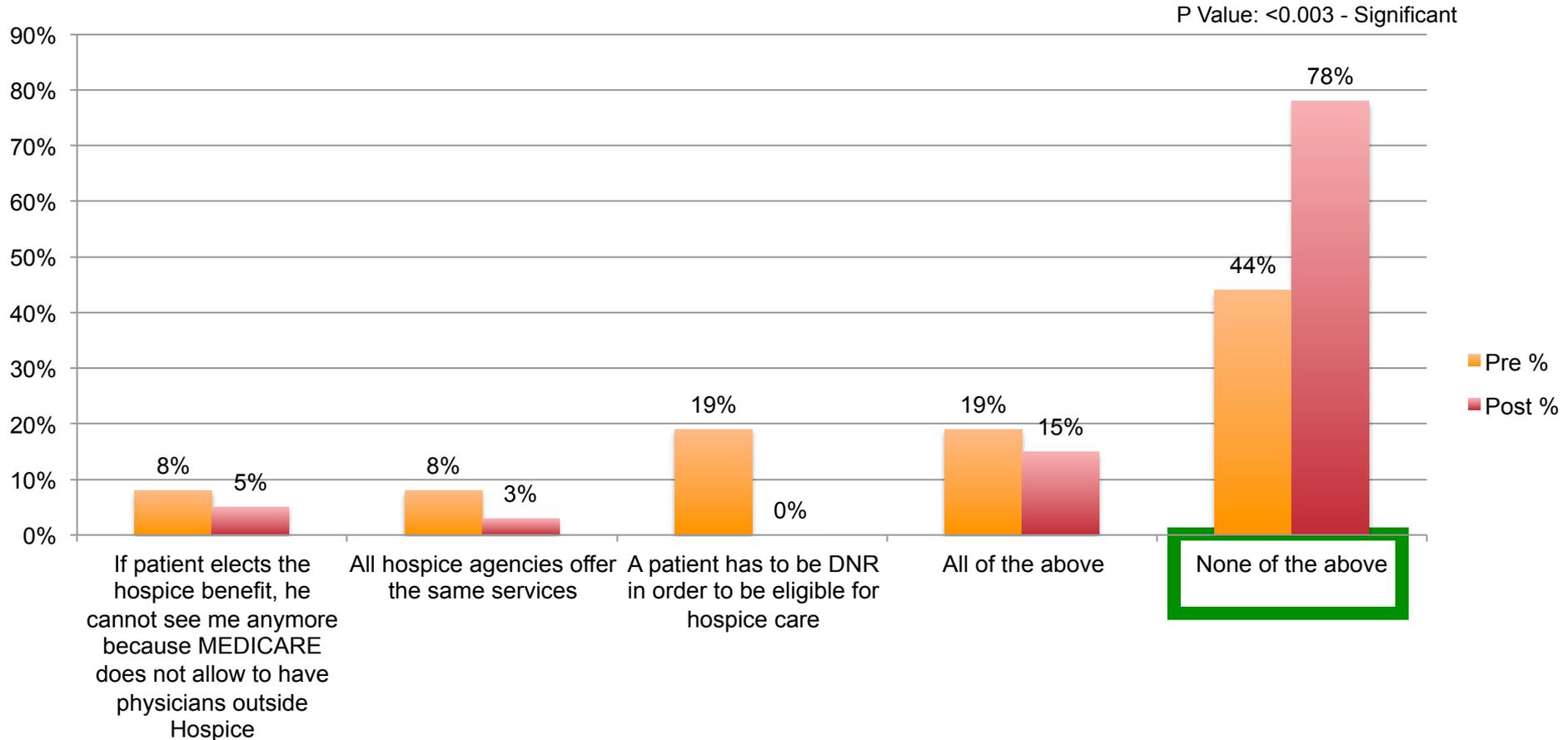
Post N = 42

Red highlight indicates no significant difference between pre and post testing

# Case Vignette Knowledge and Competence Assessment Questions

presented before and after lecture. Boxed answer is correct

In regards to hospice, is true:



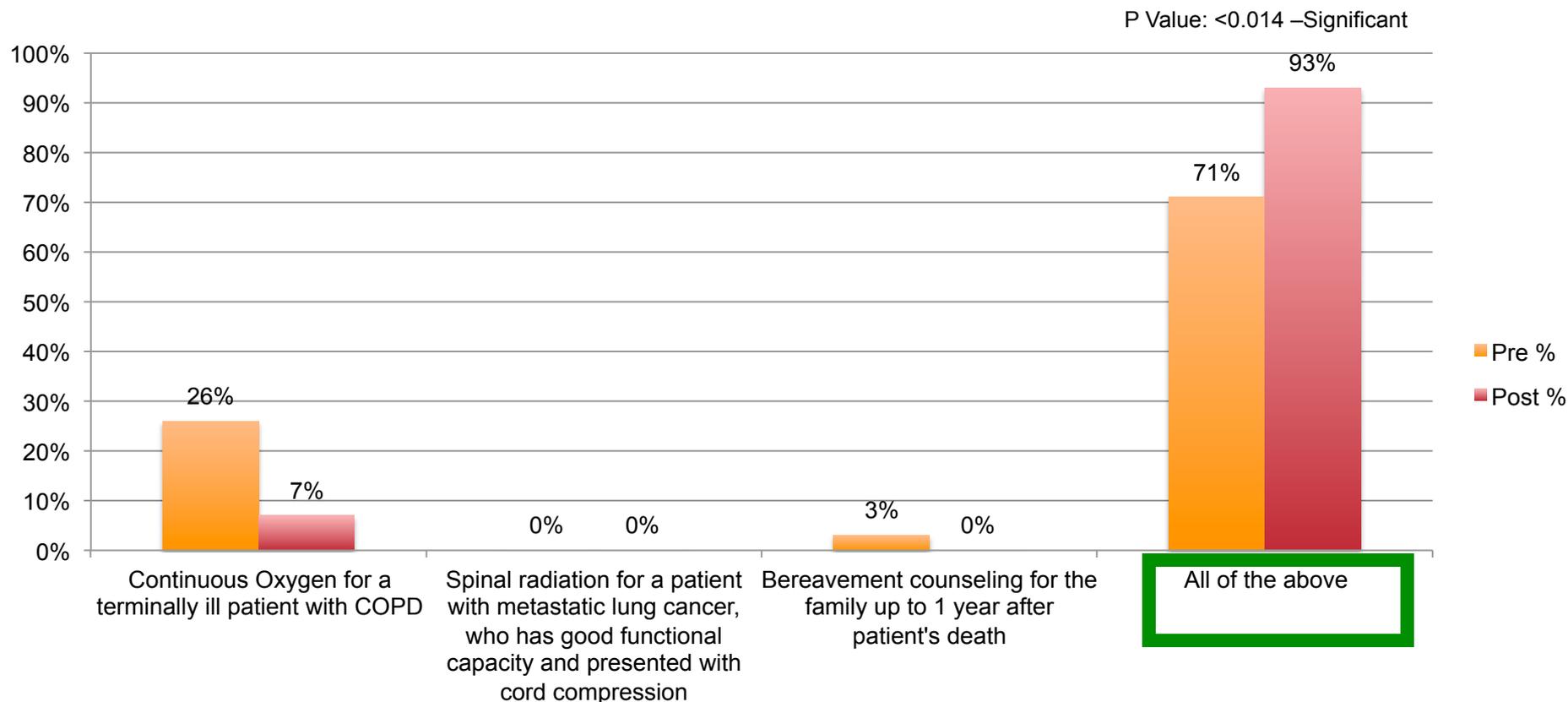
Pre N =36  
Post N = 40

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 treatments can be covered by hospice?



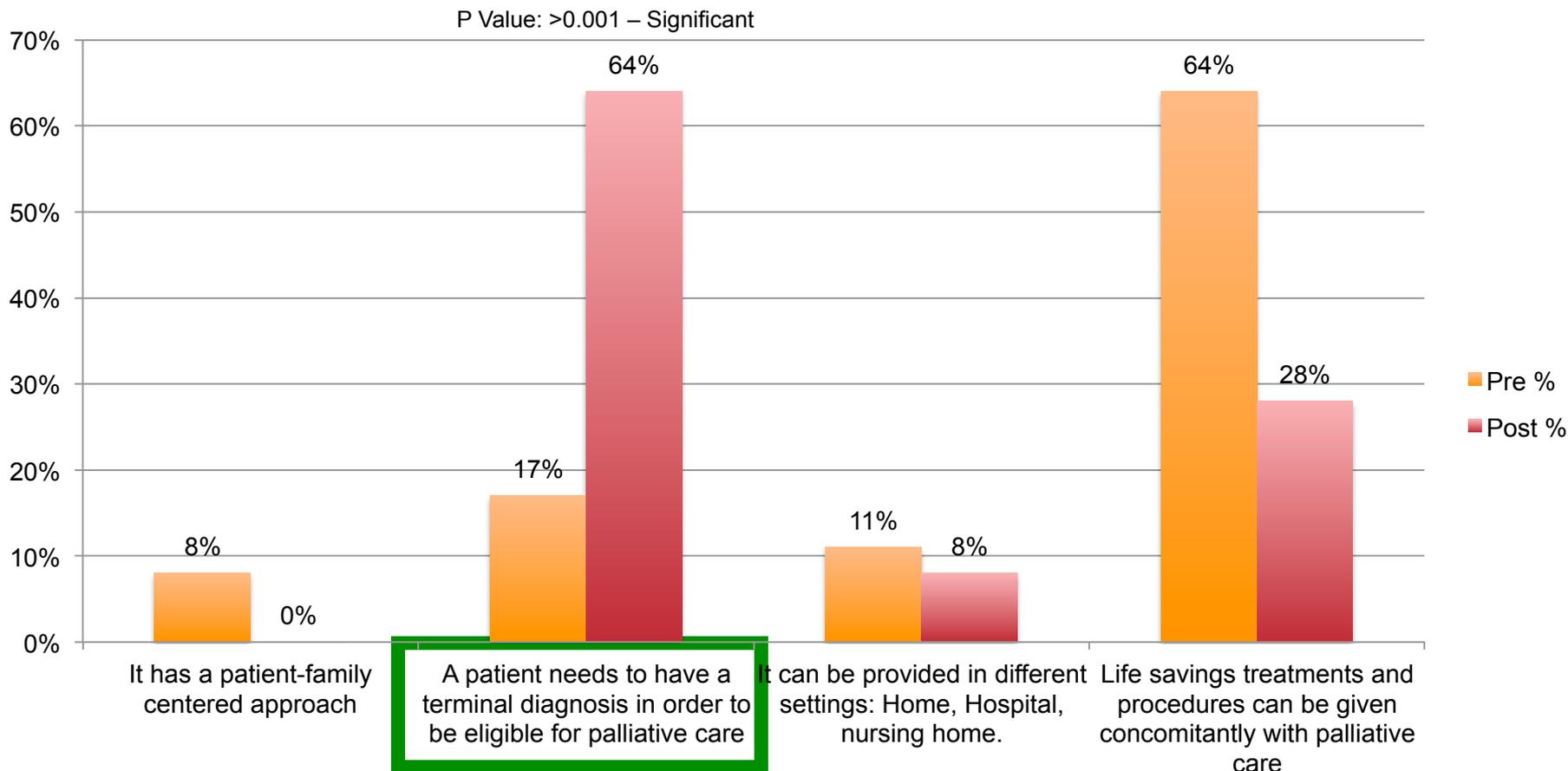
Pre N =31  
Post N = 41

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.)

The following statements about palliative care are true, except for:



Pre N =36

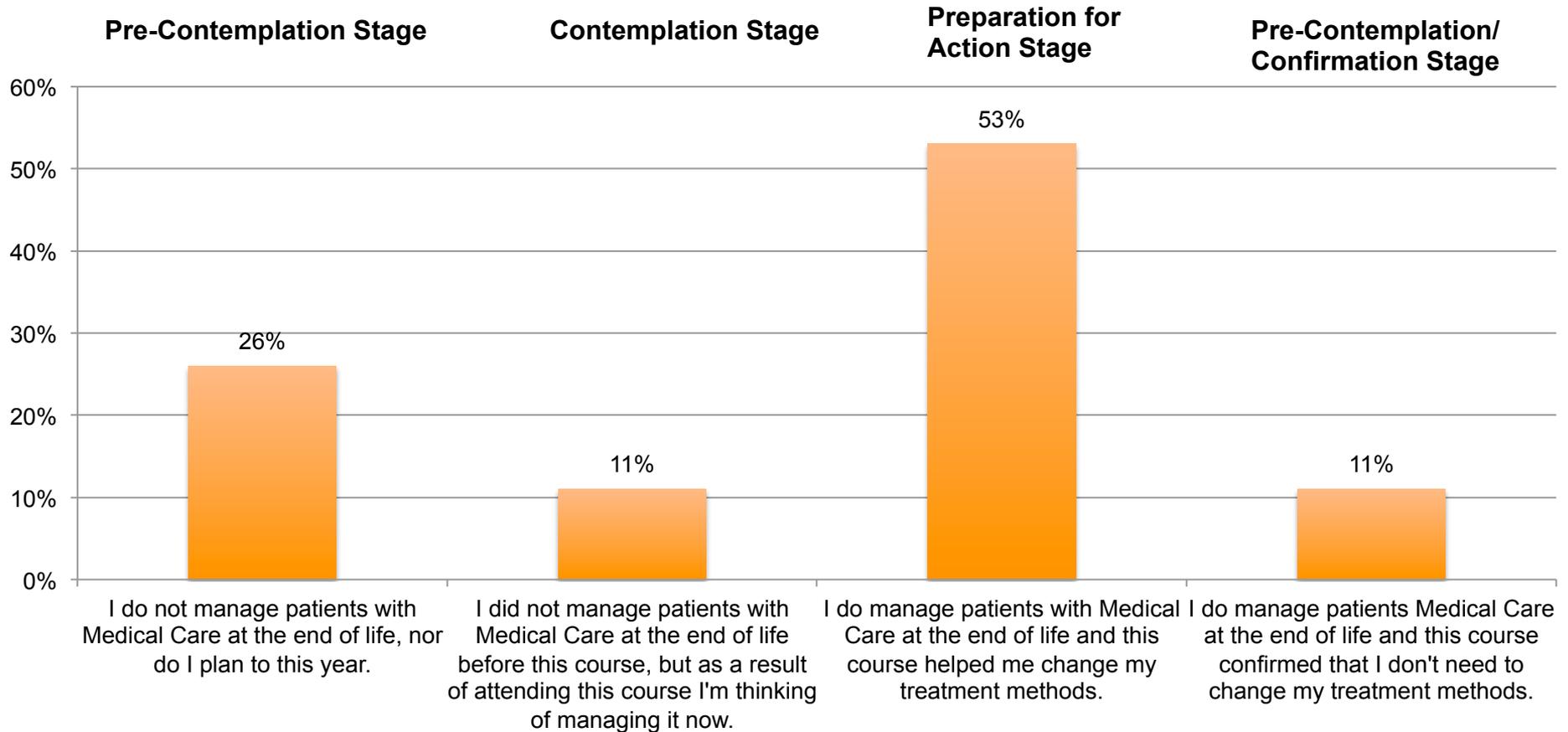
Post N = 39

Green highlight indicates significant difference between pre and post testing.

# Change in Practice Behavior Question

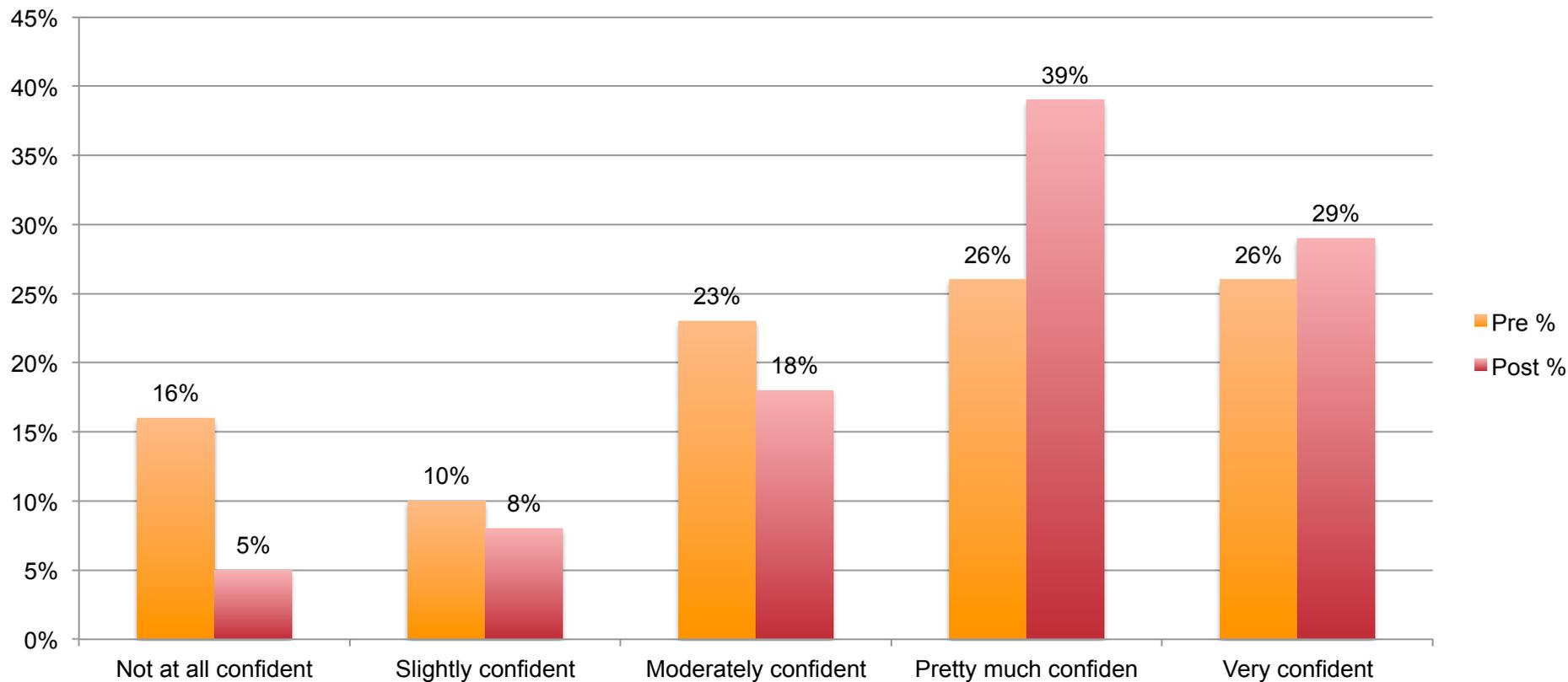
Presented after lecture.

Which of the statements below describes your approach to diagnosing and treating patients with Medical Care at the end of life?



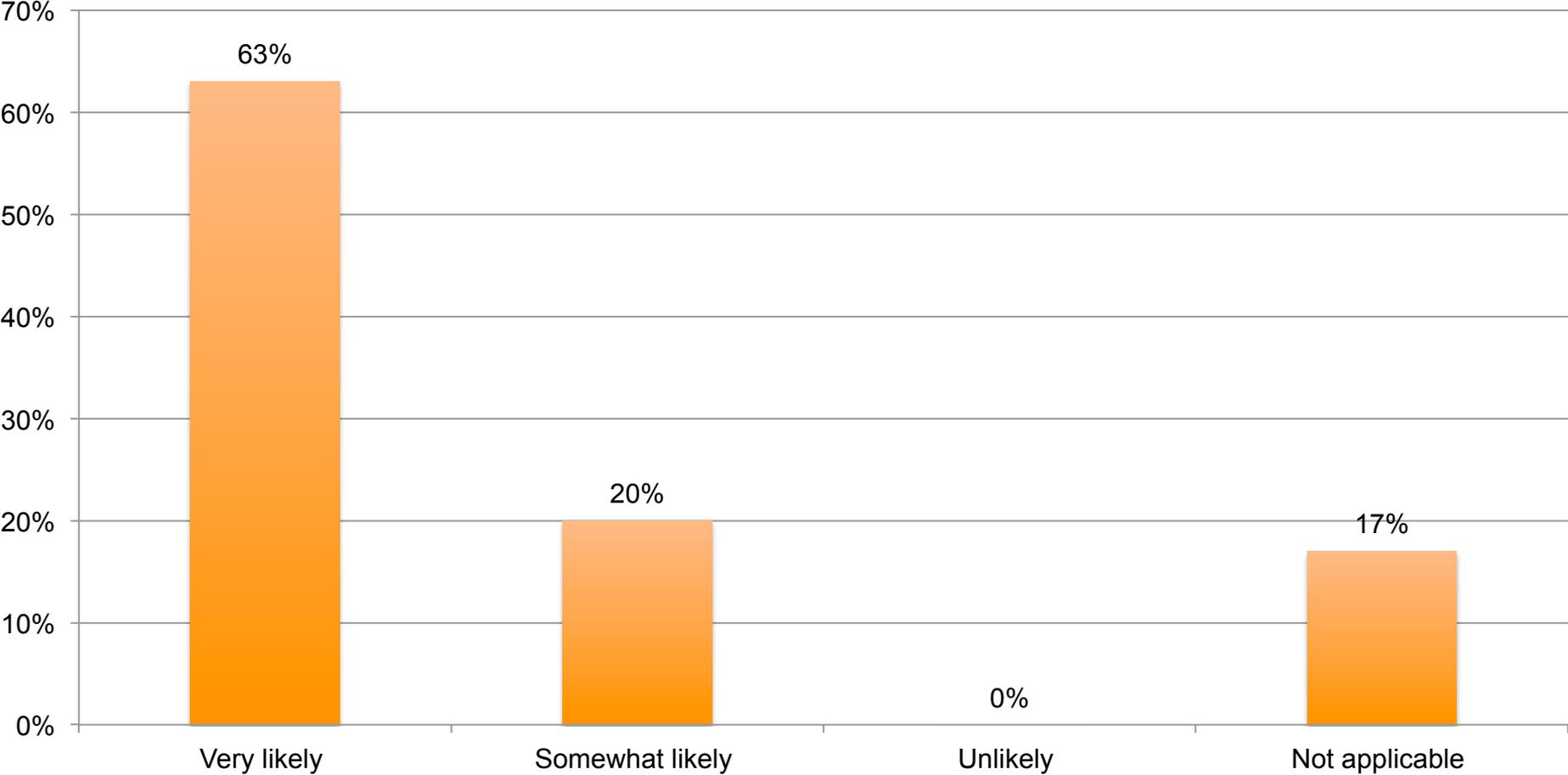
# Changes in Confidence from Pre to Post-Testing Transition to End of Life Care: The How and Why

On a scale of 1 to 5: Please rate how confident you would be treating a patient with Medical Care at the end of life:



Pre N = 31  
Post N = 38

# Intention to Change Practice Behavior and Implement Learning



N =89

# Discussion and Implications

## Transition to End of Life Care: The How and Why

Palliative care is an interdisciplinary specialty that aims to relieve suffering and improve quality of life for patients with advanced illness, and their families, providing patient-centered care and avoiding unnecessary medical interventions. The past two decades multiple advantages from hospice care have been also proven, but much of this knowledge is not universally known.

**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 of the areas tested as measured by positive changes in pre to post-test scores on all questions (three of the four questions had significant P values)

**Readiness to Change:** fifty three percent of learners that they currently care for end of life patients and that this course provided information that would lead to further changes in their care Eleven percent indicated that they did not actively cares for end-of-life patients prior to participating in this activity, but would consider doing so after having been exposed to the information taught.

**Confidence:** Participants indicated a strong overall increase in self-reported confidence levels in end of life care. Attendees who reported that they felt significant to very confident rose from 52% to 68% by the end of the activity.

**Intention for Practice Change:** Sixty-three percent of the attendees indicated that they were very likely to change their practice with respect to end of life care after the activity, and 20% suggested t hat they would be likely to do so.

This activity was successful in the goal of improving understanding of transitions and end of life care to primary care providers and pulmonologists and had a positive impact in terms of self-reported likelihood of practice change. There appears to be a need for further education on this topic with respect to understanding of end of life care.