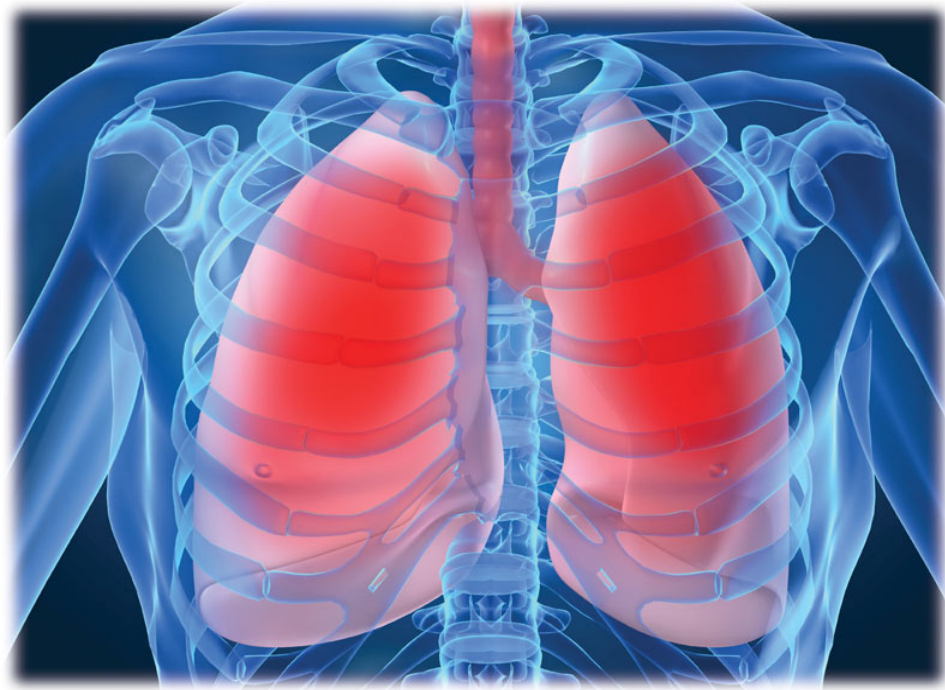




NATIONAL ASSOCIATION FOR CONTINUING EDUCATION



**Identifying and Managing
Patients with Sarcoidosis**

Final Outcome Report

Challenges in Pulmonary and Critical Care: 2015

**Presented at:
Cleveland Clinic Florida
Weston, Florida
November 21, 2015**

Report Date: January 19, 2016

Course Director

Franck Rahaghi, MD, MHS, FCCP

Director, Pulmonary Hypertension Clinic
Director, Pulmonary Education and Rehabilitation
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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 8 *AMA PRA Category 1 Credits*[™]. 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 8.0 contact hours of continuing education (which includes 1.25 hours of pharmacology).

Commercial Support

Challenges in Pulmonary and Critical Care: 2015 CME activity was supported through educational grants from the following companies:

Actelion

Baxalta

Boehringer Ingelheim Pharmaceuticals, Inc.

CSL Behring

Grifols

Mallinckrodt Pharmaceuticals

United Therapeutics Corporation

Agenda

7:00-7:45	Registration and Breakfast	12:15- 1:00	Lunch and Exhibits
7:45-8:00	Welcome Remarks Franck Rahaghi, MD, MHS, FCCP	1:00-2:00	Identifying and Managing Patients with Sarcoidosis Franck Rahaghi, MD, MHS, FCCP
8:00-9:00	Pulmonary Hypertension: Goal Oriented Therapy Abubakr Bajwa, MD	2:00-3:00	Pathology of Pulmonary Diseases: COPD/Sarcoidosis/Idiopathic Pulmonary Fibrosis/ Hypersensitivity Pneumonitis Pablo A. Bejarano, MD
9:00-10:00	Idiopathic Pulmonary Fibrosis: How to Use our New Treatments Felipe Martinez, MD		
10:00- 10:15	Break/Exhibits	3:00-3:15	Break/Exhibits
10:15-11:15	Alpha One Anti-trypsin Deficiency: Challenges in Diagnosis and Treatment Franck Rahaghi, MD, MHS, FCCP	3:15-4:15	COPD: Bridging the Gaps Anas Hadeh, MD, FCCP
		4:15-5:15	Palliative Care and Chronic Pulmonary Diseases Nydia Martinez Galvis, MD
11:15-12:15	Lung Cancer: Screening and the New Outlook Jinesh Mehta, MD	5:15-5:30	Concluding Remarks Franck Rahaghi, MD, MHS, FCCP

Levels of Evaluation

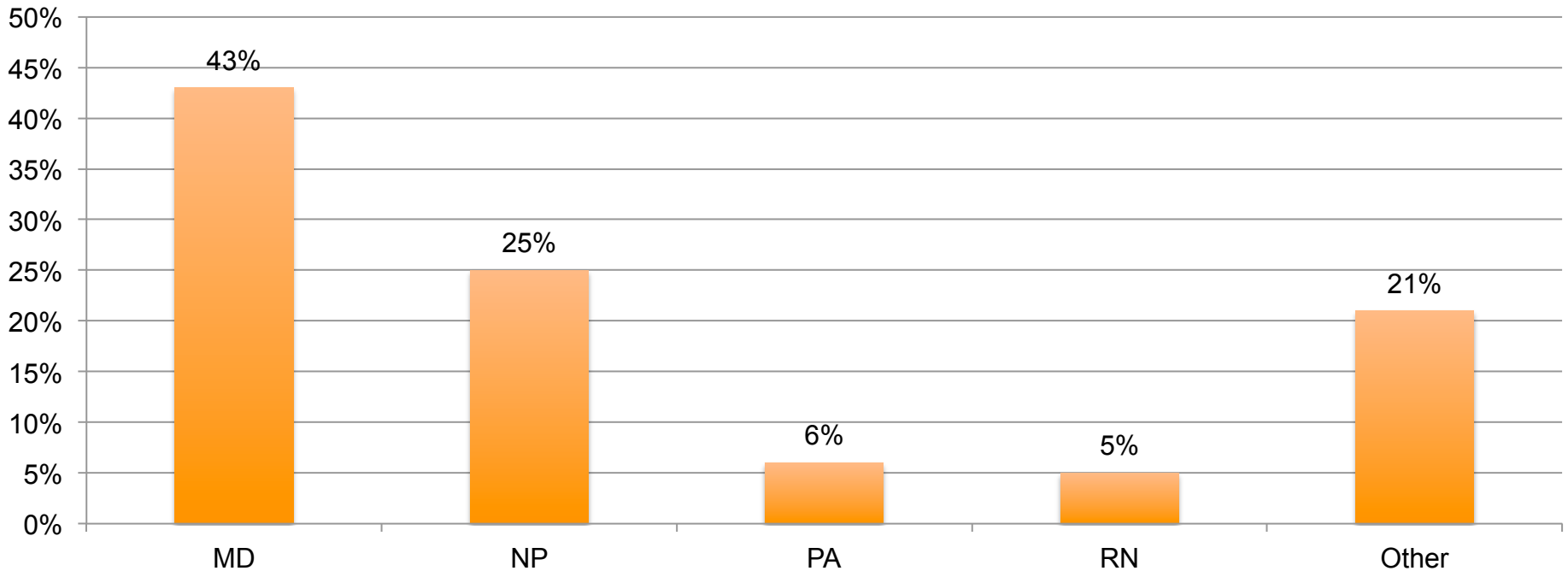
Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on the following model:

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

- 156 attendees
- 43% Physicians; 25% NPs; 6% PAs; 5% RNs; 21% Other
- Over 36% in community-based practice
- 47% PCPs, 26% Pulmonology; 2% Cardiology; 1% Endocrinology
- 24% Other or did not respond



N = 105

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

Level 2: Satisfaction

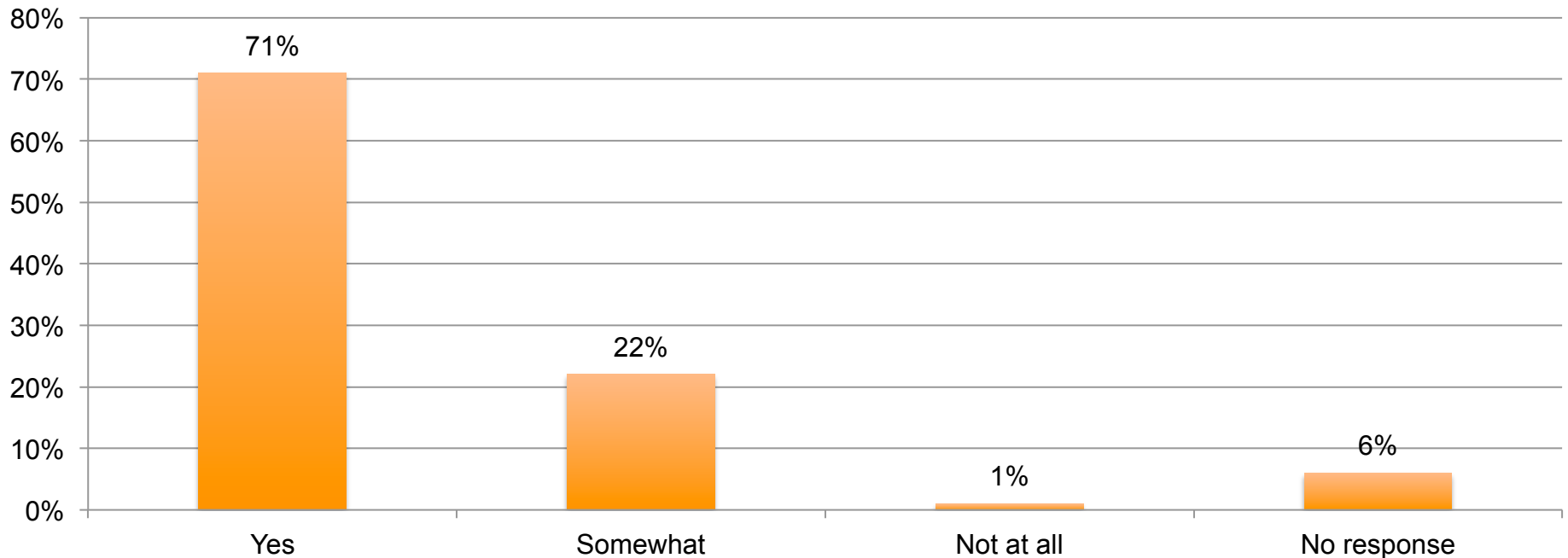
- 99% rated the activity as very good to excellent
- 100% indicated the activity improved their knowledge
- 100% stated that they learned new strategies for patient care
- 83% said they would implement new strategies that they learned in their practice
- 99% said the program was fair-balanced and unbiased

Were our learners satisfied? **Yes!**

Level 2: Satisfaction

Upon completion of this activity, I can now –

Describe our current understanding of the pathophysiology and the epidemiology of Sarcoidosis; examine the state of the art in the methodology for diagnosis of Sarcoidosis and review our current understanding of the treatments considered, including biologics and mineralocorticoid receptor agonists



N =146

Did learners indicate they achieved the learning objectives?

Yes! 93% 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 (Sarcoidosis), nor do I plan to this year.
- **Contemplation stage:** I did not manage (Sarcoidosis) 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 (Sarcoidosis) and this course confirmed that I do **not** need to change my treatment methods.
- **Preparation for action stage:** I do manage patients with (Sarcoidosis) and this course helped me change my treatment methods.

Identifying and Managing Patients with Sarcoidosis

Faculty

Franck Rahaghi, MD, MHS, FCCP
Director, Pulmonary Hypertension Clinic
Director, Pulmonary Education and Rehabilitation
Cleveland Clinic Florida
Weston, FL

Learning Objectives

- Describe our current understanding of the pathophysiology and the epidemiology of Sarcoidosis
- Examine the state of the art in the methodology for diagnosis of Sarcoidosis
- Review our current understanding of the treatments considered, including biologics and mineralocorticoid receptor agonists

Key Findings

Identifying and Managing Patients with Sarcoidosis

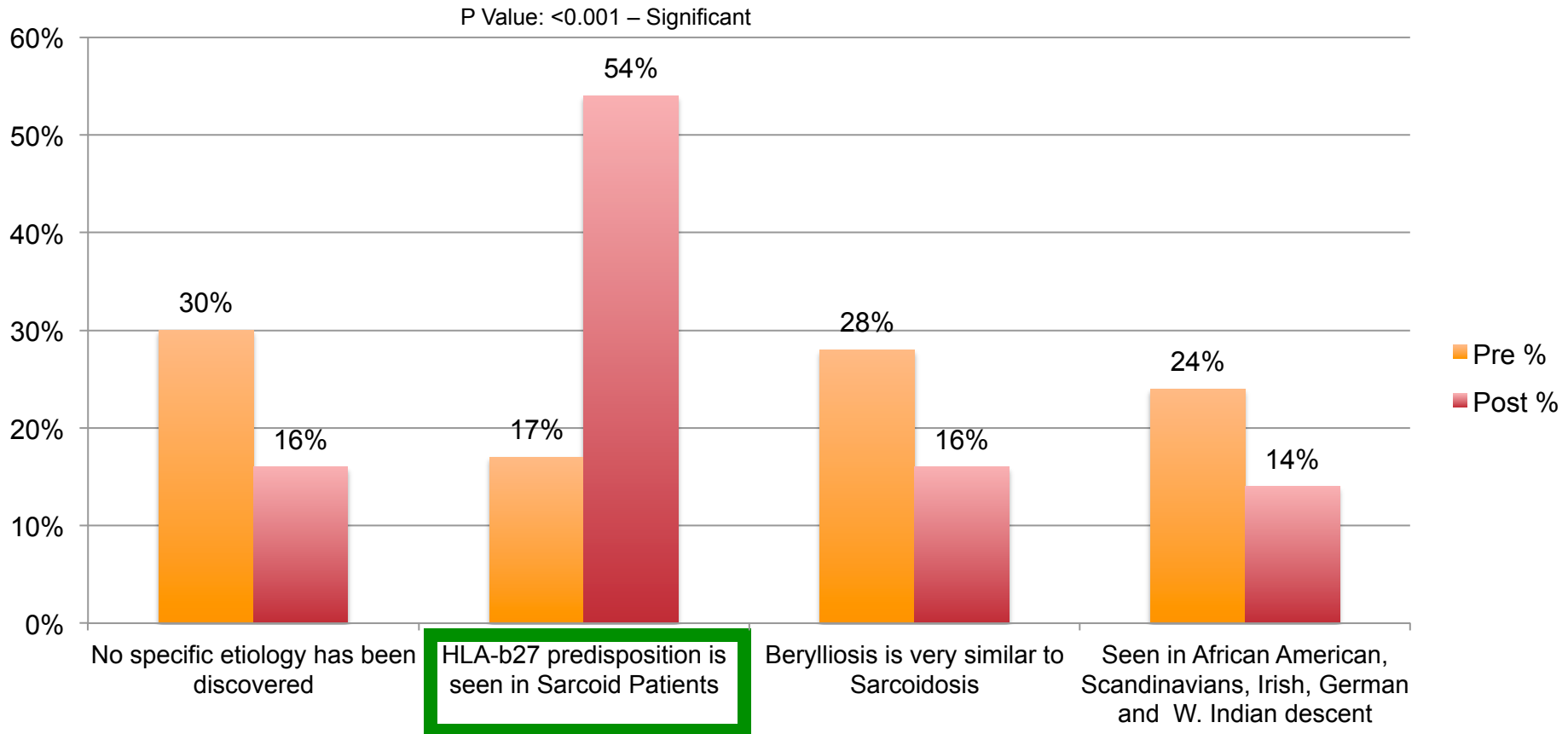
Knowledge/Competence	Learners demonstrated improvement from pre to post-testing in their answers to two out of three of the case-based questions regarding Sarcoidosis.
Confidence	Whereas the 29% of learners rated themselves as having moderate to high levels of confidence in their understanding of treating Sarcoidosis before the education 59% of the learners showed gains in confidence after the program.
Intent to Perform	As a result of this program, 29% of learners who did not manage patients with Sarcoidosis before are considering doing so, while 36% indicated that they will change their treatment methods.
Change of Practice Behavior	97% 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=60

Case Vignette Knowledge and Competence Assessment Questions

presented before and after lecture. Boxed answer is correct

All of the below are true regarding the pathophysiology of Sarcoidosis EXCEPT:



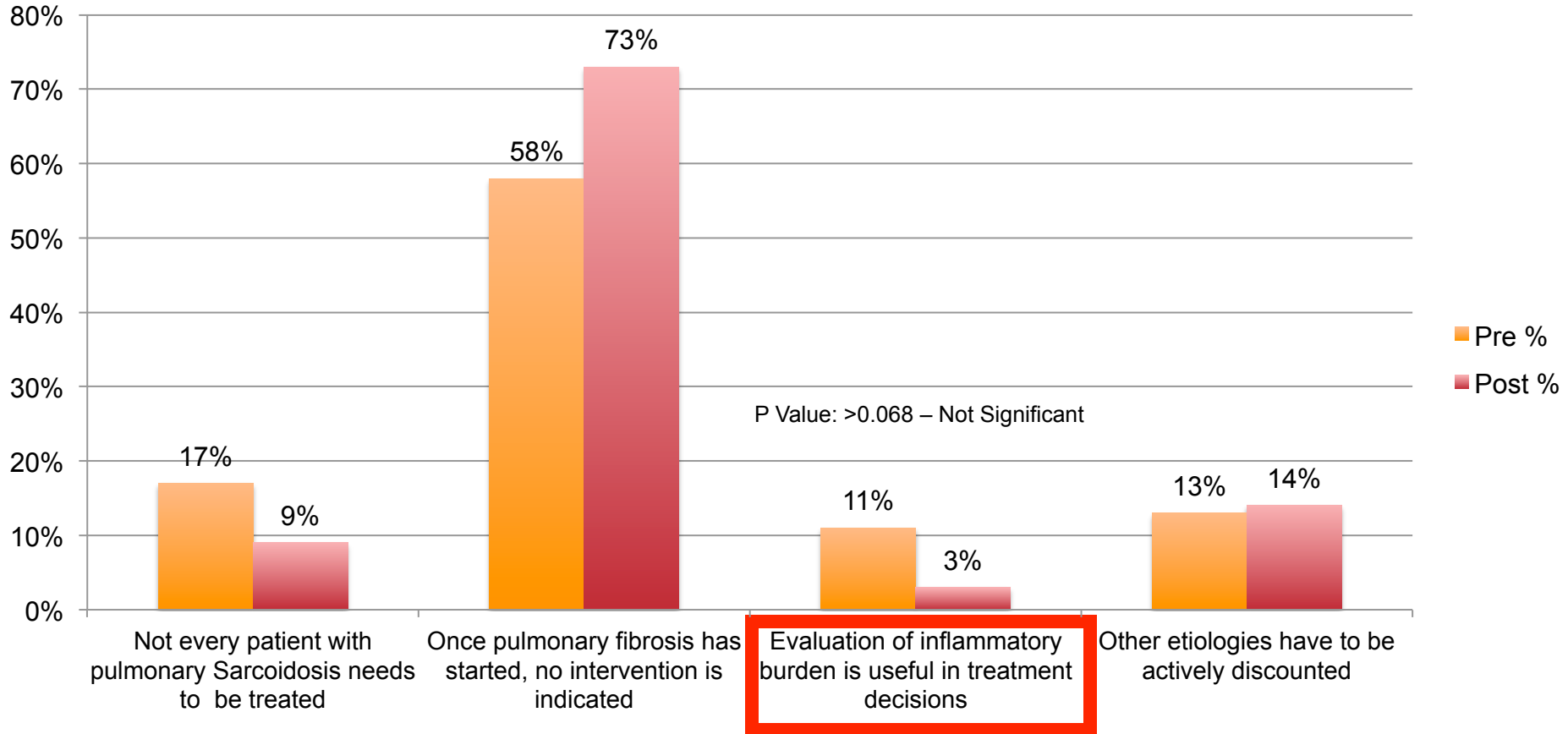
Pre N =46
Post N = 81

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 is NOT True:



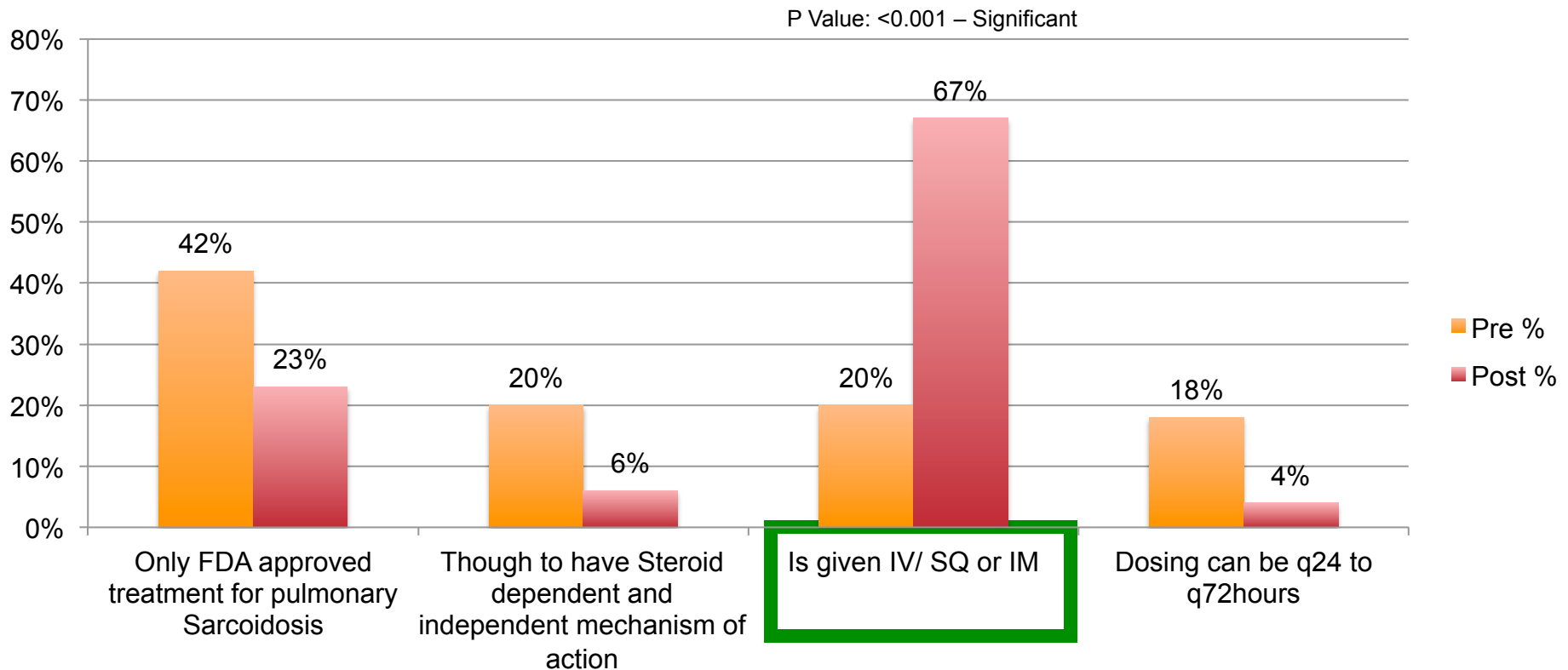
Pre N = 53
Post N = 86

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.)

All the below are true regarding Achtar Gel (synthetic ACTH) EXCEPT:



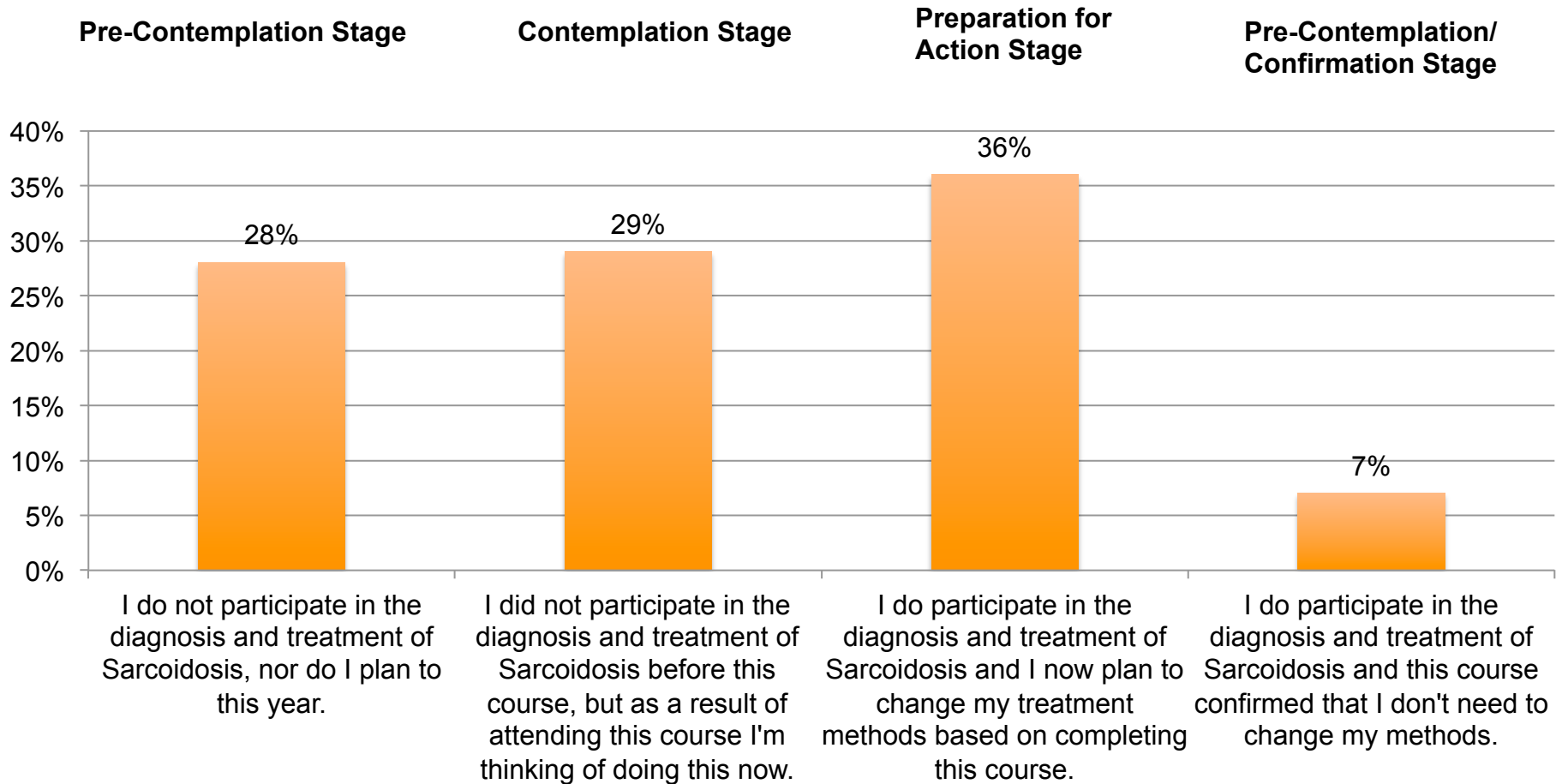
Pre N =45
Post N = 82

Green highlight indicates significant difference between pre and post testing.

Change in Practice Behavior Question

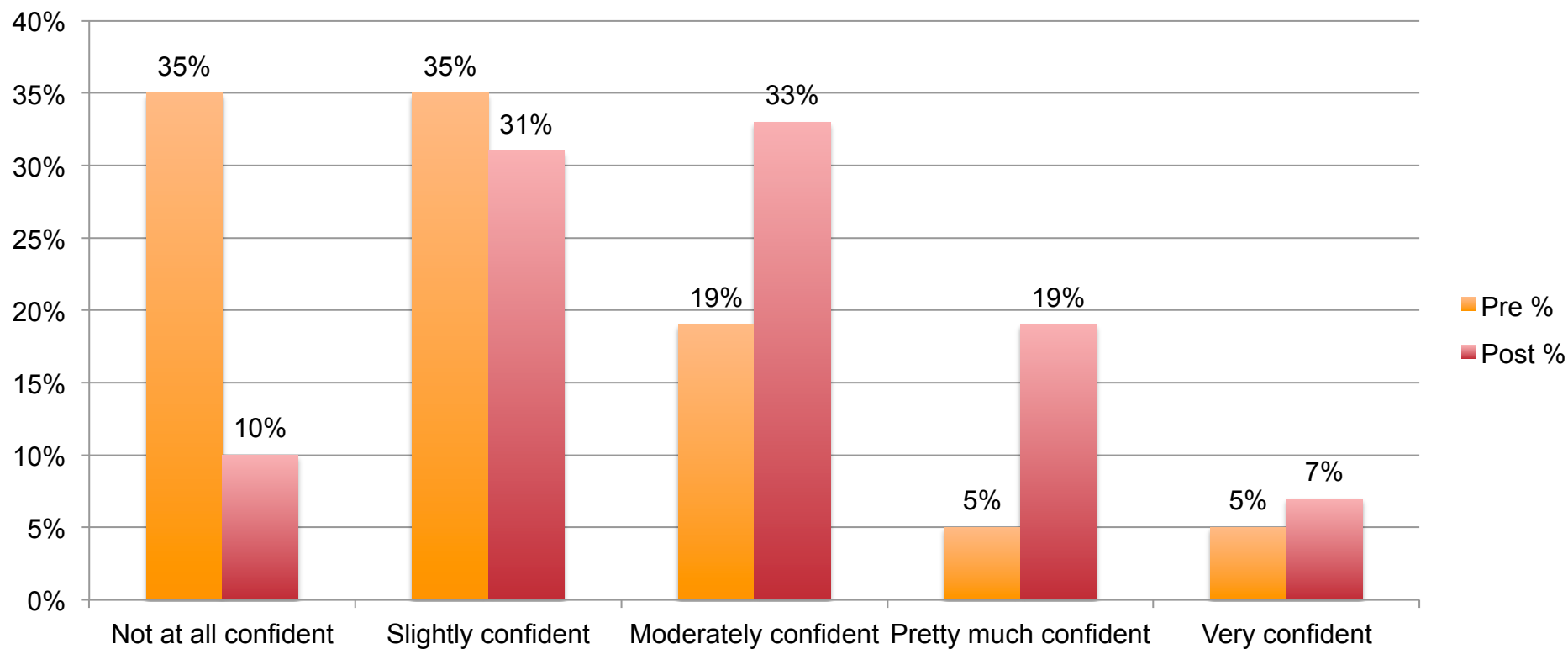
Presented after lecture.

Which of the statements below describes your approach to diagnosing and treating Sarcoidosis:



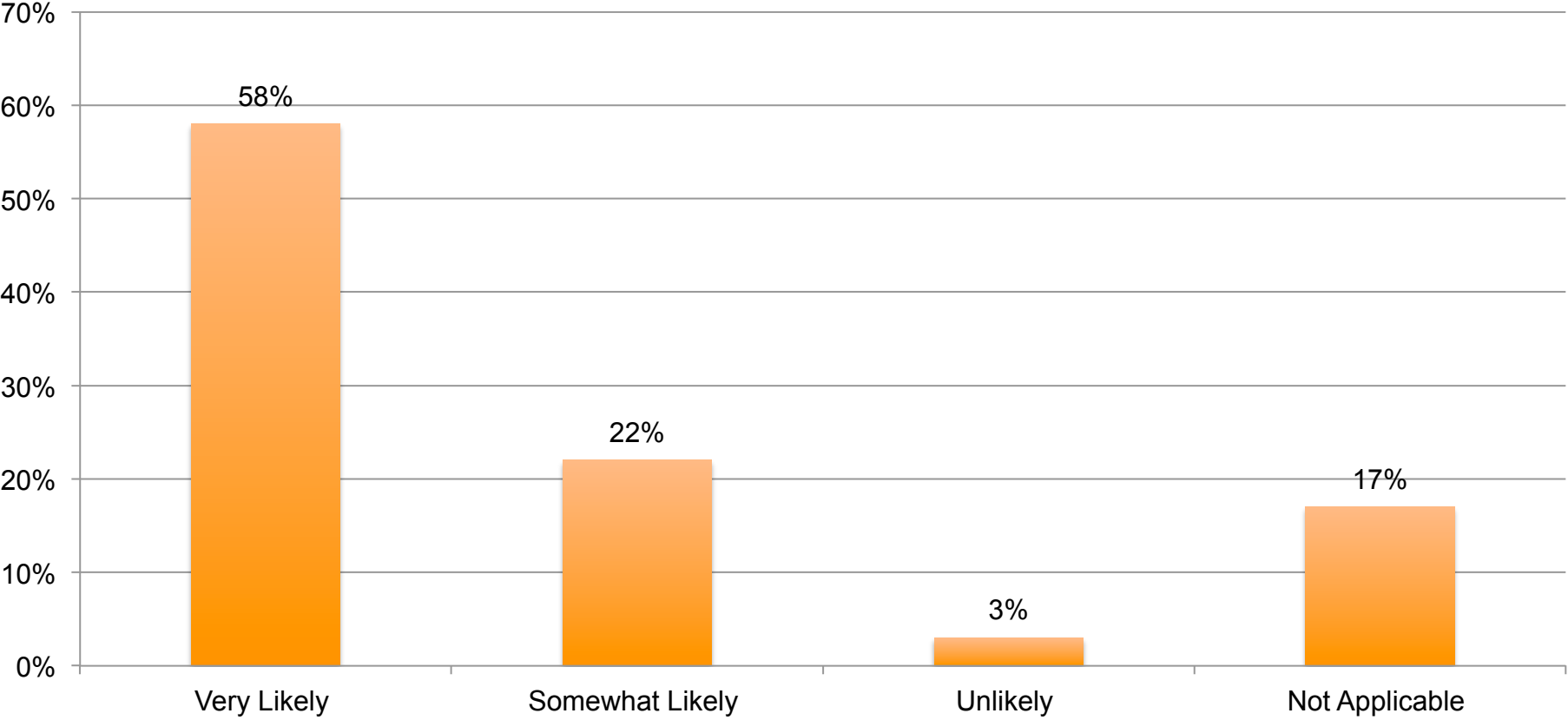
Changes in Confidence from Pre to Post-Testing Identifying and Managing Patients with Sarcoidosis

On a scale of 1 to 5, please rate how confident you would be with the diagnosis and treatment of Sarcoidosis.



Pre N = 37
Post N = 90

Intention to Change Practice Behavior and Implement Learning



N =146

Discussion and Implications

Identifying and Managing Patients with Sarcoidosis

Sarcoidosis is a granulomatous disease of unknown etiology. Often correct diagnosis is not made and the treatment is not optimized. The objective of this activity was to Describe our current understanding of the pathophysiology and the epidemiology of Sarcoidosis, to examine the state of the art in the methodology for diagnosis of Sarcoidosis, and to review our current understanding of the treatments considered, including biologics and mineralocorticoid receptor agonists

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 significant improvement in knowledge in two out of three questions. there is still significant gaps in their understanding of Sarcoidosis, specifically regarding disease management, and correct answers were at three percent at the lowest and failed to constitute more than 67% of the answers.

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

Confidence: Twenty nine percent of learners had above a moderate level of confidence prior to the activity. After the activity confidence of attendees improved to 59% to moderate and above (somewhat and very confident).

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

Summary: Eighty 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.