Assessing the Impact of a CME Activity on Management of Patients with PBC

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The goal of Clinical Insights into the Management of PBC was to train hepatologists, gastroenterologists, advanced practice registered nurses, and physician assistants on the most recent advances in the management of primary biliary cholangitis (PBC).

Meetings connected expert PBC faculty to small groups (10-15 clinicians) of community clinicians.

Key learning objectives included:
- Examine current and emerging data relating to PBC diagnosis
- Develop evidence-based treatment plans for patients with PBC using the latest clinical evidence
- Identify disease-related symptoms and long-term medical management strategies to improve patient quality of life

EDUCATIONAL OVERVIEW

Using pre/post online evaluations and audience-response system data, key knowledge gaps were seen.

Which of the following serologic markers is positive in 90-95% of PBC patients?

- ANA
- SMA
- P-ANCA
- Anti-smooth muscle antibody (ASMA)

Which of the following is false regarding ursodeoxycholic acid (UDCA) therapy in PBC?

- Dose that should be used is 13-15 mg/kg/day
- 90% of liver test improvement usually occurs within 8-18 months
- UCDA therapy has an adequate response
- All of the above

Obstructive acid (OCA):

- In a Ferriman-Happle syndrome
- Reduces alkaline phosphatase and bilirubin in patients with PBC when used for 12 months
- Is associated with increased pruritus
- All of the above

ASSESSMENT OF PERFORMANCE CHANGE

30-60 days after education participation, 60 participants clinicians were compared to 60 demographically-similar nonparticipant clinicians (matched on specialty, degree, and PBC patient load) with case-based surveys to assess lasting performance. As a result of participating in this educational activity, gastroenterology and hepatitis clinicians are more than nonparticipants to provide evidence-based care, specifically in:

- Ordering a diagnostic AMA for a patient presenting with classic PBC symptoms and elevated ALP in the absence of obstructive biliary symptoms and normal imaging
- Choosing a liver biopsy for a patient presenting with features of immune overlap with elevated liver enzymes and presence of NAFLD

Using a GLOBE score for prognostic information in a patient with PBC after 12 months on UDCA

ASSESSMENT OF SATISFACTION WITH ACTIVITY

PARTICIPANT                         NONPARTICIPANT                  OVERLAP

This program had a high reach to clinicians who manage roughly one patient with PBC per day. The content was found to be scientifically sound with little evidence. The knowledge acquisition directly corresponded with lasting performance changes, particularly in treatment and maintenance testing.

Further, this study shows that CME may be a valuable tool to increase clinician experience with rarer liver diseases as shown by the specific impact on clinicians with lower PBC patient load.

ATTITUDES AND BARRIERS

98% of participants indicated that this activity enhanced their professional effectiveness in treating patients of participants indicated that this activity will result in a change in their practice behavior of participants indicated that they have no barriers in implementing changes learned in this education.

EDUCATIONAL IMPACT AND CONCLUSIONS

To understand the overall impact of the education on clinician performance, a Cohen’s ‘d’ effect size was calculated between the participant and nonparticipant groups.

Overall, with a of 0.25, for every 100 clinicians exposed to this education, 18 would perform better than if they were not exposed.