

Addressing Educational Needs Toward Enhanced Care for Patients With IBD via Personalized Continuing Medical Education

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1 Defining the Need for Education

At the time of the needs assessment (Nov 2017)

- New therapies for IBD management were being approved¹⁻²
- Guidance regarding the use of therapeutic drug monitoring (TDM) was limited¹⁻³
- Providers lacked knowledge and confidence applying new evidence to practice²

Identified Knowledge/Competence Gaps to Define the Educational Needs

- Mechanisms of Disease and Treatment Targets**
 - 65% of gastroenterology providers lacked knowledge regarding JAK inhibitors for IBD; gastroenterology providers requested further education on treatment of patients after TNF failure or intolerance²
- Treatment Optimization**
 - 61% of gastroenterology providers lacked confidence in their ability to manage patients with IBD; 54% lacked knowledge about treat-to-target goals²
 - Best practices for TDM are not established, with gastroenterology providers seeking more education on this topic²⁻³

1. Chudy-Ornwigajie K, et al. *Inflam Bowel Dis*. 2018; 24(12):2648-54.
2. Vindico Data on File. *Gastroenterology*. 2016-2017.
3. Papay P, et al. *J Crohns Colitis*. 2013;7(18):653-69.

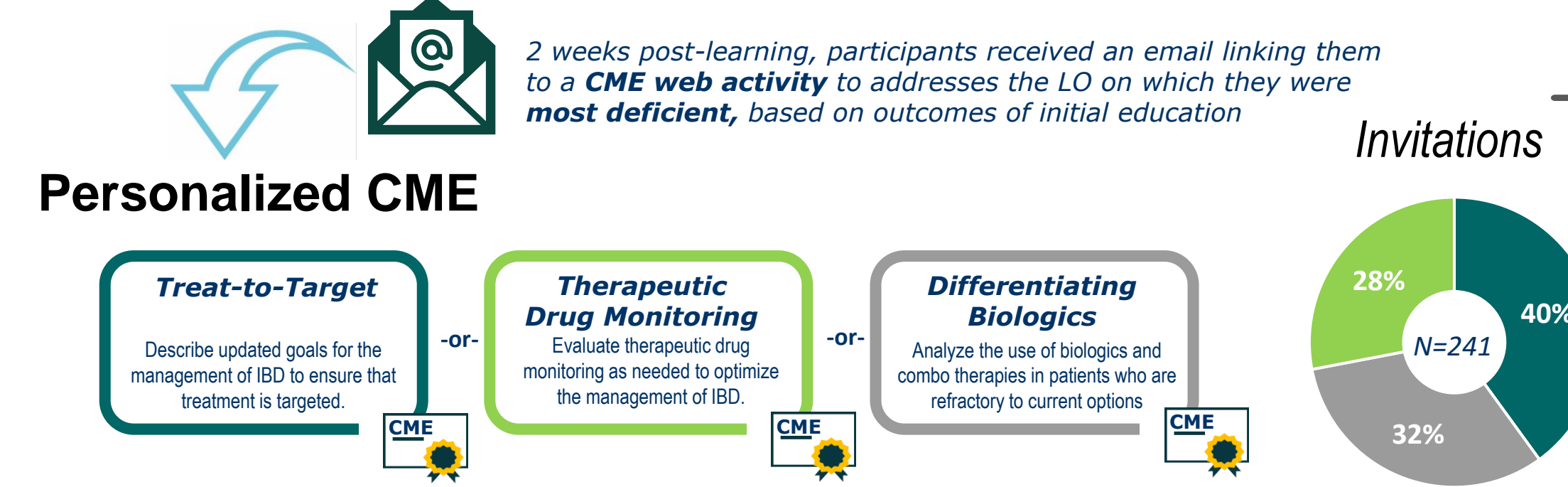
2 Program Content and Design

Program Goals and Content

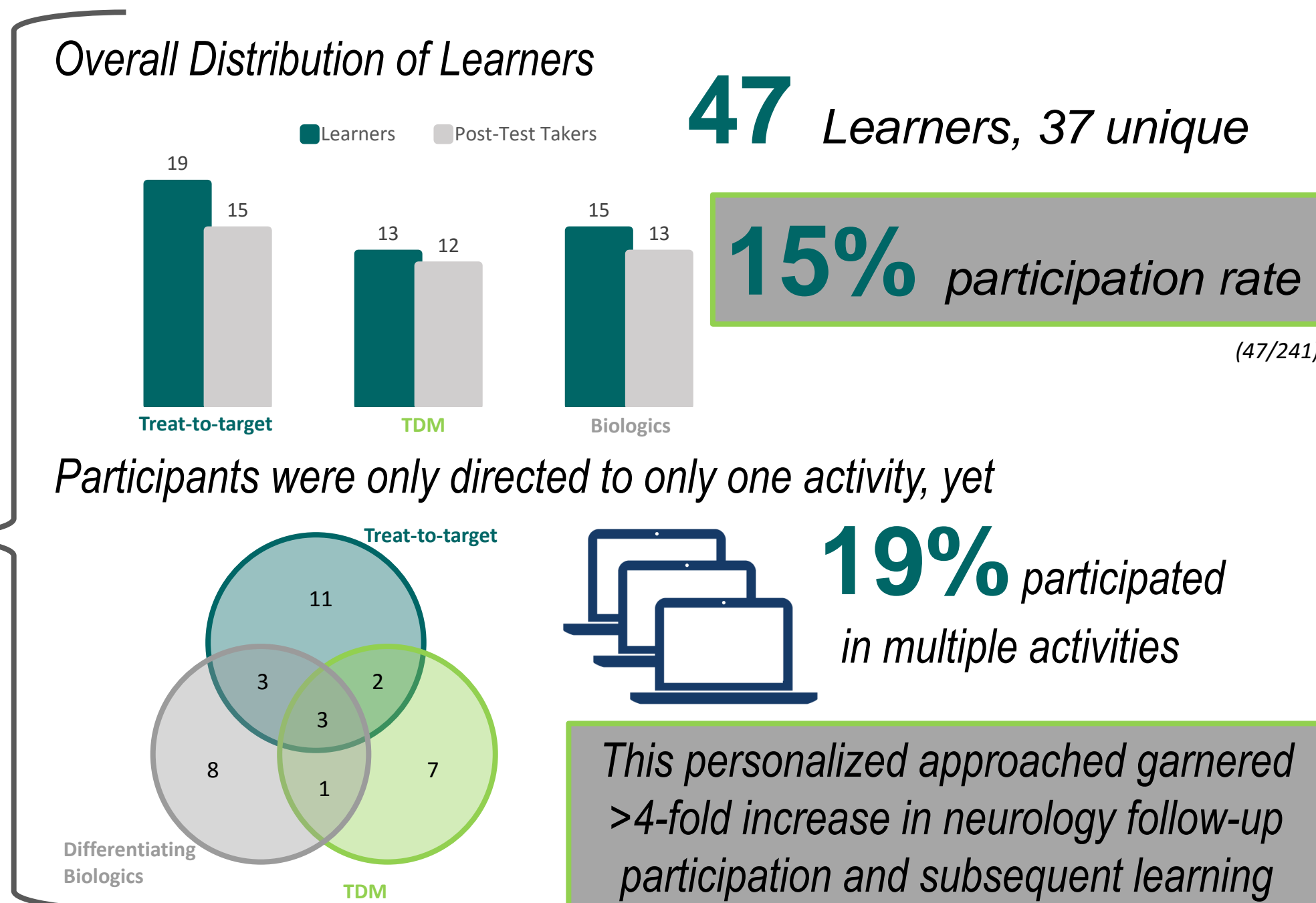
Optimize use of evidence-based guidelines and latest immunological understanding of disease via sequential, personalized education on:



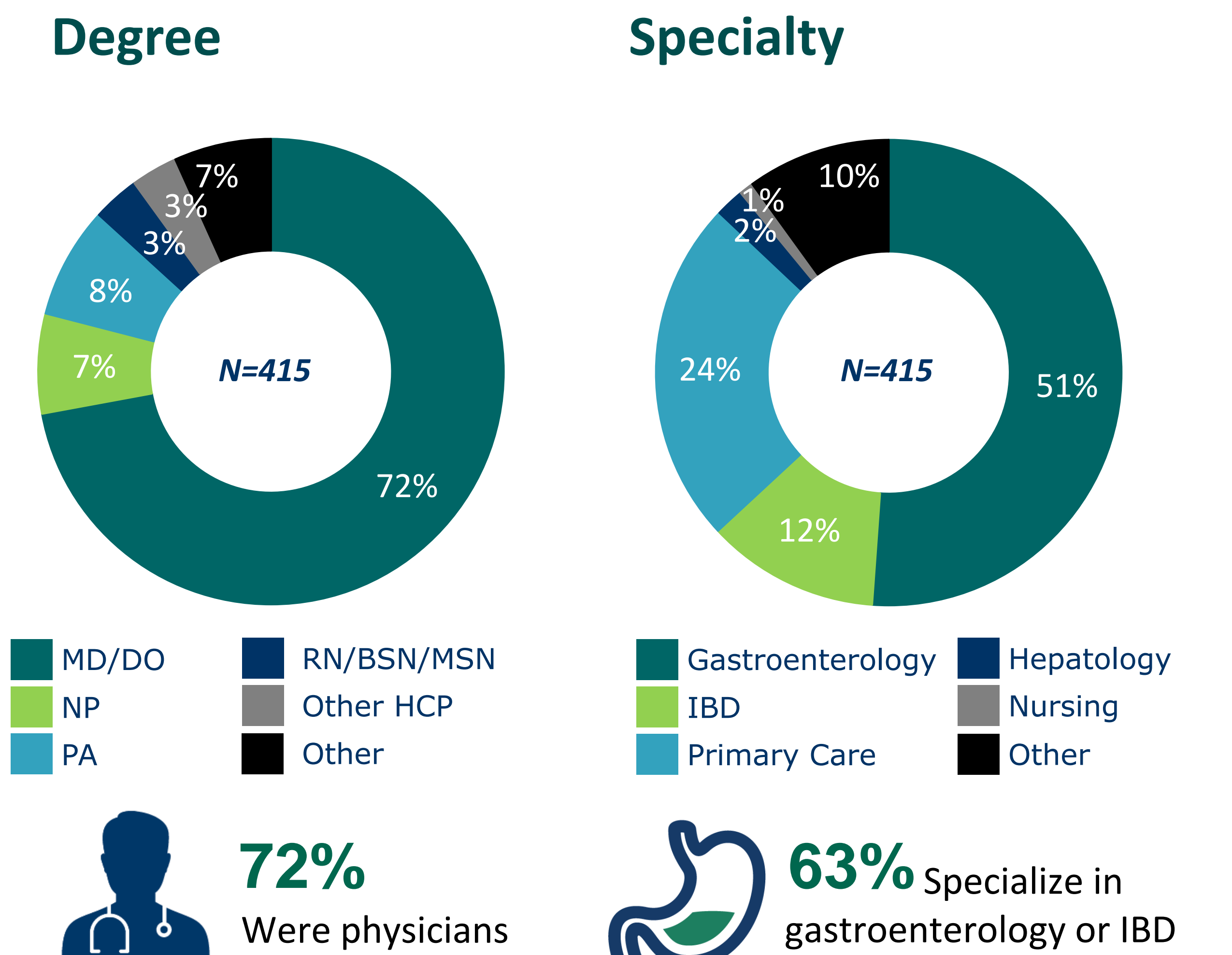
Personalized Learning Approach



Follow-up Participants



3 Overall Demographics



Providers see on average **5 patients with IBD per month**

4 Overall Impact of the Education

Educational Efficacy

- Overall there was an **53%** relative increase in knowledge and competence
- 74%** relative increase in knowledge regarding clinical endpoints
- 77%** relative increase in knowledge regarding TDM
- 55%** are now making more informed treatment decisions for patients who are refractory to TNF inhibitors

Potential Patient Impact

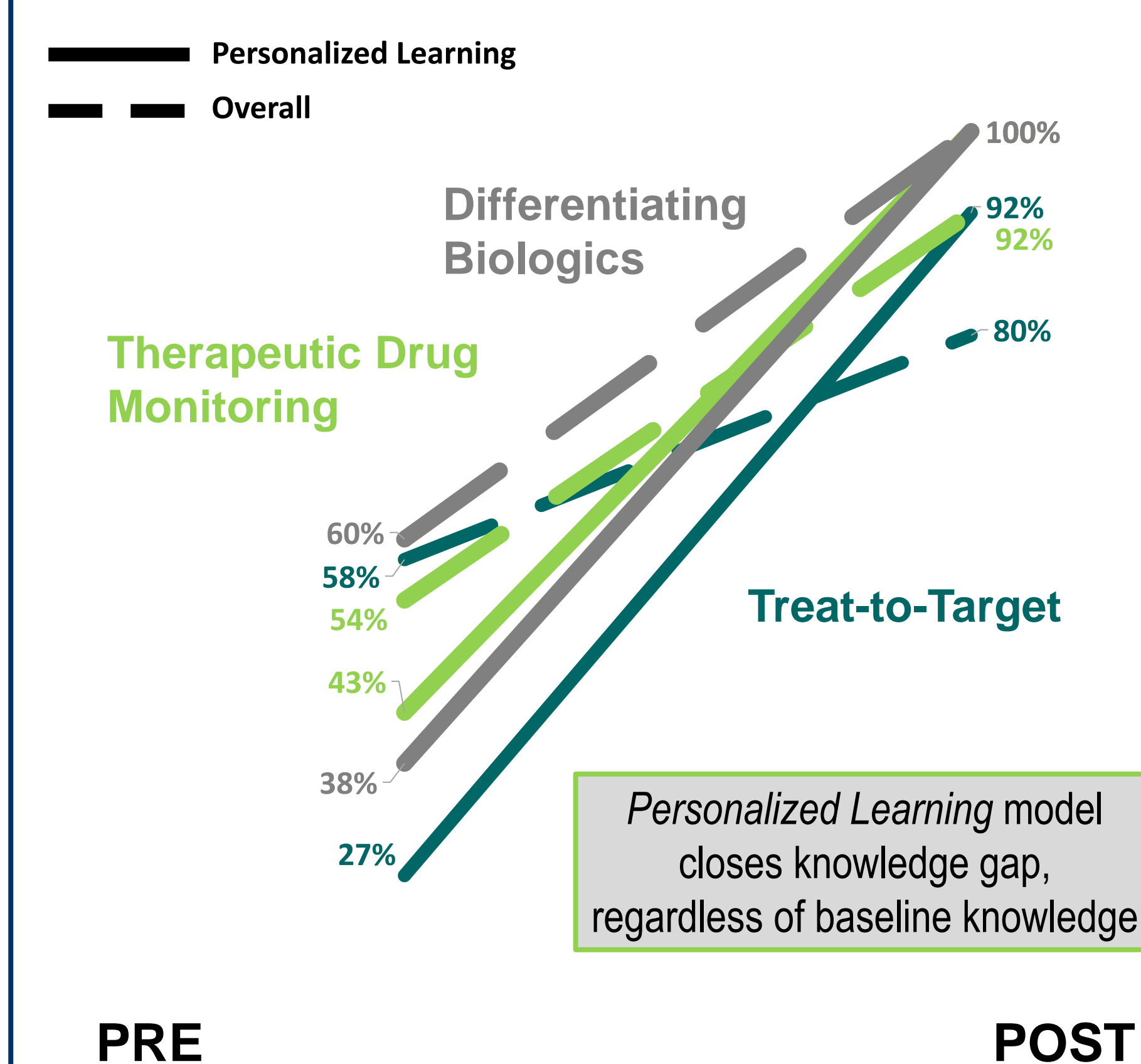
>5K Number of patients with IBD seen per month who are **28% more likely to receive evidence-based care**

5 Personalized Learning – Impact of the Education

100%

Noted that the personalized learning activities reinforced the original content from IBD Forum or the web enduring

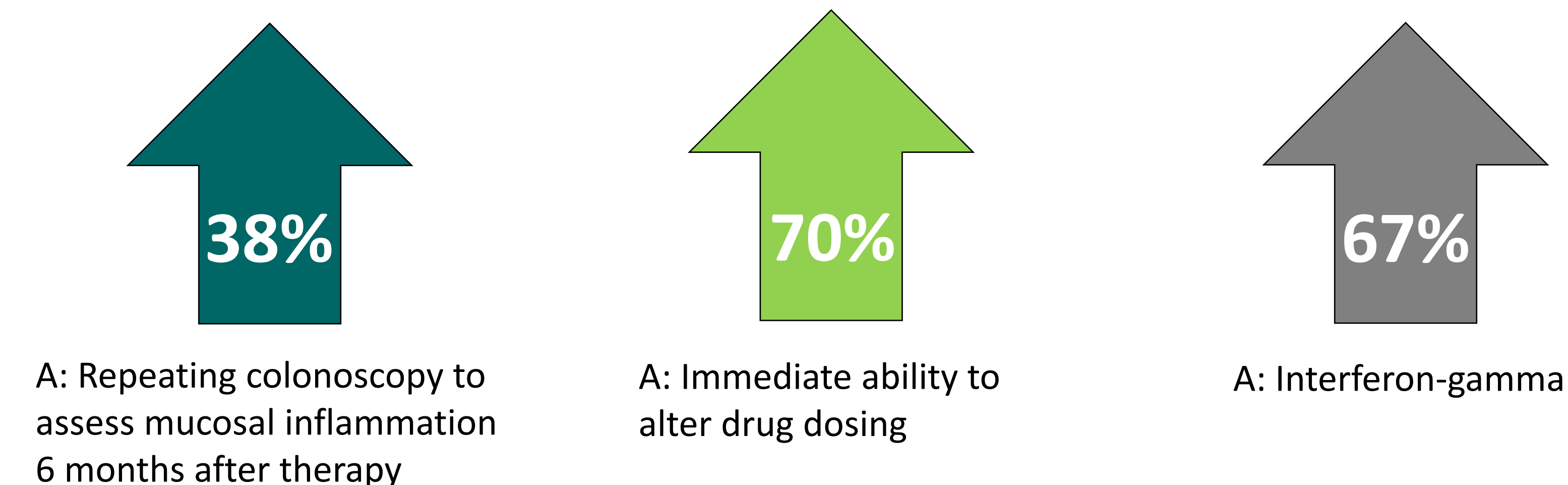
Impact on Knowledge



Posttest scores of those who scored 0% on initial CME posttest



Q: Which is an important aspect of treat-to-target approach? Q: Which is NOT a theoretical benefit of TDM in IBD? Q: Identify the molecule/pathway that is not approved for IBD.



Self-Reported Performance Improvements of Personalized Learning Completers

83% of personalized learning participants have implemented practice changes

6 Conclusions & Opportunities

Personalized Education

- ✓ Addresses persisting knowledge gaps
- ✓ Encourages follow-up participation
- ✓ Gathers participation beyond that which was directly targeted

Opportunities

- ✓ Direct targeting of personalized education can be adopted across specialties
- ✓ Personalized learning can be adopted for sequential delivery of education or customization of educational curricula