At the time of the needs assessment (Nov 2017)
- New therapies for IBD management were being approved 1-2
- Guidance regarding the use of therapeutic drug monitoring (TDM) was limited 1-3
- Providers lacked knowledge and confidence applying new evidence to practice 4

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 intolerance 1-3

Treatment Optimization
- 81% of gastroenterology providers lacked confidence in their ability to manage patients with IBD; 54% lacked knowledge about treat-to-target goals 1-3
- Best practices for TDM are not established, with gastroenterology providers seeking more education on this topic 1-3

New and emerging options
- Best practices for TDM are being approved 1-3
- Providers lacked knowledge and confidence applying new evidence to practice 4

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

- Use of treat-to-target guidelines
- Therapeutic drug monitoring
- Differentiating available options
- Monitoring disease activity
- New and emerging options

Personalized Learning Approach
Half-day CME Summit
Best of Web Posting

Follow-up Participants

Overall Distribution of Learners
47 Learners, 37 unique
15% participation rate

Participants were only directed to one activity. Yet...
19% participated in multiple activities

This personalized approach garnered a 4.4-fold increase in neurology follow-up participation and subsequent learning.

Impact on Knowledge

Q: Which is important aspect of treat-to-target approach?

A: Repeating colonoscopy to assess mucosal inflammation 6 months after therapy

A: Immediate ability to alter drug dosing

A: Interferon-gamma

Q: Which is NOT a theoretical benefit of TDM in IBD?

Q: Identify the molecule/pathway that is not approved for IBD.

Impact on Practice

- 100% of personalized learning participants have implemented practice changes

Personalized Education

✓ Addresses persisting knowledge gaps
✓ Encourages follow-up participation
✓ Garners 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

Providers see on average 5 patients with IBD per month