Integrating the Patient Voice into Continuing Medical Education Results in Improved Clinician Knowledge and Performance in Multiple Sclerosis

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INTRODUCTION

Background

Multiple sclerosis (MS) affects people in their prime of life, affecting upwards of 600,000 people in the United States and 2.5 million worldwide. However, a diagnosis of MS is no longer a sentence of death. The MS landscape has been complicatedly transformed by progress in understanding the pathophysiology of the disease and the development of targeted therapy. As new therapeutic options became available, establishing effective patient-centric treatments, patient-centered care, which is defined as patient-based care, will be increasingly essential with the goal of the patient at the center of the healthcare team. The clinician will work with the patient to identify priorities for care and establish goals that are achievable and acceptable to the patient. Achieving a clear patient voice for this intervention began with the engagement of an advisory panel with the goal of the patient at the center of the healthcare team. The clinician will work with the patient to identify priorities for care and establish goals that are achievable and acceptable to the patient. Achieving a clear patient voice for this intervention began with the engagement of an advisory panel with the goal of the patient at the center of the healthcare team.

CME Outfitters’ (CMEO) belief is that in an instructional design, the patient must be at the center of the educational experience. Their efforts foster critical thinking, and communications gaps between the patient and the healthcare providers (HCPs) that may result in suboptimal outcomes. Telling their stories in a meaningful way and changing culture is essential to changing behavior.

Outcomes Study Aim

The goal of this study was to demonstrate the effectiveness of integrating audio sessions directly from patients into an educational activity to raise awareness of challenges patients face and encourage patient-centered care including shared decision-making in practice. As such, the following gaps in knowledge and performance have been observed:

- Patient as well as incorporating patient-centered care including shared decision-making in practice.
- Practitioners, nurses, and pharmacists plays a critical role in tailoring treatment to the individual patient.
- When several treatments are available, health care professionals should involve patients in the decision-making process.
- As such, the following gaps in knowledge and performance have been observed.

METHODS

Education centered around American Academy of Neurology MS Quality Measurement Set guidelines and National Quality Strategy Priorities for improved engagement of patients in care. When several treatments are available, health care professionals should involve patients in the decision-making process.

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RESULTS

Knowledge

A significantly large number of participants post-activity versus pre-activity achieved correct responses on knowledge questions related to selecting agents effective for mitigating worsening symptoms. Improvement continued through follow-up: 18% increased their knowledge on the maximum impact of the agents; 15% increased their knowledge on the impact of length of therapy on patient volume loss; 10% versus 27% (p < .001), elements of shared decision-making 8% versus 30%, and 3% versus 10%, respectively. This was observed in the MS treatment decision. An outcomes study was conducted in a survey administered prior to the activity, immediately after the activity, and 5 months following the activity. To support the findings, qualitative questions were evaluated using Cohen’s Kappa on overall data effect size, expressed as Cohen’s d, and was calculated for overall knowledge.

Performance

HCPs were asked how often they incorporate mechanism of action into their treatment decisions. Response options include 0% of the time, 1% - 25% of the time, 26% - 50% of the time, 51% - 75% of the time, and 76% - 100% of the time. Data were compared statistically between those who answered 51% of the time and above. Participants in the follow-up survey significantly outperformed those in the pre-activity survey (90% versus 22%, p < .001). (Figure 3)

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Demosographics

A total of 1,617 clinicians participated in the activity, representing nearly 12,205 patients with multiple sclerosis. An outcomes study was conducted in a survey administered prior to the activity, immediately after the activity, and 5 months following the activity. To support the findings, qualitative questions were evaluated using Cohen’s Kappa on overall data effect size, expressed as Cohen’s d, and was calculated for overall knowledge.

Figure 1. Demographic Distributions of Activity Participants.

Figure 2. Percentages of Participants Reporting Correctly to Four Knowledge Questions, Pre- and Post-Activity.

DISCUSSION

We leveraged the power of the patient’s stories and observations as a key component to a patient collaboration with key opinion leaders (KOLs) to provide actionable education. The alignment of patient and physician is a key element, with education from trusted sources critical to patient care— and that is a primary goal of CME Outfitters. It has never been easier to hear feedback from clinicians who have been able to immediately implement things they took away from a CMEO activity in their practice.

CONCLUSIONS

• Qualitative analysis found that integrating the patient voice into educational activity on MS improved HCPs’ knowledge.
• Feedback from learners supported the qualitative findings, providing real-life examples of improvements in practice behaviors as a result of the activity.

Figure 3. Percentages of Participants Reporting to Four Knowledge Questions, Pre- and Post-Activity.

• Clinicians who have been able to immediately implement things they took away from a CMEO activity in their practice.

Leadership Question:

"Is it worth it? Is being sick constantly better than the benefits that they can."