

Educational Outcomes and Analysis: Live CME Outfitters Symposium on BPH

Physician Assistants and Nurse Practitioners Commit to Improving Both Suboptimal Screening and Providing Guideline-Recommended Treatment for Benign Prostatic Hyperplasia, With or Without Concomitant Erectile Dysfunction

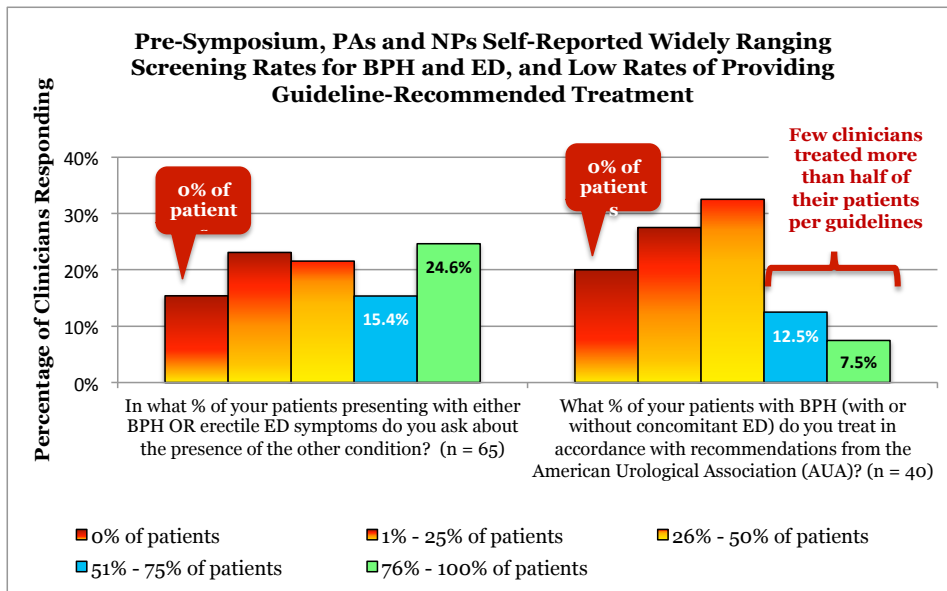
A live, continuing education (CE) symposium entitled, *Men's Health: Benign Prostatic Hyperplasia and Erectile Dysfunction* targeted at physician assistants (PAs) and nurse practitioners (NPs) at the Georgia Association of Physician Assistants (GAPA) Summer Conference in 2013 was designed to narrow men's health practice gaps in primary care and maximize outcomes for patients with benign prostatic hyperplasia (BPH) and erectile dysfunction (ED). This summary reports clinicians' baseline performance and immediate commitments to improve performance on these practice measures:

- *Performance Measure #1:* Evaluating patients who present with either BPH or ED symptoms for the presence of the other condition.
- *Performance Measure #2:* Increasing the percentage (by 25%) of my patients with BPH (with or without concomitant ED) who are treated in accordance with recommendations from the American Urological Association (AUA) and leading clinical experts.

Educational planners administered pre-activity questions via live audience response technology (ARS) to gather baseline performance data, and post-activity survey questions to assess these clinicians' commitments to improve practice patterns were administered to all clinicians who requested CE credit.

Top Findings

The pre-activity survey showed that only 20% of PAs and NPs were treating more than half of their patients per AUA guidelines (see Figure).



- *Four in ten (40.0%)* of surveyed clinicians stated that they were asking 51% or more of their patients who present with either BPH or ED symptoms about the presence of the other

condition (n = 65). Another 15.4% were asking *none* (0%) of patients with either symptom about the other symptom.

- *Only 7.5%* of surveyed clinicians stated that they were treating *more than three quarters of their patients who have BPH with or without concomitant ED* in accordance with AUA specialty guidelines (n = 40). Furthermore, one in five (20.0%) reported treating to guidelines with *none* (0%) of their patients with BPH with or without ED.
- The number of abstentions seen between ARS questions on the two performance measures—65 responses for screening and 40 responses for treating—indicates that even more clinicians do not know the guidelines or are not sure whether they are treating their patients appropriately, so the percentage of clinicians treating at least three quarters of men with these diagnoses appropriately may have been less than 7.5% at baseline.

These findings verify the primary care performance gaps that were demonstrated in the needs assessment. Specialty guidelines are typically not disseminated well to primary care—even for conditions that are commonly seen and addressed in primary care—and **the need for continued education affects PAs and NPs.**

It is clear that the clinicians present at this meeting recognized their need for continuing education, as revealed in these strong commitments to improve their performance according to these measures:

- After participating, *93.8% committed* to “evaluating patients who present with either BPH or ED symptoms for the presence of the other condition” (n = 97).
- After participating, *92.7% committed* to “increasing the percentage (by 25%) of [their] patients with benign prostatic hyperplasia (BPH) (with or without concomitant erectile dysfunction) who are treated in accordance with recommendations from the American Urological Association and leading clinical experts” (n = 96).

Educational Impact and Next Steps for Future Education

The baseline performance results revealed a large gap that this activity sought to address for large numbers of primary care patients. **Because all learners show knowledge attrition for new content, future educational initiatives should reinforce and train on diagnostic and treatment competencies to help clinicians improve their *routine* clinical performance in practice, so that men with BPH, ED, or both can get the help they need in *primary care*, without having to see a specialist for these common clinical complaints.** Physician assistants and nurse practitioners committed to addressing their patients’ needs, and future education will continue to provide them with tools for appropriate and complete care regarding BPH and ED.

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