

PERSONALIZED APPROACHES TO SUSTAINED BIOLOGIC REMISSION

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EDUCATIONAL NEED

- Mucosal healing (MH) represents a potential surrogate marker of disease modification in inflammatory bowel disease (IBD) and is associated with positive long-term outcomes. The CME program was designed to educate clinicians about the utility of using colonoscopy or other markers, such as fecal calprotectin, as markers to assess MH and use it as a therapeutic endpoint for treating IBD.

Overall Goal: Increased use of fecal calprotectin and/or colonoscopy to assess mucosal healing

INTERVENTIONS AND FORMAT FOR TIER 1

- Satellite symposium at Advances in IBD
- Small workgroups• KOL in 25 workgroups
- Discussions informed content for Tier 2

3 Barriers Identified:

- When to assess patients for mucosal healing (timing intervals)?
- Which patients should be assessed?
- How to overcome patient resistance?

INTERVENTIONS AND FORMATS FOR TIER 2

- Grand rounds/local/regional meetings -13
- Case-based online enduring activity
- Case-based formats

TIER 2 OUTCOMES

- Statistically significant increases in knowledge and competence, with medium to large effect sizes
- Self-reported confidence and performance improvement, documented at follow-up

CLAIMS DATABASE/METHODOLOGY

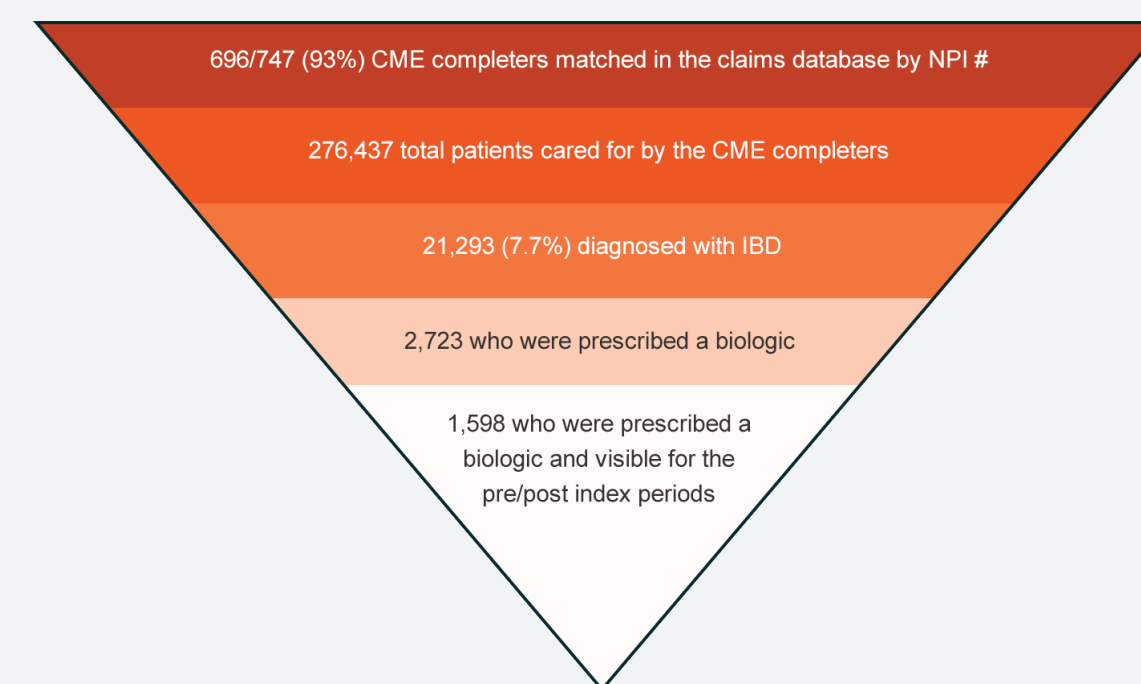
- HIPAA-compliant data sources
- CMS-1500 medical claims completed for patients seen in physician offices
- NCPDP prescription claims submitted for patients receiving a prescription via retail pharmacy
- Scope of claims analyses (Colonoscopy rates for IBD patients on biologic therapy, 12 months pre-to 12 months post-activity)

COMPARISON GROUPS

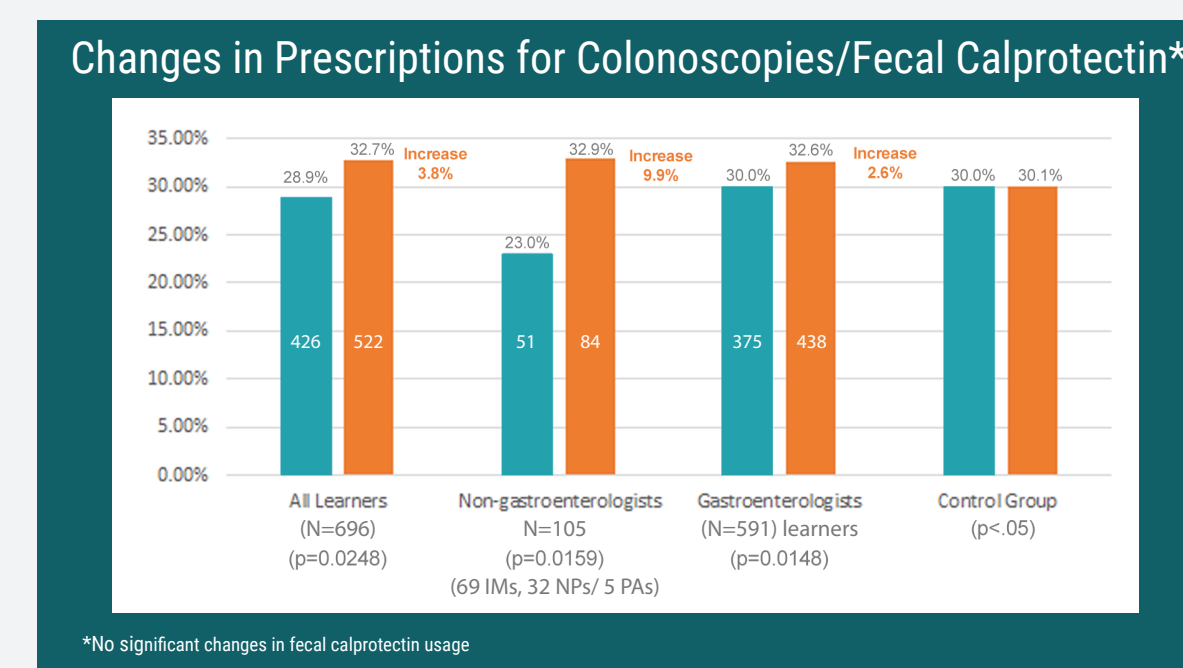
- All participants
- Live vs. web activity participants
- Gastroenterologists vs. other participants

Control group: matched by specialty, degree, state, urban/rural, total IBD patients pre-period, and total colonoscopy use pre-period. 40 control clinicians for each CME participant (Monte Carlo method).

COMPLETER MATCH AND ATTRITION RATES



CHANGES IN COLONOSCOPY RATES POST CME



CHANGES IN MEDICATION POST-CME

- Overall there was no significant alteration in medication prescribed (N=57/70) after participation in these activities (p=0.8363). This result was independent of specialty (gastroenterologist, p=0.77; non-specialist, p=0.2142).
- Non-gastroenterologists made almost three times as many medication changes after the activity (5 pre- vs, 14 post)
- When examining the effects of education type on medication changes, gastroenterologists had a non-significant decrease (N=46/41) in medication changes (from 14% to 11%; p=0.2112). This could be an indication that the MH measured in patients indicated that medication could be lowered or stopped in some patients or increased in others.
- Participants in the online activities had a significant increase in medication changes (N=11/29) post-CME activity (6.9% pre- vs. 14.4% post; p=0.025).

CONCLUSIONS

- A statistically significant increase in the frequency of colonoscopies amongst the CME participants, through an objective source, is extremely helpful in proving the impact CME interventions can have on the way a clinician practices medicine.
- Both formats studied, live and online, improved the clinical performance of the CME participants

INSIGHT FOR FUTURE STUDIES

If possible, pairing lab results with medication changes could shed light on why the medication was stopped, changed or the dosage was altered.

DISCLOSURES

Stephen Bender has nothing to disclose
 Mahira Bonomo has nothing to disclose