

Objectively Measured Improvements in Diagnostic & Assumed Referral Performance Amongst 1,828 CME Participants

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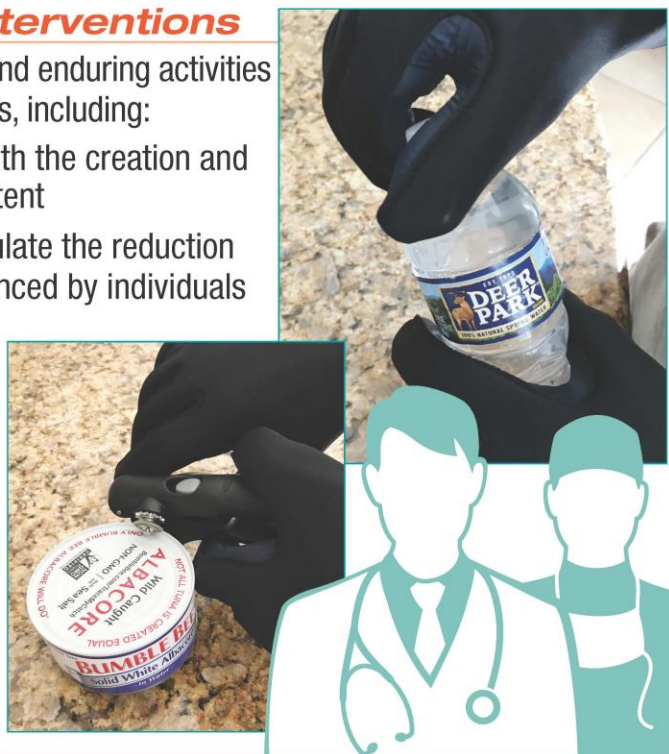
Introduction - the RAPID[®] V (Rheumatoid Arthritis: Primary care Initiative for improved Diagnosis and outcomes) CME initiative is designed to educate primary care practitioners (PCPs) about the need to diagnose the disease as early as possible based on the fact that disease progression is most aggressive in the first two years of disease onset.



Learning Design & Interventions

The RAPID[®] V CME initiative's live and enduring activities incorporated several unique features, including:

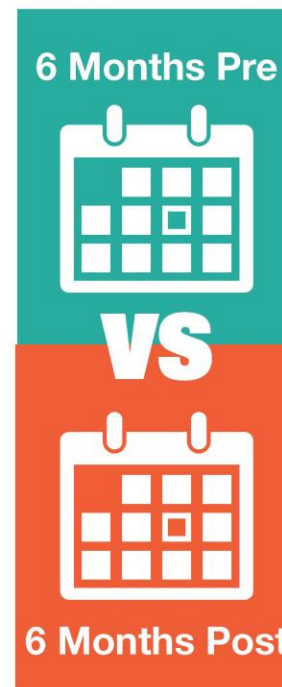
- Actual RA patients involved in both the creation and presentation of all RAPID[®] V content
- RA simulation gloves which simulate the reduction in functional capabilities experienced by individuals with moderate to severe RA;
- Multidisciplinary faculty (rheumatologists, primary care providers and RA patients)
- Measurement of the participants' RA diagnosis and referral rates using national-scope administrative medical claims data with a control group for comparison.



Study Objectives and Learner Groups

Proportion of RA diagnoses made by RAPID[®] V initiative clinicians 6-months prior to participation compared with the proportion of RA diagnoses made 6-months post-participation. The interventions included 4 live symposia, 5 grand rounds presentations and 4 online enduring web activities. The follow-up measured performance changes 6-months post-activity participation for each individual learner.

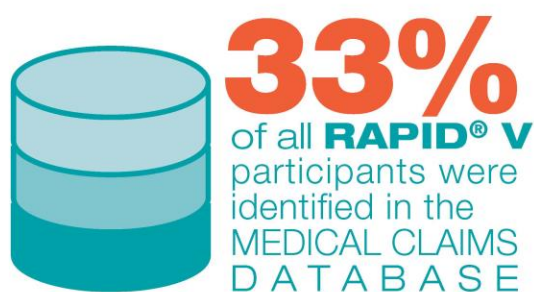
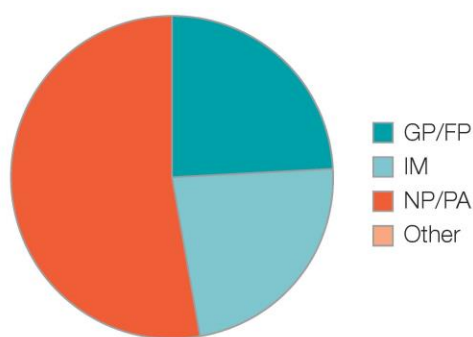
1. Examination of a national scope administrative healthcare (medical) claims database was used to identify new RA diagnoses, defined as the number of unique patients with a diagnosis of RA (ICD-9 codes 714.X) who had a claim from both a primary care provider and a rheumatologist ("assumed referrals") and filled a prescription for an appropriate therapy, in the time period prior to, or after the CME activity date.
2. The same performance comparisons between 6 months prior and 6 months post-participation in a RAPID[®] V activity were made among highly matched control groups of non-participants, with approximately 40 non-participant controls for every participating clinician.
3. The following subgroups were compared:
 - a. All participants
 - b. Participants in live activities versus participants in web-based activities



CME Completers

The RAPID[®] V CME initiative had 5,466 (1,914 live/3,552 online) completers, of which 1,828 were found in the claims database.

	Overall Learners	Live Learners	Web Learners
RAPID [®] V Learners	5466	1914	3552
Identified in Claims Data	1,828	940	888



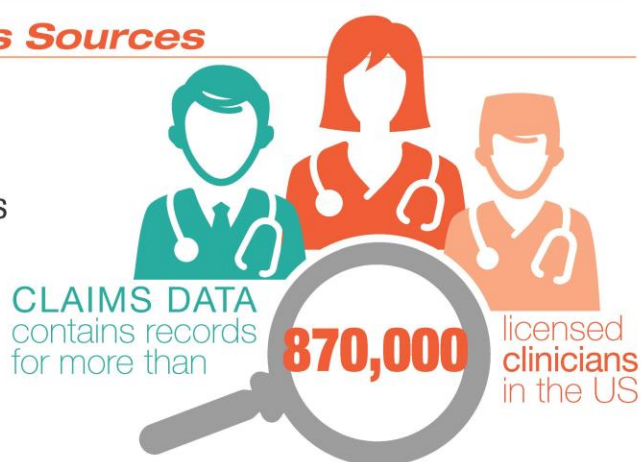
Learner and Supporter Feedback

- "The RAPID[®] V outcomes showed self-reported improvements in knowledge (consistent with our internal objectives) and improved clinical performance by using objective data to measure ability to diagnose more efficiently. Our internal colleagues are impressed when we can show that the independent education that we supported proves its effectiveness for a large number of participants." Supporter #1
- "The RAPID[®] V outcomes help us show the value of CME internally. Of particular interest is how the claims data provides insight into the effectiveness of selected distribution channels, and the performance of local meetings by location or format." Supporter #2



Methodology & Claims Sources

For this analysis, the educational partners purchased access to two national scope administrative healthcare medical claims databases containing diagnostic, counseling and prescription data on more than 870,000 US clinicians.



Diagnostic & Assumed Referral Performance Measure Results

Group	Control Group RA Dx Rate Pre/Post %, % Δ, P	Learner Group RA Dx Rate Pre/Post %, % Δ, P	N
All participants	0.57%/0.63%, +10.5%, P<.05	0.56%/0.64%, +14.3%, P<.05	1,828
Live	0.59%/0.61%, +3.4%, P=.680	0.44%/0.51%, +15.9%, P<.05	940
Web	0.54%/0.67%, +24.1%, P<.05	0.71%/0.81%, +14.1%, P<.05	888
Treaters (live and web)	0.98%/1.05%, +7.1%, P=.330	1.36%/1.48%, +8.8%, P=.012	194

- 14.3% improvement for all participants
- 15.9% improvement for live participants
- 14.1% improvement for web participants
- 8.8% improvement for active RA treaters



Additional Insights

- Reach of intended target audience confirmed for live meetings based on lower baseline
- Web content was more appealing to clinicians currently managing RA patients
- Overall content attracted both non-treaters and active treaters of RA patients

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Conclusions

Overall, we continue to see improvement on the performance of our learners in their ability to make a provisional diagnosis of RA and refer those patients to a rheumatology specialist when appropriate. We see a correlation in the educational choices that our learners make: the clinicians who have a higher % of RA patients under their care gravitate towards the online endurings that focus on long-term management of these patients and the live participants seem to have a lower ratio of RA patients: overall patients (which confirms our stated target audience).

