LIPID MANAGEMENT IN CLINICAL PRACTICE: OPTIMIZING OUTCOMES THROUGH DUAL PHYSICIAN-PATIENT EDUCATION

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BACKGROUND
High levels of low-density lipoprotein cholesterol (LDL-C) are a major risk factor for cardiovascular disease (CVD), and many patients with hypercholesterolemia are not appropriately managed due to gaps in both physician and patient knowledge and competencies.1

METHODOLOGY
An online CME activity was developed as a 25-minute roundtable discussion with 3 leading experts on patient-centered strategies for hypercholesterolemia treatment.2

The activity included a transcript of the discussion and a downloadable slide deck to highlight and reinforce evidence-based recommendations.

Each physician participant’s responses to 4 assessment questions were collected after the education post assessments and completed by learners answering all 4 questions correctly were included in the analysis. A summary statistic pre-assessment via a 25-minute Pre-test was provided for assessing the level of knowledge and experience of participants.

The CME activity also included a link to an interactive patient-caregiver education module developed in parallel with the activity. The module is designed for patients and caregivers about hypercholesterolemia treatment options. Patient/caregivers could also find it and access the education module in an online search on the Medscape website.

The content of the patient/caregiver module was designed to promote shared decision making between the patient and the clinician.

The patient/caregiver post-test assessment was considered complete if the patient completed their own post-test and responded to at least one item with both patient and caregiver as respondents.

The CME activity launched on September 25, 2015 and the patient/caregiver education module was available online at https://education.medscape.com until October 20, 2015.

RESULTS

Pre-/Post-Assessment Improvement: Physicians/Clinicians
- Significant improvements in knowledge were observed between pre- and post-assessment scores for both cardiologists (P ≤ .05, V = 0.15) and PCPs (P ≤ .05, V = 0.19).
- Pre-assessment, 45% of physicians (n=78) and 21% of PCPs (n=320) answered all 4 questions correctly, compared with 15% and 8%, respectively, pre-assessment (Figure 2).

Pre-/Post-Assessment Improvement: Patient/Caregivers
- 85.7% of patient/caregivers were able to recognize the definition of LDL-C, or “bad cholesterol,” post-assessment compared with 72% pre-assessment (Figure 4).

METHODS
To determine if online, dual physician-patient education interventions could improve the use of patient-centered care strategies by cardiologists and primary care physicians (PCPs) related to management of hypercholesterolemia:

- Improve the use of patient-centered care strategies by cardiologists and primary care physicians (PCPs) related to management of hypercholesterolemia
- Increase patient/technicians on the subject and ability to participate actively in their care plan

GOALS

- Significant improvements from pre to post-assessment were observed in physical activity, ability to recognize the effect of proprotein convertase subtilisin/ kexin type 9 (PCSK9) inhibition on LDL-C (Figure 6).
- 78% of Completers (n=78) believed the education module provided them with useful information.
- The participating patient demographics were consistent with the general population of patients with hypercholesterolemia (Table 1).

CONCLUSION
This study demonstrated that both knowledge and competence of cardiologists and PCPs regarding evidence-based practices as well as the understanding of patients and caregivers regarding hypercholesterolemia can be improved using a dual approach to education, thus empowering them to participate in shared decision making.

Significant physician education gains remain, warranting additional education on:
- Mechanisms of action of PCSK9 inhibitors
- The effect of PCSK9 inhibitors on LDL-C
- Strategies to manage hypercholesterolemia in patients at high risk for cardiovascular disease

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REFERENCES
5. Topol EJ. Scientific advisory board member and independent educational grant from Sanofi US and Regeneron Pharmaceuticals, Inc.

FIGURE 1. Patient/Caregiver Participant Demographics (n=17340 Learners; n=9985 Completers)

FIGURE 2. Summary Statistics

FIGURE 3. Scoring Distribution

FIGURE 4. Representative Questions (Correct responses are highlighted in blue)

FIGURE 5. Pre/Post-Assessment Data for Patients/ Caregivers (Correct response is highlighted in blue)