ONLINE CME PARTICIPATION BY GASTROENTEROLOGISTS IMPROVES MANAGEMENT OF EXOCRINE PANCREATIC INSUFFICIENCY

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STUDY OBJECTIVES

Management of exocrine pancreatic insufficiency (EPI) is challenging for gastroenterologists because it requires recognition and implementation of optimal diagnostic and therapeutic interventions. This study investigated the impact of an online CME activity on gastroenterologists’ diagnostic and therapeutic practices in patients with EPI.

METHODS

The online CME activity was developed by AGA and Medscape, LLC, led by gastroenterologists from AGA, Medscape, LLC, and other specialties. The content of the video panel discussion was developed for the target audience of gastroenterologists (Gastroenterologists) and included clinical case vignettes with multiple-choice questions (MCQs) and real-life scenarios. The MCQs covered topics such as EPI diagnosis and treatment, including recognition of EPI, stool test results, and clinical decision-making.

Assessment Method:

The outcomes of the survey were measured using a 0-10 Likert scale. Participants were asked to rate their satisfaction with the online CME activity on a scale of 1 (poor) to 10 (excellent).

Participants

Gastroenterologists (n = 100)

Participants vs Control Group of Nonparticipants

TABLE 1. Demographics of Gastroenterologist CME Participants vs Control Group of Nonparticipants

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Participant (n = 100)</th>
<th>Nonparticipant (n = 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty</td>
<td>80% Gastroenterologist</td>
<td>80% Gastroenterologist</td>
</tr>
<tr>
<td>Age</td>
<td>31% 21-40 years</td>
<td>30% 21-40 years</td>
</tr>
<tr>
<td>Gender</td>
<td>48% Male</td>
<td>47% Male</td>
</tr>
<tr>
<td>Years in practice</td>
<td>27% &gt;10 years</td>
<td>27% &gt;10 years</td>
</tr>
<tr>
<td>EPI experience</td>
<td>60% &gt;10 years</td>
<td>60% &gt;10 years</td>
</tr>
</tbody>
</table>

RESULTS

Gastroenterologist CME participants (n = 100) were 27% more likely to recognize evidence-based practice choices than nonparticipants (P = .03). The implementation of evidence-based practice choices in the video panel discussion improved clinical decision-making among participating gastroenterologists compared with nonparticipating matched peers.

Case Study 1:

A 53-year-old man with a history of alcohol abuse presents to your office with complaints of chronic abdominal pain, loss of appetite, and weight loss over the past 6 months. He has a past medical history of alcohol abuse and a family history of alcoholism.

1. Which of the following tests would you order next to confirm the patient's diagnosis of pancreatic exocrine dysfunction? (Select only 1)
   - Fecal elastase test (75% participants, P = .02)

2. How would you select the patient to the most appropriate next step in treatment? (Select only 1)
   - Rule out small bowel bacterial overgrowth in poor responders to PERT (76% participants vs 75% nonparticipants, P = .65)

3. Most participants (88%) recognized that the efficacy of PERT supplementation is influenced by timing of consumption (P = .90). (Figure 1)

4. Nineteen participants (19%) advocated a vitamin D level test for a patient with chronic diarrhea (diagnosis of EPI with >2 grams fat in each meal and long-term management).

Case Study 2:

A 55-year-old woman with a history of cystic fibrosis recently moved to your city and presents to your office to establish care. She reports that her previous physician placed her on a weight loss diet rich in vegetables.

1. Which test would you order for this patient? (Select only 1)
   - Fecal fat study (36% participants, P = .65)

2. What would you do next? (Select only 1)
   - Ask patient how and when he is taking his enzyme supplements and prescribe anti-diarrheal (30% participants vs 22% nonparticipants, P = .03)

CONCLUSIONS

This study demonstrated that participation in a CME activity increased the percentage of gastroenterologists who correctly identified evidence-based practice choices in managing EPI. The results suggest that online CME activities can improve diagnostic and therapeutic practices among gastroenterologists.

Acknowledgments

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For more information, contact Jovana Lubarda, PhD, Associate Editorial Director, Gastroenterology, Medscape, LLC.

References
