SUCCESS OF CME AT IMPROVING PATIENT-CLINICIAN INTERACTIONS

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WHAT PARTICIPANTS ANTICIPATE DOING DIFFERENTLY AS A RESULT OF PARTICIPATING IN THIS PROGRAM.

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Despite widespread dissemination of the evidence for better outcomes with improved glycemic control, a significant proportion of patients with type 2 diabetes (T2D) do not achieve glycated hemoglobin (HbA1c) goals. Adherence to treatment is a persistent barrier to optimal T2D management, which patient education/engagement could address.

This study analyzed the effect of an educational program designed to help clinicians implement strategies for more successful patient interactions related to T2D management. We measured the impact of the activity on self-reported patient communication strategies using a follow-up Planned Change Assessment (PCA).

METHODS

An online, video-based educational activity featured 2 experts in the field of T2D management and was designed with a focus on developing successful patient-clinician interactions. Faculty discussion on real world adherence challenges was accompanied by synchronized slides presenting supportive data. Video-based patient vignettes demonstrated successful patient-clinician interaction and shared decision making. The effects of education were assessed, in conjunction with Healthcare Performance Consulting (HPC), using a PCA survey.

The PCA process allows for an immediate measure of activity outcomes and a delayed measure that identifies actual behavior change. It also allows learners to be reminded of the program content and their intent to change 6 weeks after completing the educational intervention.

Initial Assessment: This initial survey administered upon completion of each educational activity asked:

- What will you do differently in your practice as a result of participating in this activity?
- What do you perceive as barriers to making the above selected changes in your practice?

The survey included practice changes consistent with the learning objectives.

Follow-up Assessment: The follow-up survey was an online assessment of the intended changes from the initial PCA questionnaire administered approximately 6 weeks after launch of the activity. All completions of the initial survey (an average of 2.8 changes each) and 6 weeks later were invited to opt in to the follow-up assessment.

The follow-up survey included questions about barriers to change that learners may have encountered in their daily practice. Use of a unique respondent identifier on both the immediate PCA and the follow-up assessment allowed for direct matching of responses to both assessments. Although not all learners completed both assessments, matching those who did helps to reduce the chance of sampling bias when comparing the results of the assessments. Completers of the follow-up survey were invited to opt in to the follow-up interviews.

CONCLUSIONS

This activity was highly effective at prompting discussion to make practice changes in accordance with the goals of the program, showing that education on strategies for improving communication with patients is a useful way to effect changes in practice. The highest percentages of change were in the areas of engaging the patient in discussing their concerns about insulin, starting that conversation earlier in the disease process, and more directly involving patients in shared decision making. Use of new communication strategies, however, may be challenging due to physicians’ perceived lack of time and staffing. Future needs for education continue to include strategies for identifying and facilitating access to diabetes education for all patients with T2D upon diagnosis and on an ongoing basis.

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