Certified Medical Education Helped to Close Gaps in the Management of Patients With NAFLD/NASH

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BACKGROUND

Nonalcoholic fatty liver disease (NAFLD) and nonalcoholic steatohepatitis (NASH) are the most common causes of chronic liver disease. The objective of this study was to assess baseline and post-education knowledge, competence, and confidence on the management of NAFLD/NASH from continuing medical education (CME) activities.

METHODS

Gastroenterologists (N = 743 to 1464) participated in at least 1 of 2 online activities on NAFLD/NASH that featured video with synchronized slides.[1,2] For each activity, educational effect was assessed with a repeated pairs pre-/post-assessment study including a 3-item, multiple choice, knowledge/competence questionnaire and one confidence assessment question. Absolute improvement (post%-pre%) was calculated to examine change in percentage of correct responses. The chi-squared test was used for significance testing on the number of correct responses pre- to post-activity with $P < .05$ considered statistically significant. Activities launched July 29, 2022 and September 12, 2022, and data were collected June 2, 2023.
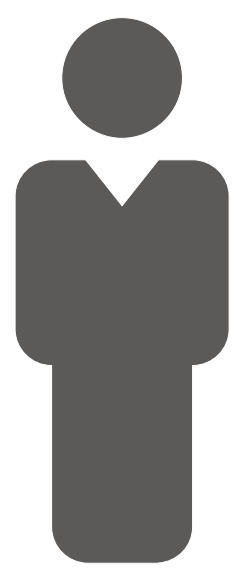
Gastroenterologists (n = 743 to 1,464)

The activities featured video discussions with synchronized slides.

RESULTS

THEME 1 RESULTS: PREVALENCE AND CONSEQUENCES OF NASH

- 23% increase in knowledge regarding the global prevalence of NAFLD (45% pre/68% post; $P < .05$)

What is the approximate prevalence of NAFLD in the global population?		
	PRE ASSESSMENT	POST ASSESSMENT
5%	9%	4%
15%	24%	17%
25%	45%	68%
35%	14%	11%

- 10% increase in knowledge regarding cardiovascular disease as the greatest risk of death in patients with NASH (52% pre/62% post; $P < .05$)

What is the greatest risk of death in patients with NASH?		
	PRE ASSESSMENT	POST ASSESSMENT
Hepatocellular carcinoma	18%	15%
Cardiovascular disease	52%	62%
Cirrhosis	29%	22%
Chronic kidney disease	0%	0%

THEME 2 RESULTS : RISK EVALUATION/STRATIFICATION

- 13% increase in competence regarding the use of FIB-4 as the first step in assessing risk for liver fibrosis in a patient with multiple risk factors (59% pre/72% post; $P < .05$)

Candice is a 64-year-old woman who has a BMI of 34 and has dyslipidemia. She is pre-diabetic. In her recent blood work, her ALT and AST were elevated. According to AACE guidelines, what is your first step in assessing her risk of liver fibrosis as a result of NAFLD?		
	PRE ASSESSMENT	POST ASSESSMENT
Fibrosis-4 index (FIB-4)	59%	72%
Enhanced Liver Fibrosis (ELF)	18%	15%
Transient elastography	23%	12%

- 13% increase in those who reported being mostly/very confident in determining which patients should undergo evaluation for NAFLD/NASH following education (33% pre/46% post; $P < .05$)

How confident are you right now in determining which patients should undergo evaluation for NAFLD/NASH?

NOT CONFIDENT — VERY CONFIDENT

PRE: 8% | 20% | 35% | 22% | 11%
POST: 5% | 15% | 35% | 31% | 15%

THEME 3 RESULTS: NONINVASIVE TESTS

- 16% increase in knowledge about the Enhanced Liver Fibrosis (ELF) test following education (42% pre/58% post; $P < .05$)

What type of noninvasive test is the ELF test?		
	PRE ASSESSMENT	POST ASSESSMENT
Simple algorithm	37%	25%
Blood test	42%	58%
Radiologic	20%	17%

- 2% increase competence among learners regarding using transient elastography to evaluate a patient with a FIB-4 score of 2.2 and NAFLD ($P = NS$)
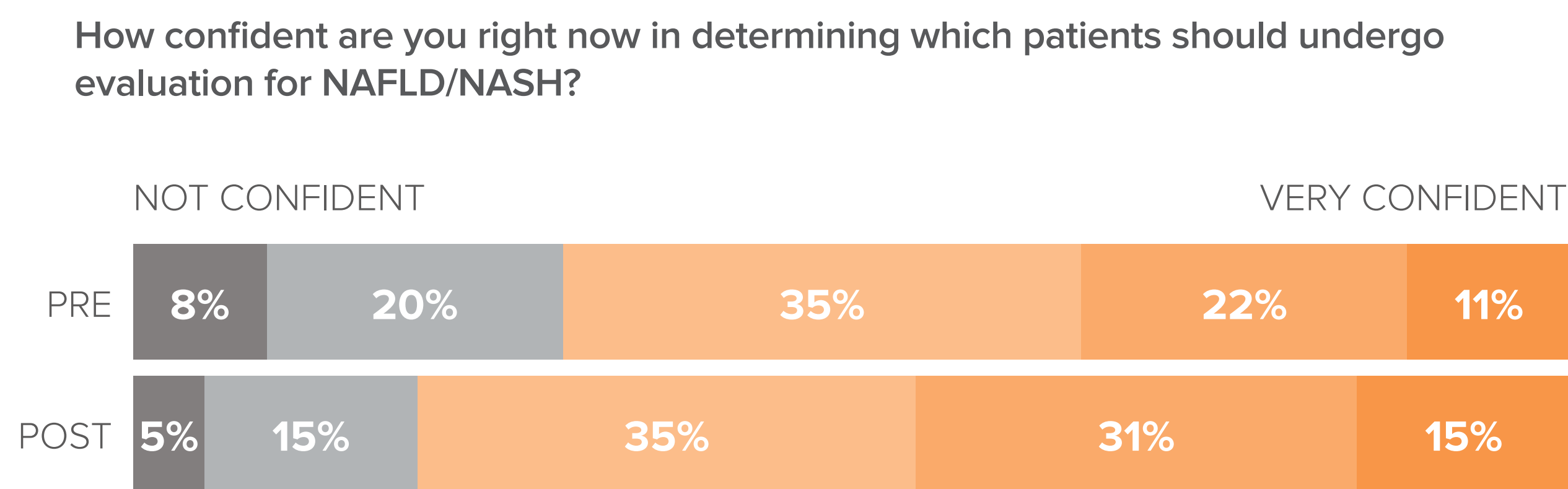
Frank is 56-year-old man with obesity, hypertension, and NAFLD. At his most recent primary care appointment, his ALT and AST were slightly elevated, and his physician used the FIB-4 index to assess his risk of progression to NASH. His FIB-4 score was 2.2. According to AACE guidelines, what should be done next to evaluate Frank?		
	PRE ASSESSMENT	POST ASSESSMENT
Order transient elastography	71%	73%
Refer to a specialist for MR elastography	17%	15%
Refer to a specialist for liver biopsy	12%	12%

- 12% increase in learners who reported being mostly/very confident in using evidence-based testing to risk stratify patients with NAFLD/NASH (24% pre/36% post; $P < .05$)

How confident are you right now in using evidence-based testing to risk stratify patients with NAFLD/NASH?

NOT CONFIDENT — VERY CONFIDENT

PRE: 14% | 24% | 38% | 18% | 6%
POST: 9% | 19% | 36% | 26% | 10%
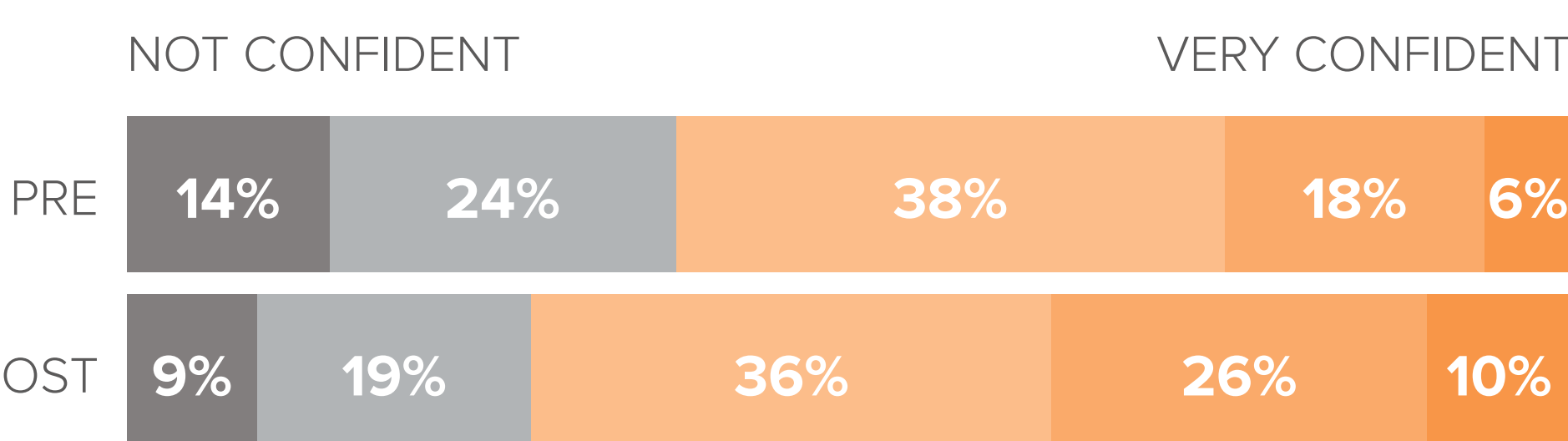
CONCLUSIONS

These results indicate baseline gaps in knowledge and competence, as well as low confidence related to identification and evaluation of patients with risk of NAFLD/NASH. Although participation in CME led to improvement, additional education is warranted.

REFERENCES

1. Loomba R. Expert Exchange on Nonalcoholic Steatohepatitis: A Foundational View. July 29, 2022. https://www.medscape.org/viewarticle/978259
2. Anstee QM. Implementing Evidence-Based Recommendations for the Management of NASH. September 12, 2022. https://www.medscape.org/viewarticle/980556

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