INTRODUCTION

1. Due to the variations in presentation and the disease complexity associated with pulmonary arterial hypertension (PAH), many clinicians struggle with disease management, including treatment initiation and adjustment.
2. We sought to determine if online continuing medical education (CME) could improve the knowledge and competence of cardiologists and pulmonologists related to management of PAH.

METHODS

1. A curriculum consisting of 3 CME activities were developed on appropriate management of PAH:
   - Activity 1 launched on September 22, 2016 and data were collected through April 23, 2017
   - Activity 2 launched on December 23, 2016 and data were collected through April 23, 2017
   - Activity 3 launched on December 27, 2016 and data were collected through April 23, 2017

2. The third activity was an interactive, case-based text online activity:

   • Out of 176 pulmonologists, 38 (22%) answered all 9 pre-assessment questions correctly, 145 (82%) answered all post-assessment questions correctly
   • Out of 413 cardiologists, 37 (9%) answered all 9 pre-assessment questions correctly, 152 (37%) answered all post-assessment questions correctly

3. Data were also grouped into clinical themes with improvements observed for each theme (Table 1 and Figure 2):

RESULTS

1. Overall, pooled data from the 3 CME activities showed a significant improvement in knowledge/competence related to management of PAH with a 62% relative improvement (27% pre-assessment vs 50% post-assessment; P < 0.01) for cardiologists (N=403) and a 40% relative improvement (29% pre-assessment vs 73% post-assessment; P < 0.01) for pulmonologists (N=176) (Figure 1).

2. Overall improvements in scoring distribution were observed for each theme:
   - Out of 176 pulmonologists, 38 (22%) answered all 9 pre-assessment questions correctly, 145 (82%) answered all post-assessment questions correctly
   - Out of 413 cardiologists, 37 (9%) answered all 9 pre-assessment questions correctly, 152 (37%) answered all post-assessment questions correctly

3. Data were also grouped into clinical themes with improvements observed for each theme (Table 1 and Figure 2):

   - Cardiologists (N=413): 44% improvement for PAH therapy questions
   - Pulmonologists (N=176): 60% improvement for PAH therapy questions

4. The study also uncovered persistent educational gaps warranting additional education on:
   - Latest clinical efficacy and safety data for oral prostacyclin therapy
   - Tailoring therapy for PAH to improve outcomes
   - Appropriate patient selection and use of oral prostacyclin pathway therapy

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CONCLUSION

1. This study demonstrates the success of an educational curriculum with multiple educational components presented in formats selected to best address the goals of each activity on improving the knowledge and competence of cardiologists and pulmonologists regarding management of PAH.

2. The study also uncovered persistent educational gaps warranting additional education on:
   - Latest clinical efficacy and safety data for oral prostacyclin therapy
   - Tailoring therapy for PAH to improve outcomes
   - Appropriate patient selection and use of oral prostacyclin pathway therapy