

Virtual Continuing Education Improves Atrial Fibrillation Detection and Stroke Prevention Practices

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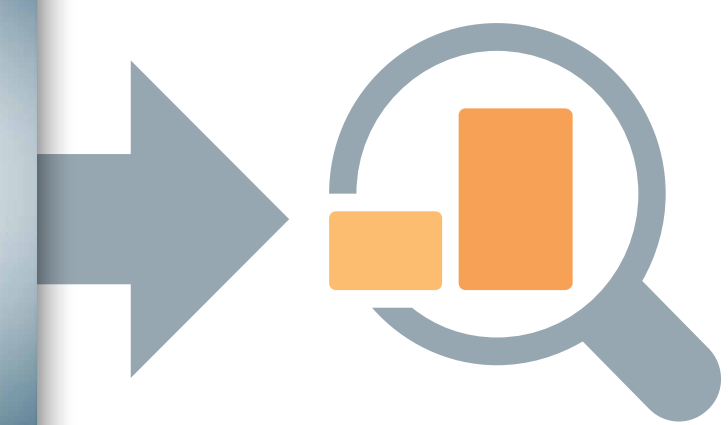
BACKGROUND

This study examined whether online continuing medical education (CME/CE) focused on evidence-based best practices for atrial fibrillation (AF) detection and stroke prophylaxis would result in the adoption of new clinical practices to enhance AF diagnosis and appropriate treatment.



METHODS

Clinicians participated in 15-minute segmented online multi-media activity consisting of videos portraying realistic physician-patient interactions followed by expert commentaries. Performance in the real world was assessed 30 to 60 days post-education for learners in the target audience(s). Learners in the first 3 months were invited to complete a survey identifying practice changes and the degree to which clinicians experience barriers to those changes. Each respondent reported for each possible practice whether they were a) implementing for the first time or had modified it due to education, b) already doing it prior to education, or c) not doing it before or after education. They also indicated barriers they experience at least “some” of the time for each practice. The activity posted on 1/20/2023. Data collection ended on 6/8/2023.



RESULTS

DEMOGRAPHICS



904
TOTAL
LEARNERS

100%
made a practice
change or had
practice reinforced
due to education

84% Using guideline-recommended opportunistic screening to identify AF in patients 65 years of age

83% Using guideline-recommended screening systems to identify AF

82% Identifying patients who should undergo screening for atrial fibrillation (AF)



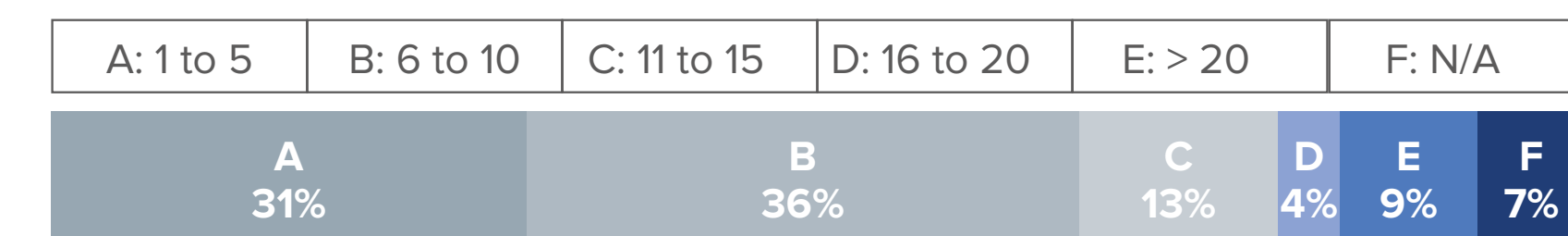
72,088

patients impacted per month potentially due to education

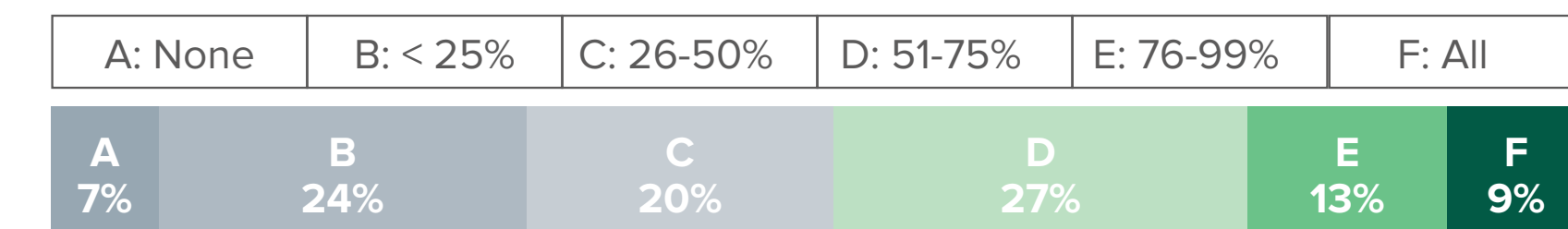
ADDITIONAL INSIGHT

9% still aren't using risk calculators (eg, CHA2DS2-VASc Score) to assess stroke risk for treatment considerations in patients with AF

How many patients with AF do you see in your practice in an average month?

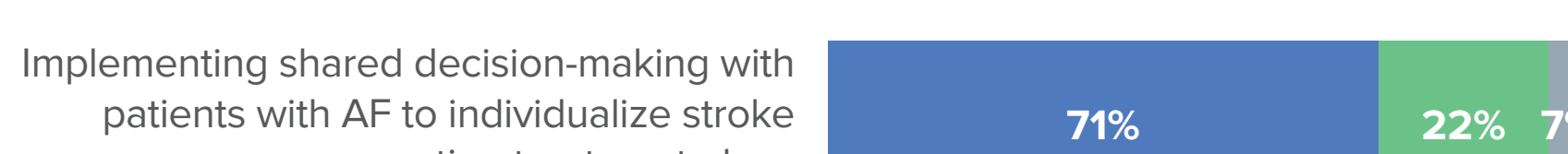
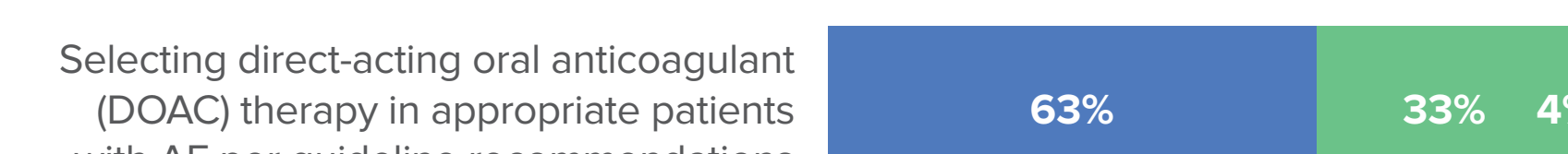
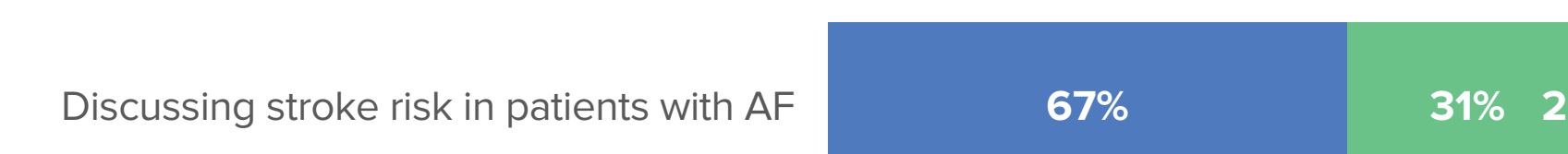
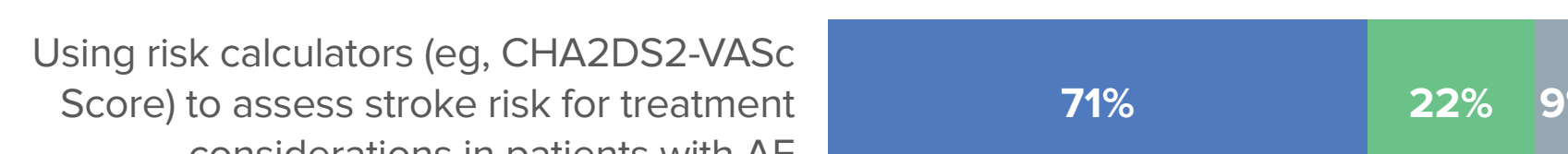
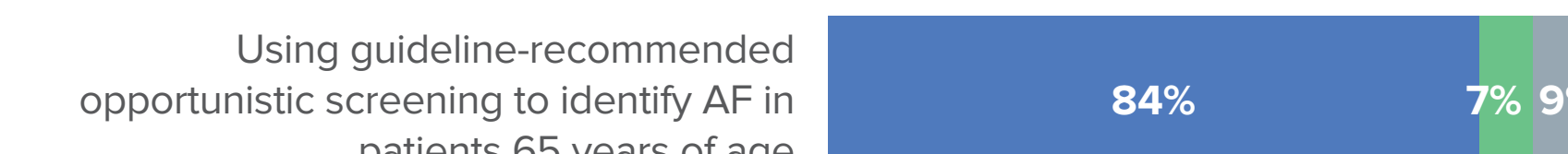
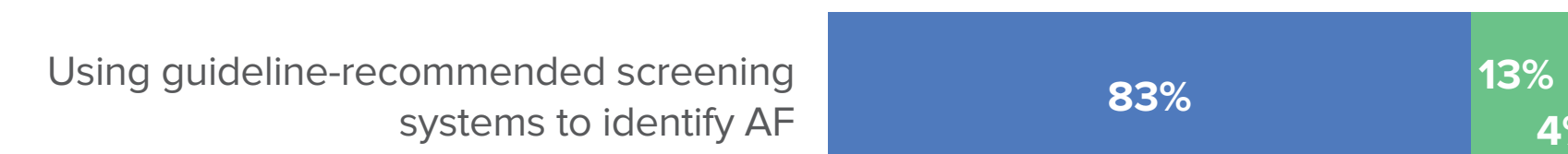


What percent of your patients with AF are currently being treated with DOAC therapy for stroke prevention?



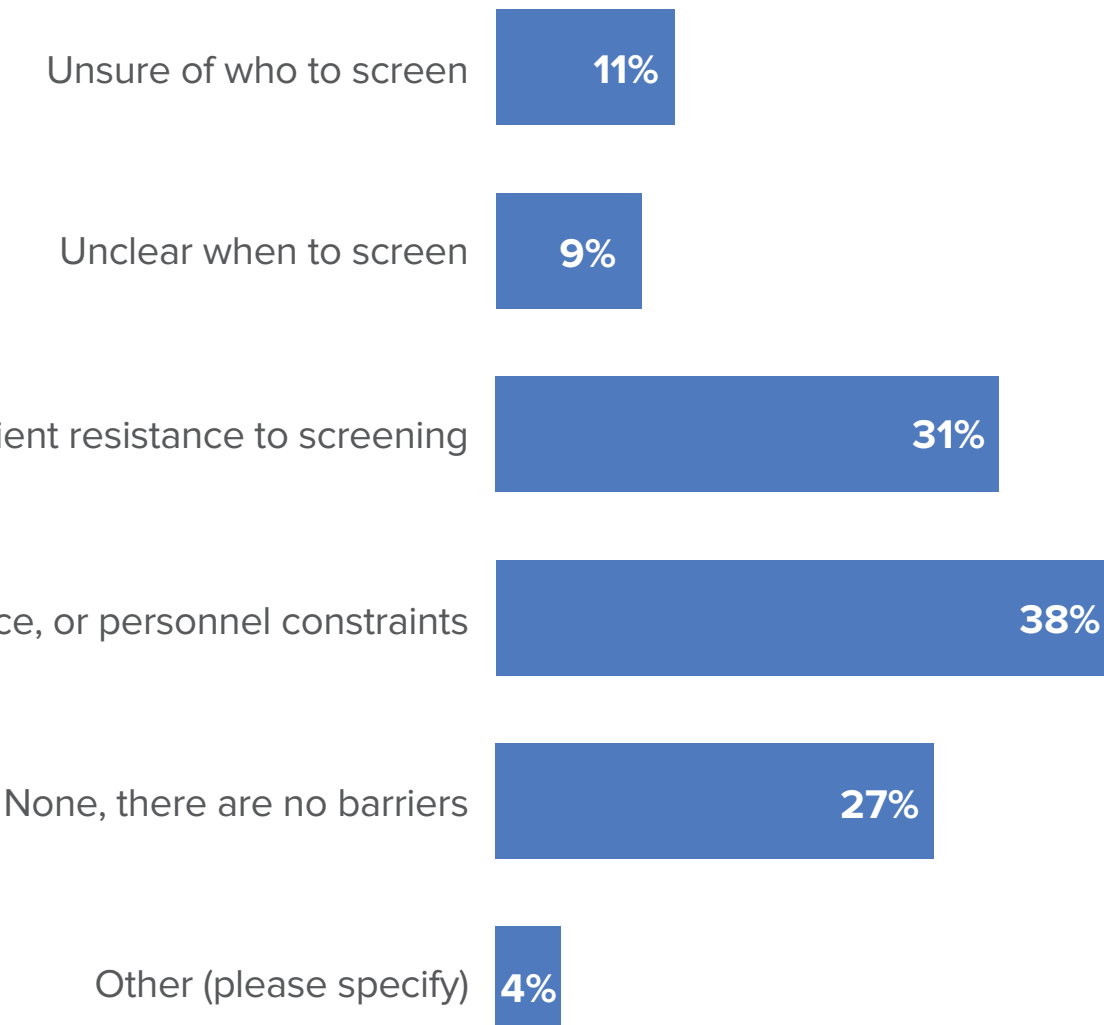
TOP PRACTICE CHANGES OF SURVEY RESPONDENTS

■ MODIFIED OR IMPLEMENTED DUE TO EDUCATION ■ PRACTICE REINFORCED ■ NOT CURRENTLY DOING THIS

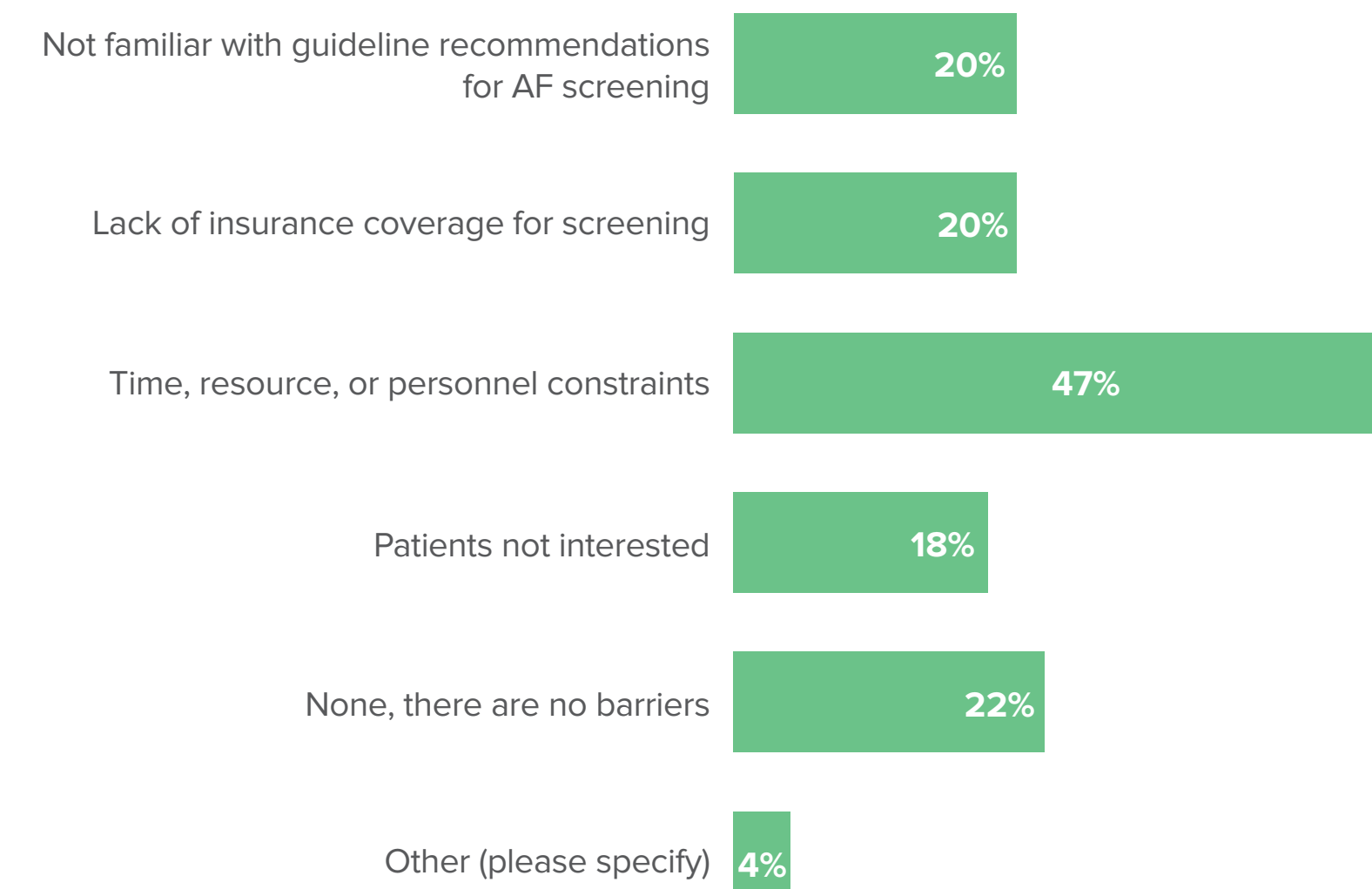


REPORTED BARRIERS OF SURVEY RESPONDENTS

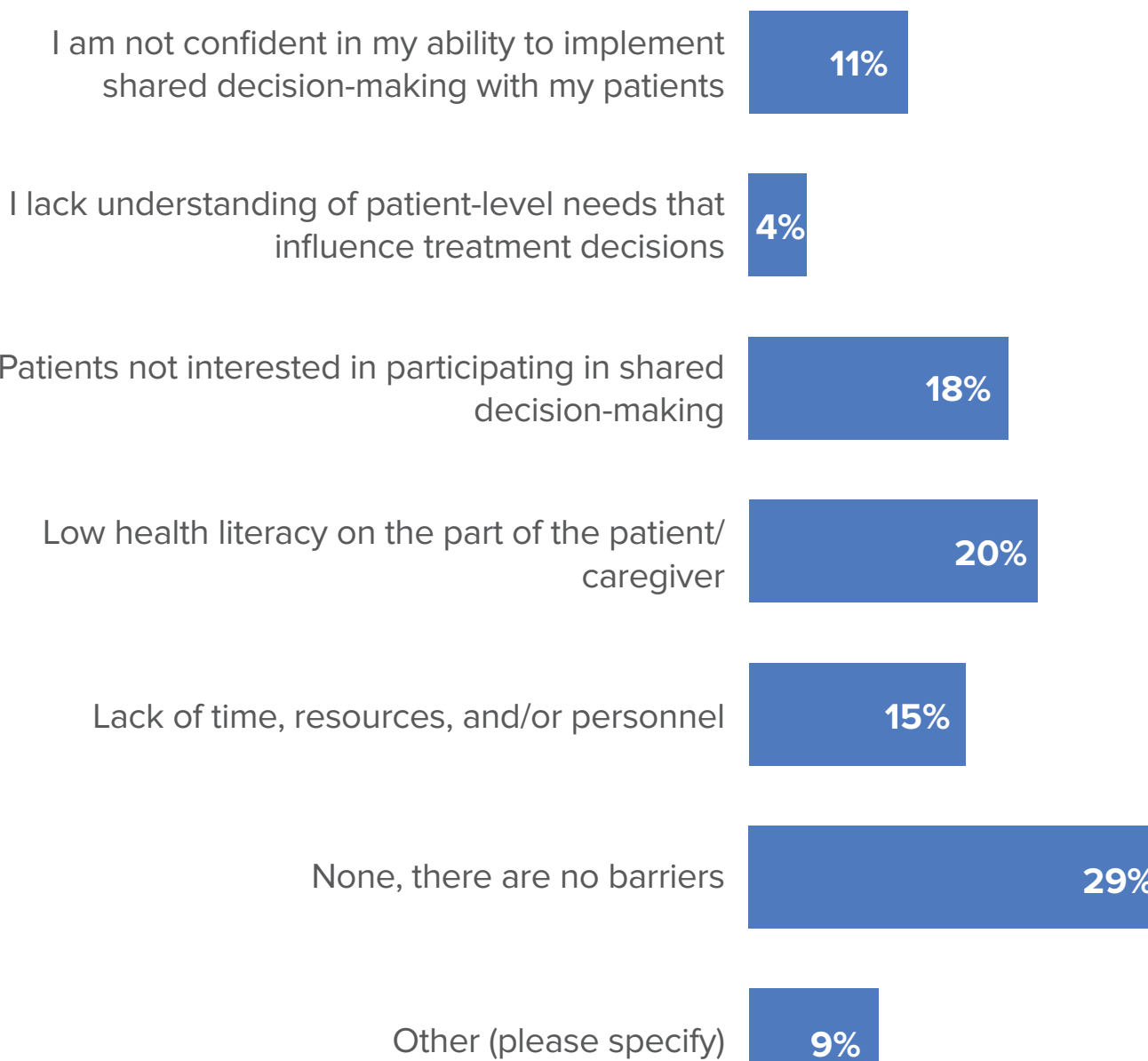
Which of the following are barriers to **identifying patients who should undergo screening for AF** that you experience at least some of the time?



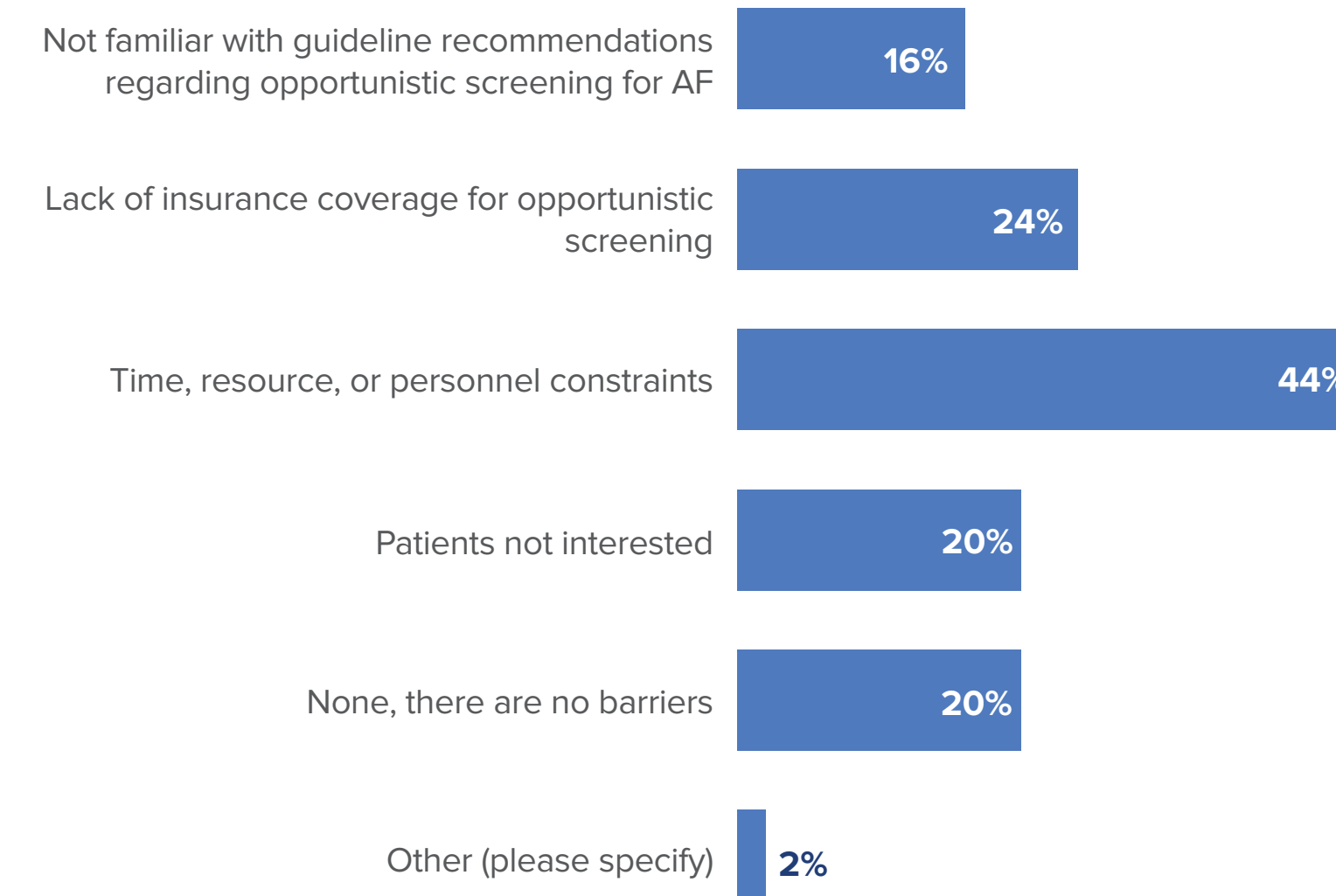
Which of the following are barriers to **using guideline-recommended screening systems** that you experience at least some of the time?



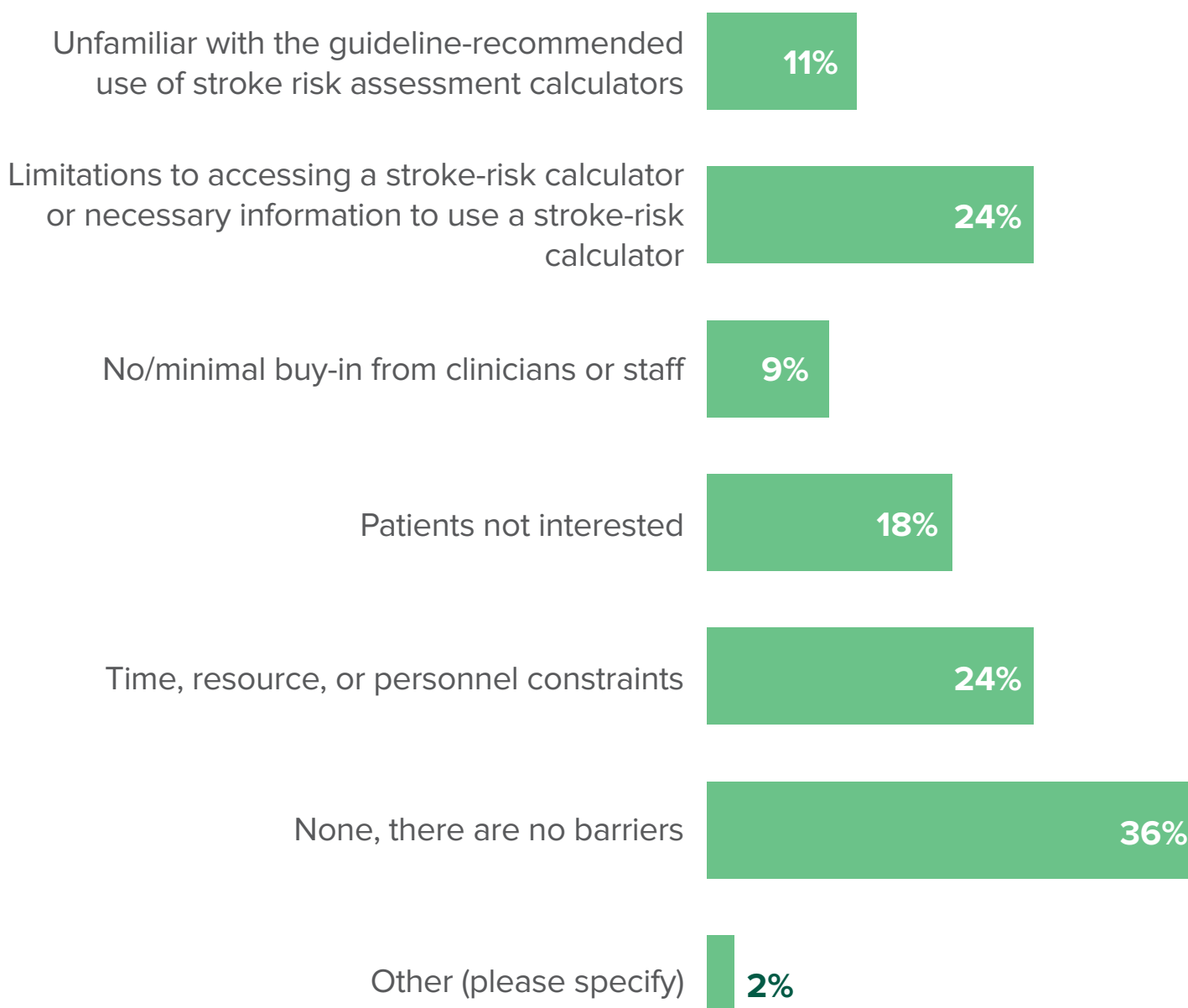
Which of the following are barriers to **implementing shared decision-making with patients with AF to individualize stroke prevention treatment** that you experience at least some of the time?



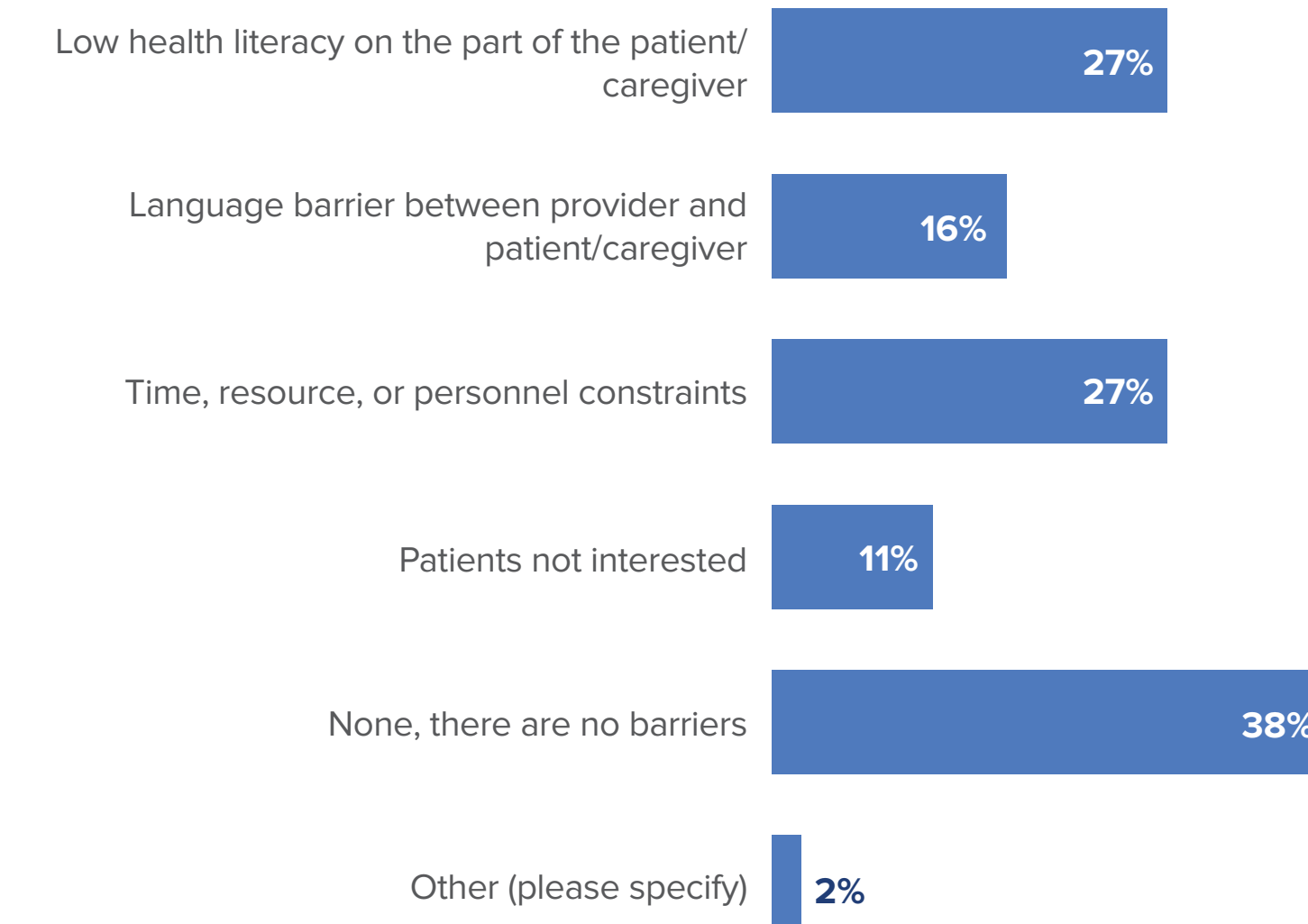
Which of the following are barriers to **using guideline-recommended opportunistic screening** that you experience at least some of the time?



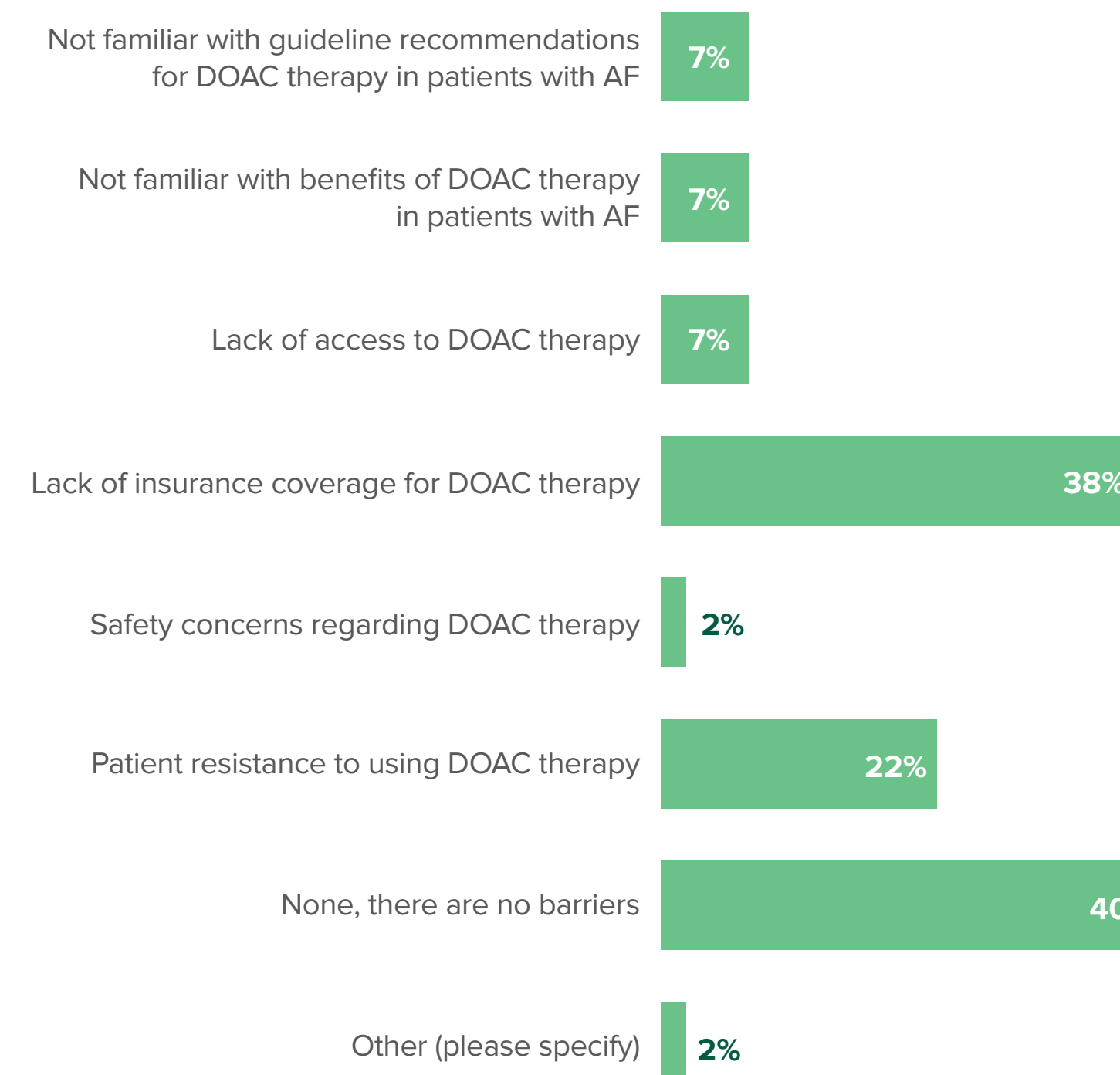
Which of the following are barriers to **using risk calculators to assess stroke risk for treatment considerations in patients with AF** that you experience at least some of the time?



Which of the following are barriers to **discussing stroke risk with patients with AF** that you experience at least some of the time?

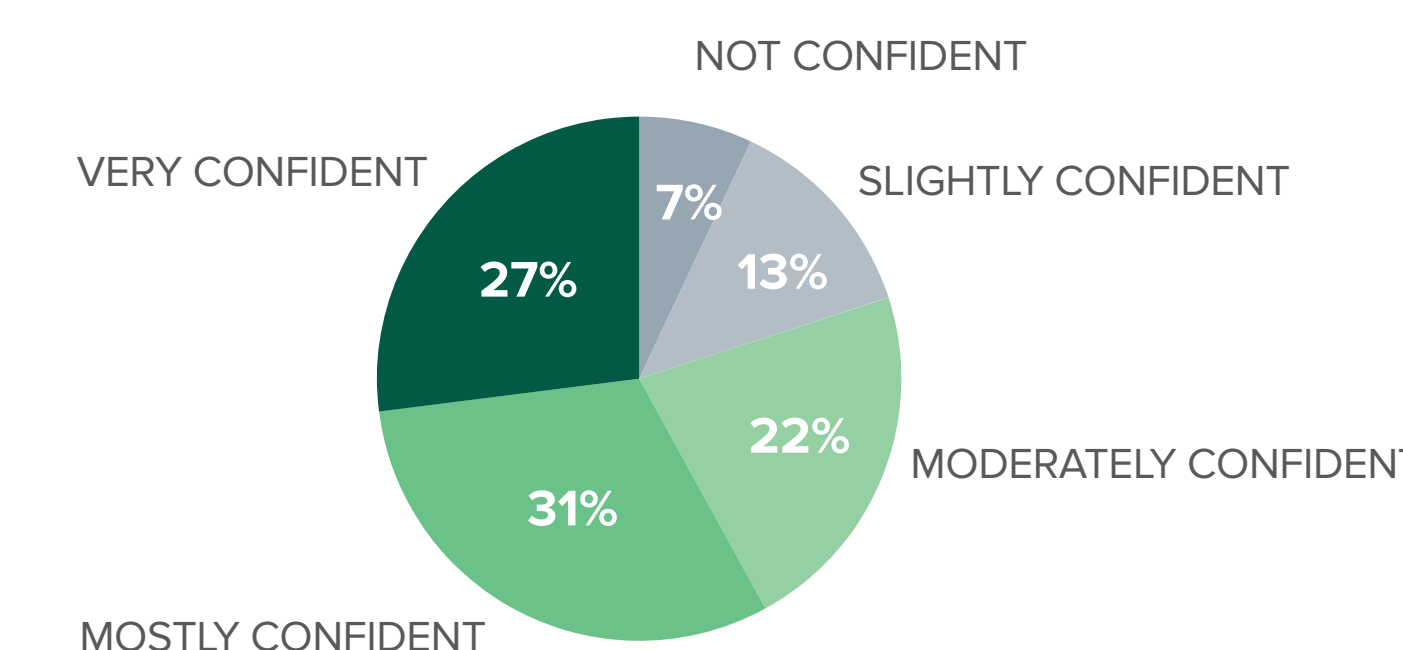


Which of the following are barriers to **selecting DOAC therapy in appropriate patients with AF per guideline recommendations** that you experience at least some of the time?



CONFIDENCE IN STROKE PROPHYLAXIS PRACTICES POST-EDUCATION

80% of learners are moderately to very confident in their ability to prescribe DOAC therapy for stroke prevention in patients with AF



CONCLUSIONS

The clinical practice changes identified in this assessment provide compelling evidence that participation in online CME/CE prompts adoption of changes in practice related to detection and stroke prevention in patients with AF. Future education is needed to address the barriers identified in this assessment.

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