

Assessing the Overall Effect of CME Activities on Physician Management of Patients with nOH

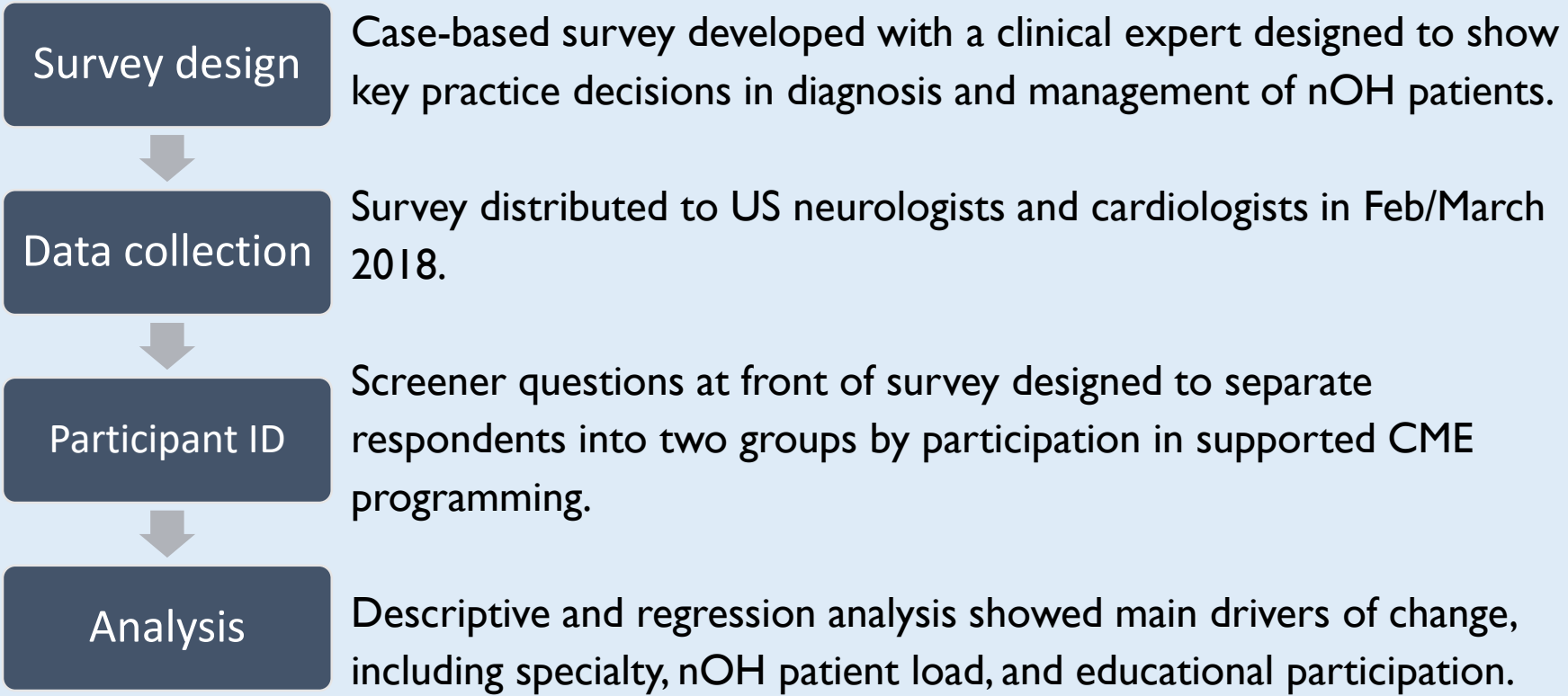
Study conducted by CE Outcomes, LLC and supported by Lundbeck

PROBLEM AND GOAL

A challenge of any supporter of independent medical education is to understand the overall impact of their support across many different educational providers and activities. Different providers use multiple methods of tracking and reporting outcomes for their programs, making meta-analyses difficult and reporting to internal stakeholders regarding the value of CME nearly impossible.

Here, we present an analysis of educational performance-level impact based on 13 CME activities supported by Lundbeck in the area of neurogenic orthostatic hypotension (nOH).

METHODS



DEMOGRAPHICS

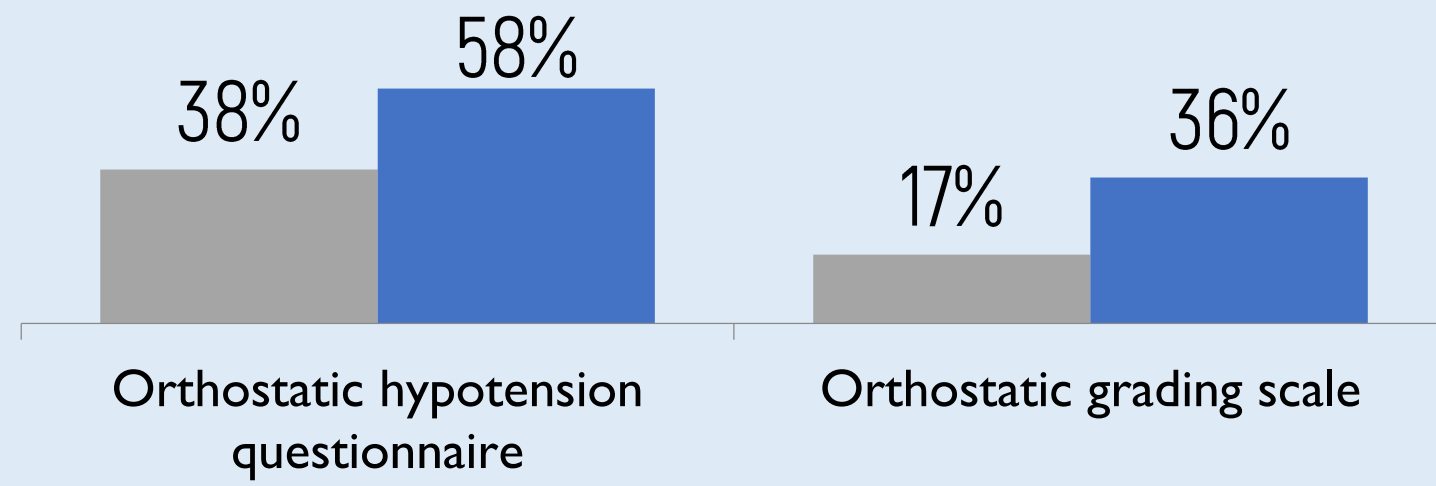
	Non-participant (n = 186)	Participant (n = 107)
Specialty:		
Neurologist	44%	64%
Cardiologist	56%	36%
Patients with nOH or syncope managed per month (mean)	25 patients	15 patients
% of physicians in academic setting (mean)	43%	45%
Years in practice (mean)	24 years	27 years

KEY OUTCOMES: IMPACT OF EXPOSURE TO LUNDBECK-SUPPORTED INDEPENDENT CME ON PHYSICIAN PRACTICE AND ATTITUDES

The survey data were analyzed by regression to determine the key drivers for changes in practice. The following results highlight change driven by participation, and not solely by specialty, nOH patient load, and other demographics. All comparisons below between participants (n = 107) and nonparticipants (n = 186) are statistically significant ($P < .05$).

Participants are more likely to use standardized tools to monitor patients with nOH and be influenced by results than non-participants

Q. How would you monitor this patient's response to management?



Participants are more likely to use standardized tools to monitor patients with nOH and be influenced by results than non-participants

Q. How influential are results of standardized OHQ in managing patients with nOH?

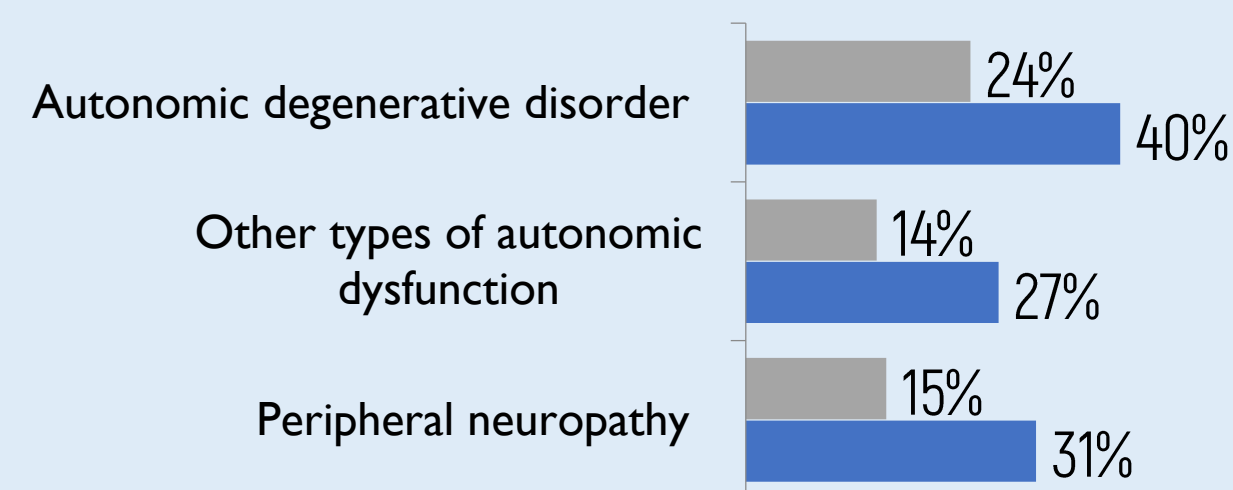


Q. How influential are results of standardized QoL questionnaires in managing patients with nOH?

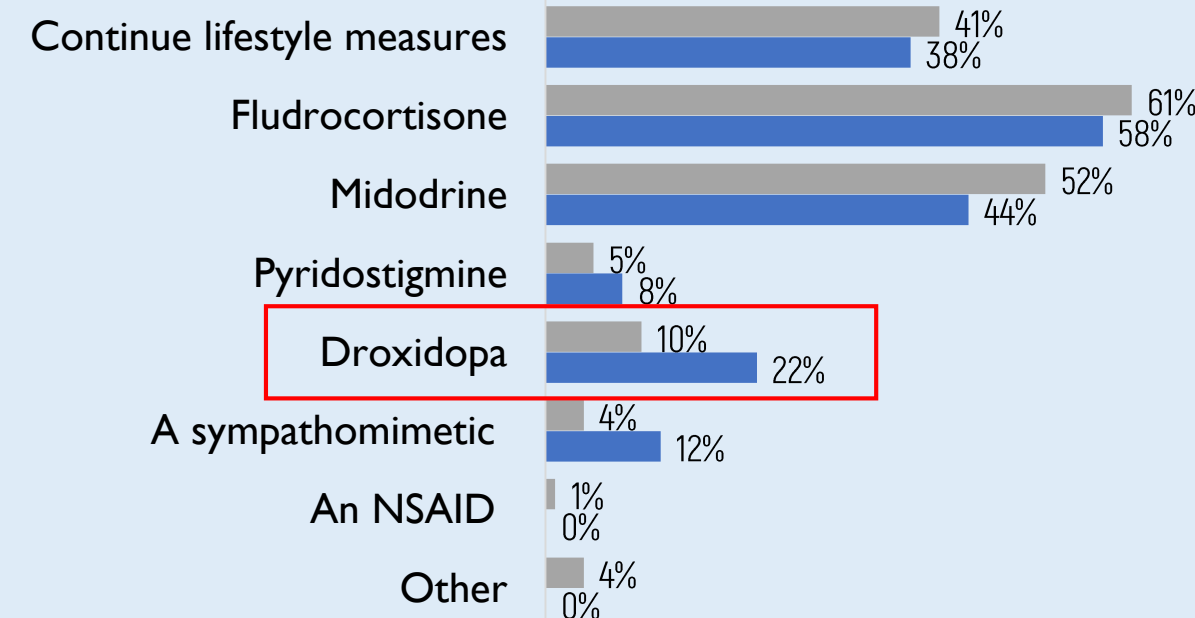


Participants are more likely than non-participants to routinely screen certain patient populations for nOH

Q. Please indicate how you evaluate patients with the following risk factors for nOH. [% indicate those who would screen routinely for nOH]



Participants are more likely than non-participants to opt for droxidopa to manage nOH symptoms after lifestyle measures fail



Participants are significantly more confident than non-participants in diagnosing nOH and controlling nOH symptoms

Q. How confident are you in diagnosing nOH?



Q. How confident are you in optimally controlling nOH symptoms?



Participants are significantly more likely than non-participants to participate in CME on the topic of nOH in the coming year

Q. How likely are you to participate in CME on the topic of nOH in the upcoming year?



EDUCATIONAL IMPACT OF LUNDBECK SUPPORT ACROSS INDEPENDENT nOH CME

Based on calculation of evidence-based responses, the effect size of Lundbeck-supported education across all participants, compared to a nonparticipant control, is 0.67. This calculation also shows a non-overlap of 41%; simply, this means that there is a 78% chance that a person picked at random from the participant group will use evidence-based diagnosis and treatment more than a person randomly picked from the control group. Further, it implies that for every 100 physicians that are exposed to Lundbeck-supported CME, 41 will perform better than if they were not exposed.

