

The Influence of Online Continuing Medical Education on Disparities in Diagnosis and Treatment of Heart Failure in Women



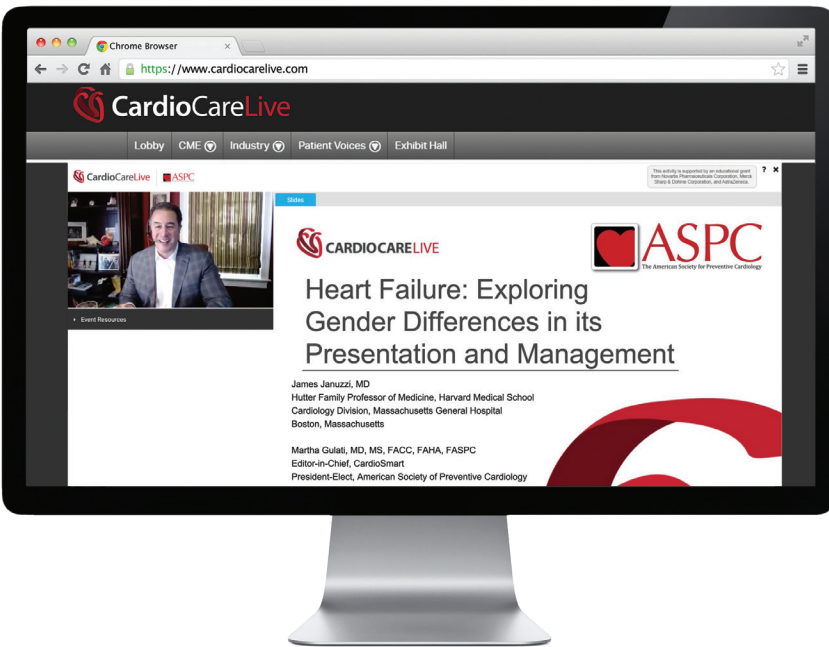
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INTRODUCTION

Despite advances in heart failure (HF) treatment within the last decade, the disease remains associated with high rates of morbidity, hospitalizations, and mortality, particularly in women. Although women with HF live longer than men, they experience worse symptom burden, are more frequently misdiagnosed, and are also underrepresented in clinical trials for HF treatments. Women with HF also receive suboptimal treatment compared with men, illustrating a remediable disparity in care. We sought to assess the influence of online continuing medical education (CME) on knowledge and competency gaps in the recognition and assessment of HF in women, ability to use newer agents for HF and understanding of recent clinical trial efficacy data.

Educational Program Details



Titles

Initiative Title: Reducing Mortality and Hospitalization in Heart Failure: Improving Diagnosis in Women and New Horizons for HFpEF and HFrEF Management

Session 1: Heart Failure: Exploring Gender Differences in its Presentation and Management

Session 2: Reducing Mortality and Hospitalization in Heart Failure: Research Updates and Novel Treatments for HFpEF and HFrEF

Format

- 2-hour video CME activity was produced and broadcast live-online on www.CardioCareLive.com, and made available on-demand for 12 months following the live session
- The activities featured downloadable educational slides, panel discussions, live polling, and live Q&A
- Learners encouraged to submit questions before and during the live program

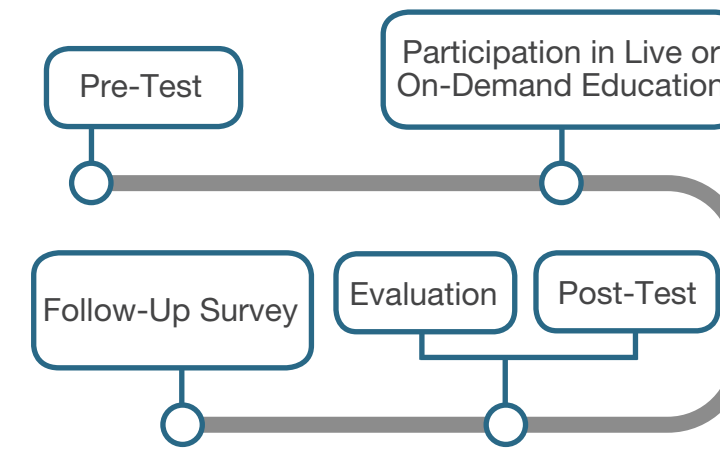
Faculty

- James L. Januzzi, MD, FACC, FESC, Harvard Medical School
- Martha Gulati, MD, MS, FACC, FAHA, FASPC, University of Arizona-Phoenix
- Alison L. Bailey, MD, FACC, FAACVPR, Centennial Heart at Parkridge HCA Healthcare

METHODS

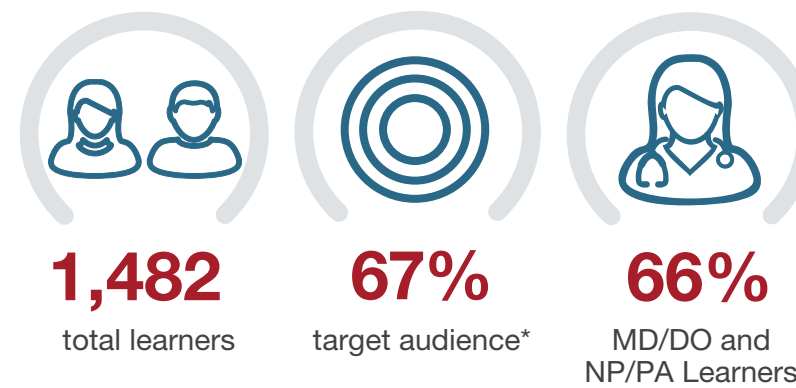
Educational Design & Measures

A 2hr CME activity launched live-online in October 2020, to remain on demand through October 2021 in partnership with the American Society for Preventative Cardiology. CME questions were administered at 3 points in time prior to and following the education (figure 1). Responses from CME, live polling, and pre/post testing were analyzed to determine engagement, lessons learned, and continuing gaps. McNemar testing compared matched pair responses (pre/post & pre/2 mos.) with Cohen's d for effect size.



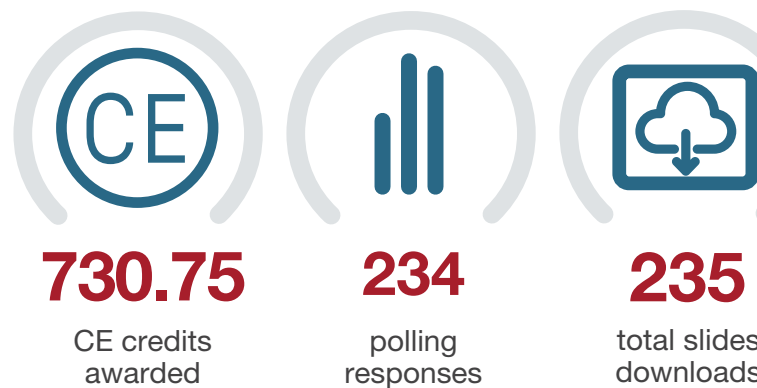
INTERIM RESULTS (7/28/2021)

Learner Demographics

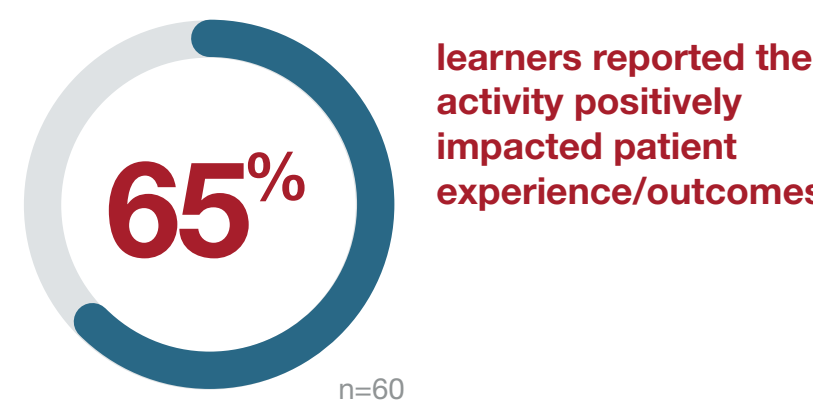


*Target Audience: Cardiology, Nephrology, Primary Care, Internal Medicine

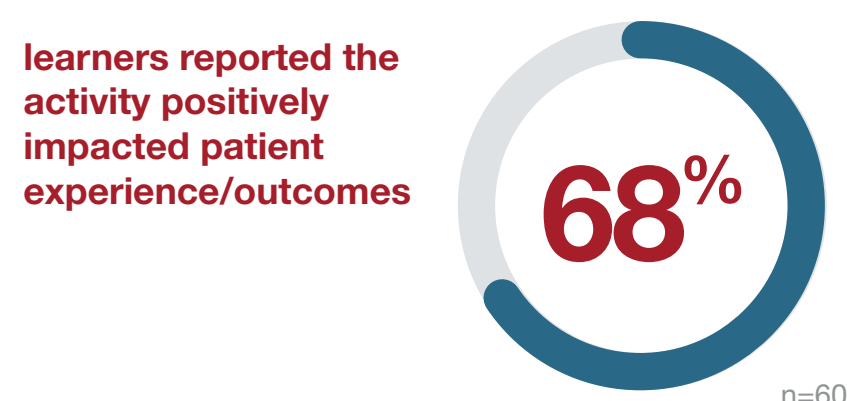
Learner Engagement



Positive Impact on Patient Outcomes and Clinical Practice



Patients had significant symptomatic improvement with a reduction in their functional class.



More aware of gender differences of heart failure in performing procedures and taking precautions with patients.



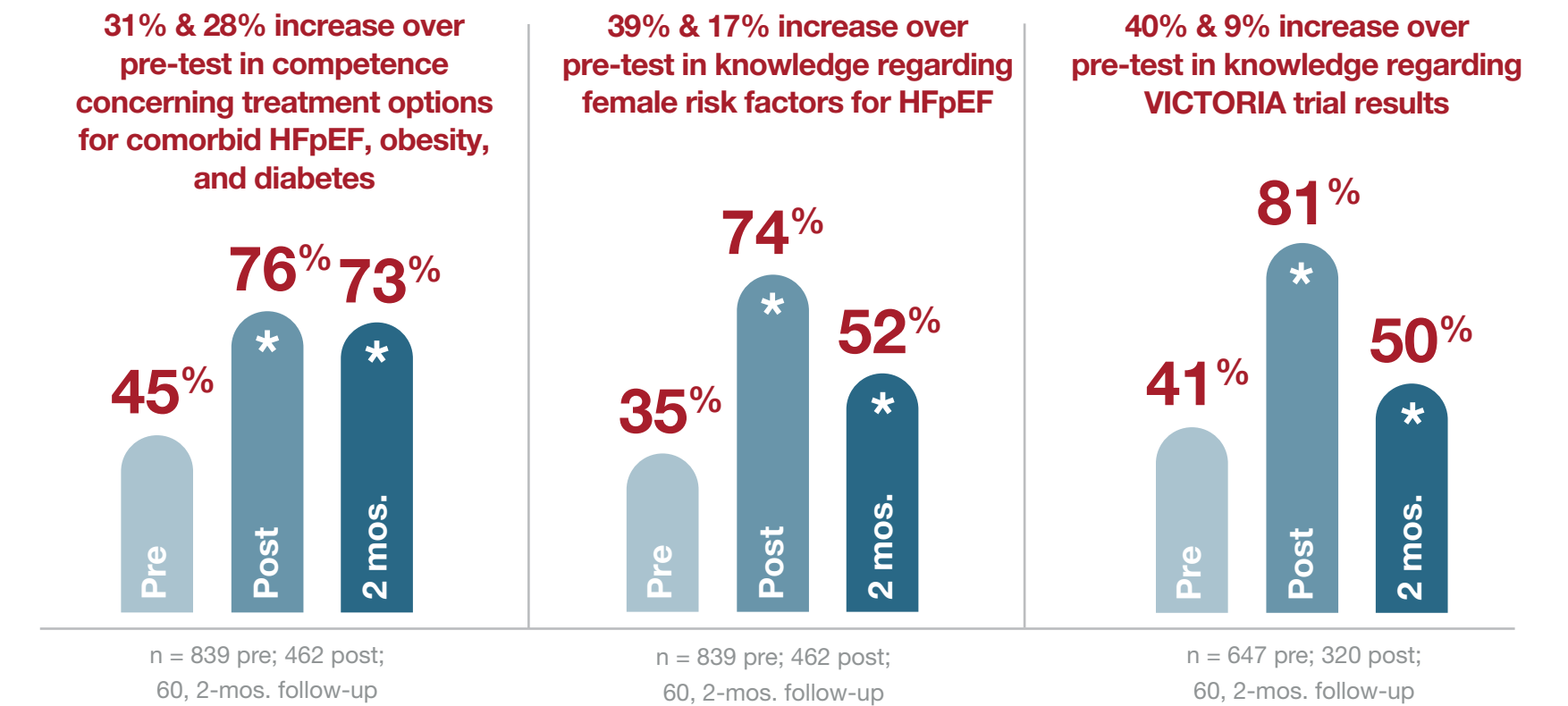
I will start screening woman based on the risks learned from this educational model.

My HF patients have a much better tolerance for physical exercise!

INTERIM RESULTS (CONT.)

Changes in Knowledge/Competence

2 case-based competence questions and 5 knowledge questions were posed pre and post education.



*Statistically significant improvements; p<.05, among matched learners, comparison of pre to post and pre to 2 mos follow up results. Please note all post-test data are reflective of 1st attempt responses.

CONCLUSIONS

Outcomes results and participant questions suggest the value of future education in the following areas:

Management of HF

- Therapies for HF - understanding mechanisms of action (MOAs) - ACE/ARB/ARNI
- Strategies to enhance management of comorbid HFpEF, obesity and diabetes
- Strategies to enhance treatment outcomes in HFpEF
- The role of SGLT2 inhibitors in HF - what does the data say?
- Outcome data associated with sacubitril/valsartan
- Differentiating ARNI vs ACE/ARB in HFpEF - which comes first?

HF - the disease

- Gender differences in kidney function in patients with HF
- Risk factors for HFpEF in women
- Keeping pace with emerging data from clinical trials (eg, VICTORIA; DAPA HF)
- Strategies to enhance patient adherence to the treatment plan
- Biomarkers - which to measure? effects of gender?
- Is HFpEF reversible?

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- Carole Drexel, PhD, has no relevant financial relationships with regard to this activity.
- Elizabeth del Nido, BA, has no relevant financial relationships with regard to this activity.
- James L. Januzzi Jr. MD, FACC, FESC, serves as consultant/independent contractor for Abbott Laboratories, Novartis, Janssen Pharmaceuticals, and Roche. He has received grant/research support from Novartis and Roche. He serves on endpoint committees for Abbott Laboratories, AbbVie Inc., Amgen Inc., Bayer, CVRx, and Takeda Pharmaceutical Company.