Addressing Gaps in Management of Homozygous Familial Hypercholesterolemia: Impacts of Continuing Medical Education that Includes Patients

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INTRODUCTION

Barriers to the diagnosis and management of homozygous familial hypercholesterolemia (HoFH) include clinician (HCP) difficulty identifying probable cases, a lack of knowledge of new treatment options, and a lack of confidence referring patients for infusion therapy. We studied the impact of online CME that incorporates the patient voice on HCPs' competence diagnosing and managing HoFH and on their readiness to adopt new treatments.

METHODOLOGY

Educational Program and Evaluation Details

Partners

Professional and advocacy groups
National Infusion Center Association
Mended Hearts
PlatformQ Health Education

Accreditation
Global Education Group

Interventions

- 60-minute CME activity launched live-online on Sept 1, 2022 and available on-demand for one year.
- Segments of interview of a patient with HoFH inserted into the CME content.
- Two 3-minute "micro-learning" segments (a clip from the patient interview and a clip from the CME activity), posted on social media (Facebook for patients and LinkedIn for HCPs).

Data Collected

Changes in knowledge, competence, and reported behavior; engagement with the education

Analysis

Chi-square compared responses (pre/post and pre/2 mos, $P<0.05$).

Activity Information

Session components included recorded patient vignettes, live polling, and real-time audience Q&A.

Learning Objectives

- Combine clinical history, exam findings, family history, and LDL-C levels to diagnose HoFH earlier
- Develop strategies to address patient barriers and attitudes related to the diagnosis and management of HoFH
- Identify the place of newer agents with novel mechanisms of action in the management of HoFH, while reducing the need for apheresis in adults and children
- Demonstrate an ability to educate patients on strategies to enhance access to infused therapies for HoFH, including referrals and locating an infusion center

Faculty

Jorge Plutzky, MD
Director, Preventive Cardiology
Brigham and Women's Hospital

Christie M. Ballantyne, MD, FACP, FACC
Chief, Section of Cardiology
Chief, Section of Cardiovascular Research
Professor of Medicine
Baylor College of Medicine

Patient Interview Speaker

Chelsea Reimer
Chelsea discussed the burden of the disease, how it impacts her daily life, and her treatment journey.

RESULTS

Learner Demographics

1,392
Participants*

63%
Micro-learning completions**

52%
of treaters see an average of 10 patients each year with very high lipid levels**
(>190 mg/dL for adults or >150mg/dL for children)

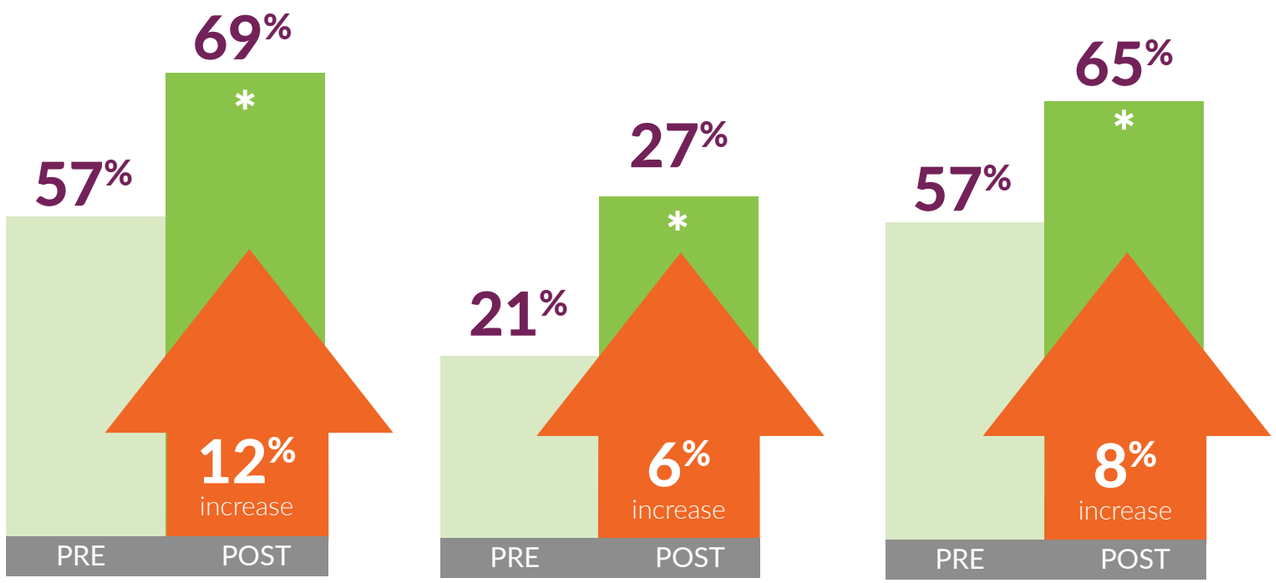
Social-media impact for patients: 235 viewers (watched at least 50% of video) and 55 completers

**Registered CME learners; **NPI-verified cardiologists*

Specialty Breakdown

- 56% Cardiology
- 22% Primary care
- 15% Other
- 3% Lipidology
- 2% Critical care/ Emergency medicine
- 2% Endocrinology

Positive Impacts on HCPs' Knowledge and Competence



n = 988 pretest, n = 607 posttest *$P<0.05$ (significant)

RESULTS

Positive Impacts on Clinical Practice and Patient Experiences/Outcomes

63%

estimate some of their patients could have undiagnosed HoFH

79

intended practice changes were reported, comprised of four categories:

62%

Diagnosis/treatment

16%

Interdisciplinary care

18%

Treatment decision-making

4%

Shared decision-making

I have learned a lot about the clinical picture and how to manage patients with HoFH

Lipid profile testing in children

More alert to new cases of HoFH

Screen patients and perform genetic testing on them. If positive the family needs to be treated

CONCLUSION

CME that included the voice of the patient successfully enhanced the ability of HCPs to adapt to the changing HoFH landscape. Additional education on this evolving landscape and guidelines on management of adults and children could further enhance the quality of care for HoFH patients.