



Can Continuing Education Prepare Health Care Professionals to Provide Equitable Asthma Care?

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INTRODUCTION

In the US, Black individuals are more likely to die from asthma than White individuals. We sought to identify health care professionals' (HCPs') perceived barriers to the use of biologics for non-White patients and to assess the impact of education in addressing these barriers.



METHODOLOGY

Educational Program and Evaluation Details



Partners

Advocacy groups: Asthma and Allergy Foundation of America (AAFA)

Education: PlatformQ Health and Postgraduate Institute for Medicine (PIM)



Measurements

Questions asked before, immediately post, and 2 months after the activity. Chi Square tests were used for statistical analysis.



Interventions

A 1-hour online CME activity broadcast live in May 2022 and available on-demand for a year. A representative from AAFA sat on the panel and video segments of a patient interview were included to represent the patient voice. Segments of the patient interview were also distributed on social media (Facebook).



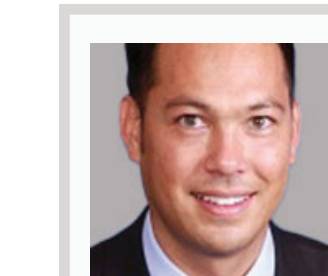
Data Collected

Engagement, changes in knowledge and competence, reported behaviors, and identification of continuing gaps.

Learning Objectives:

1. Define strategies to enhance access to individualized care among people of racial and ethnic minorities
2. Identify patients with moderate-to-severe asthma who may benefit from targeted biologic agents based on identification of comorbidities, endotypes, and phenotypes that are associated with underlying T2 pathophysiology
3. Identify the place of T2-targeted biologics in the management of people with moderate-to-severe asthma based on current evidence

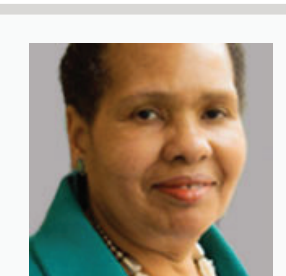
Faculty



Sydney Liebel, MD, MPH
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Kenneth Mendez
 President and CEO
 Asthma and Allergy
 Foundation of America



Janet A. Phoenix, MD, MPH, MS
 Assistant Research Professor
 George Washington University
 Founder/Manager
 Asthma Home Visiting Program

RESULTS

Engagement:



2,064
participants



1,547
unique
learners

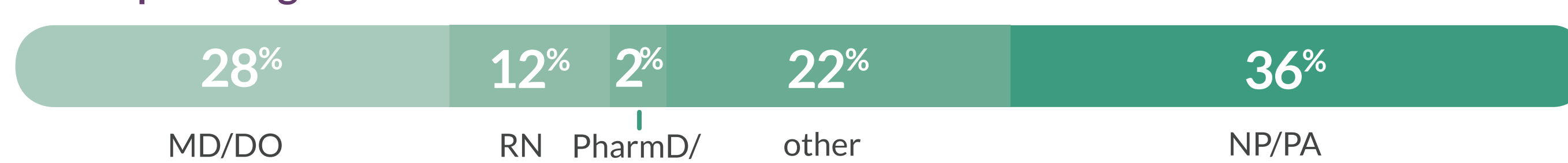


734
CME certificate
requests

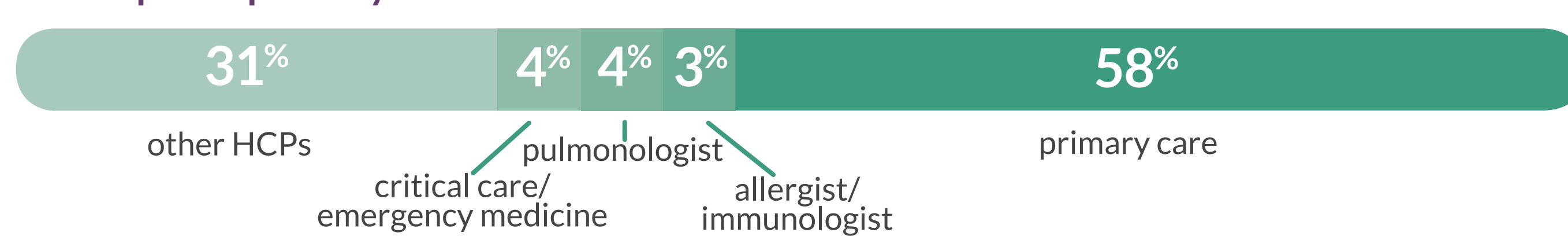


31,927
social media
(patient interviews)

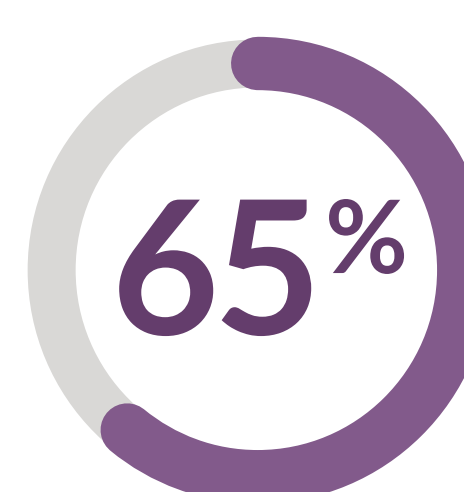
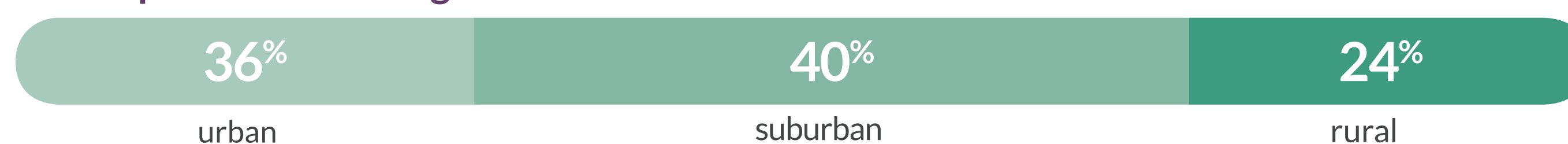
Participant Degree



Participant Specialty

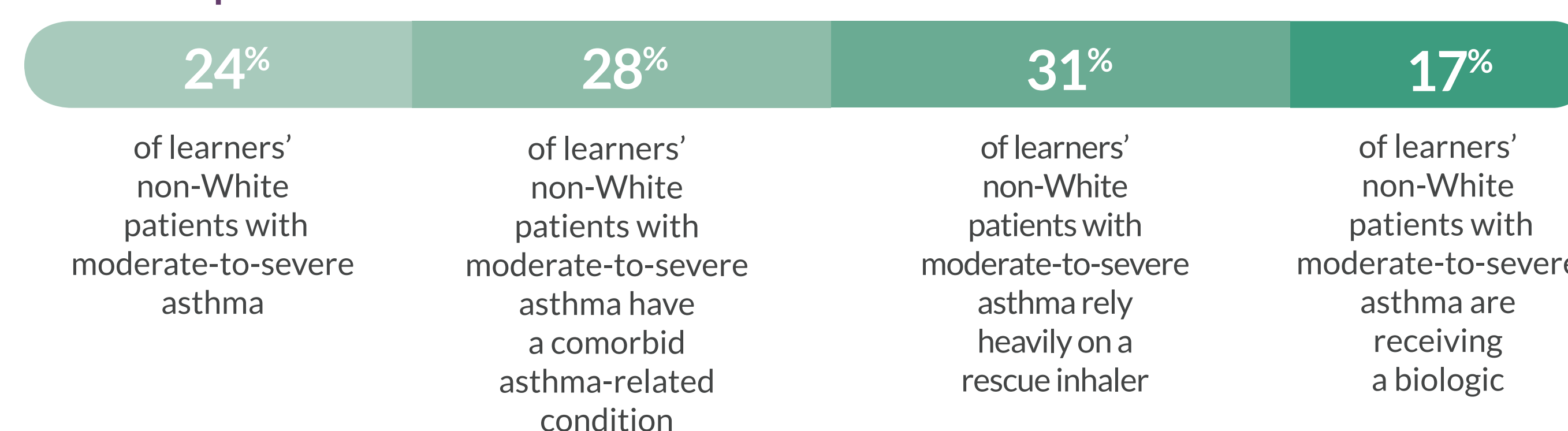


Participant Practice Region



65% of CME learners identified as treaters seeing an average of 9 non-White asthma patients per week

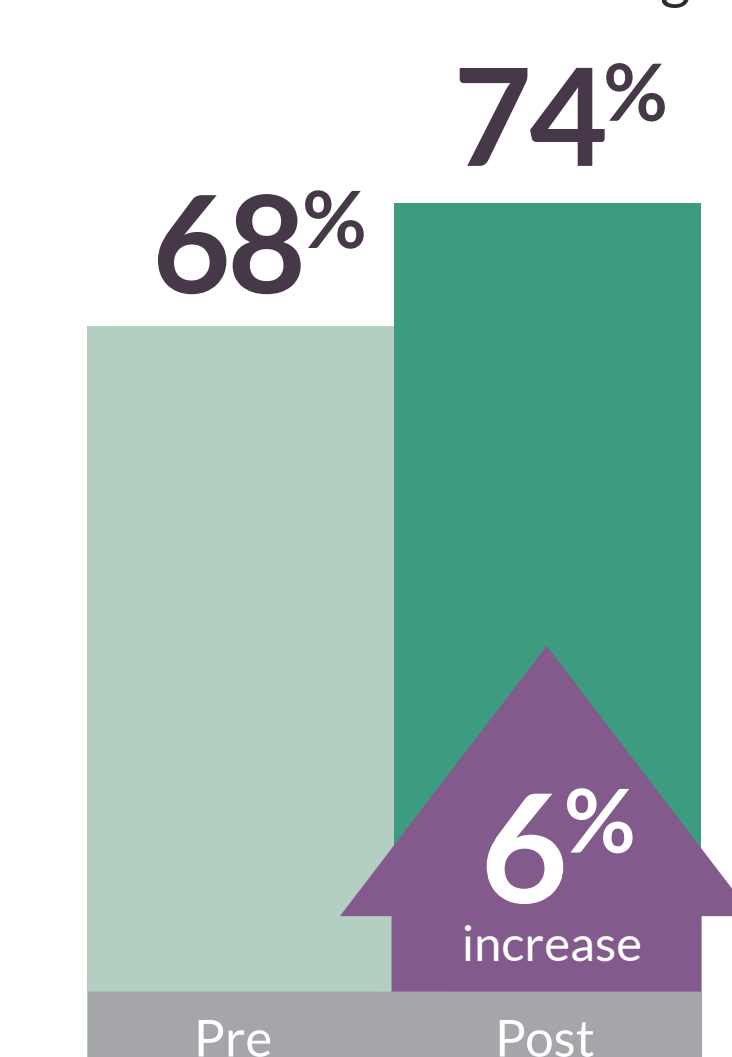
Patient Population Seen



Changes in Knowledge/Competence

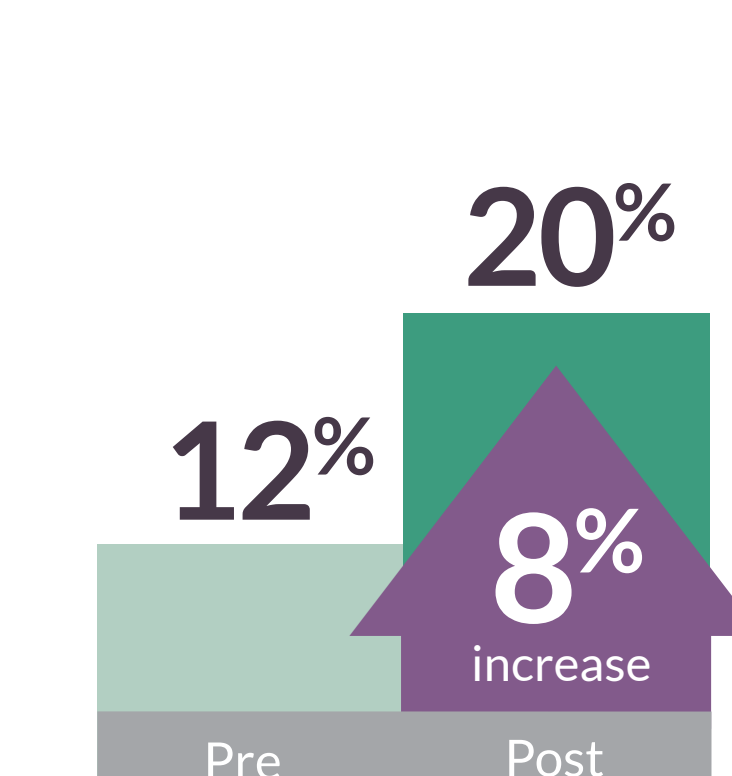
(Pre-test n = 1,547; Post-test n = 883)

Question 1 topic:
 Components consistent with shared decision-making.



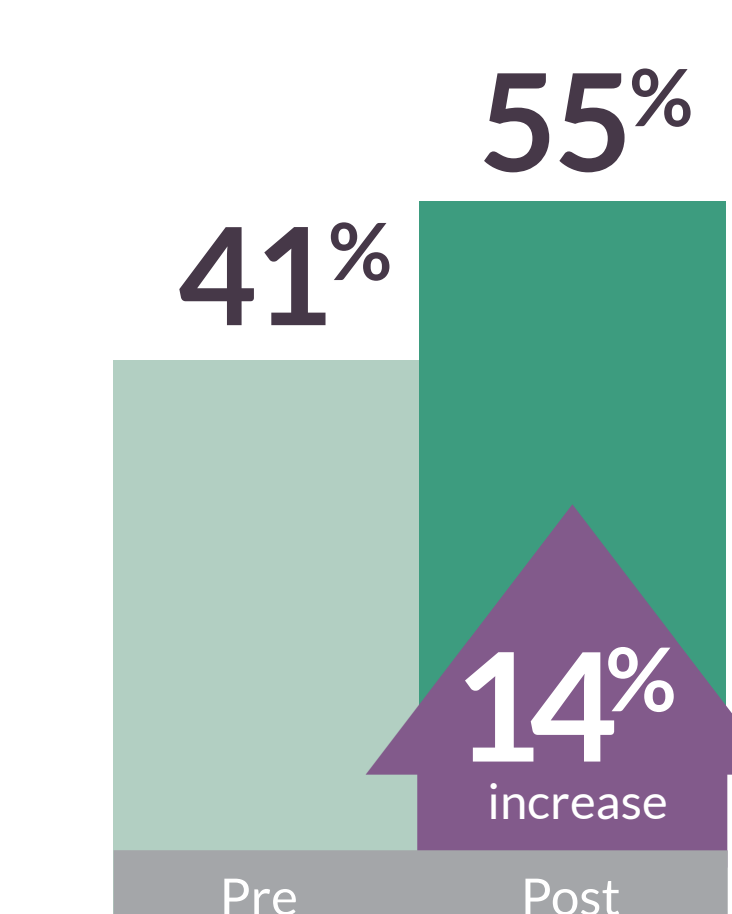
Correct answer: Actively listening to the patient/caregiver and, with them, thinking carefully about options (P<0.05).

Question 2 topic:
 Intervention that led to lower rates of severe asthma exacerbations among Black and Latinx individuals in the PREPARE Trial.



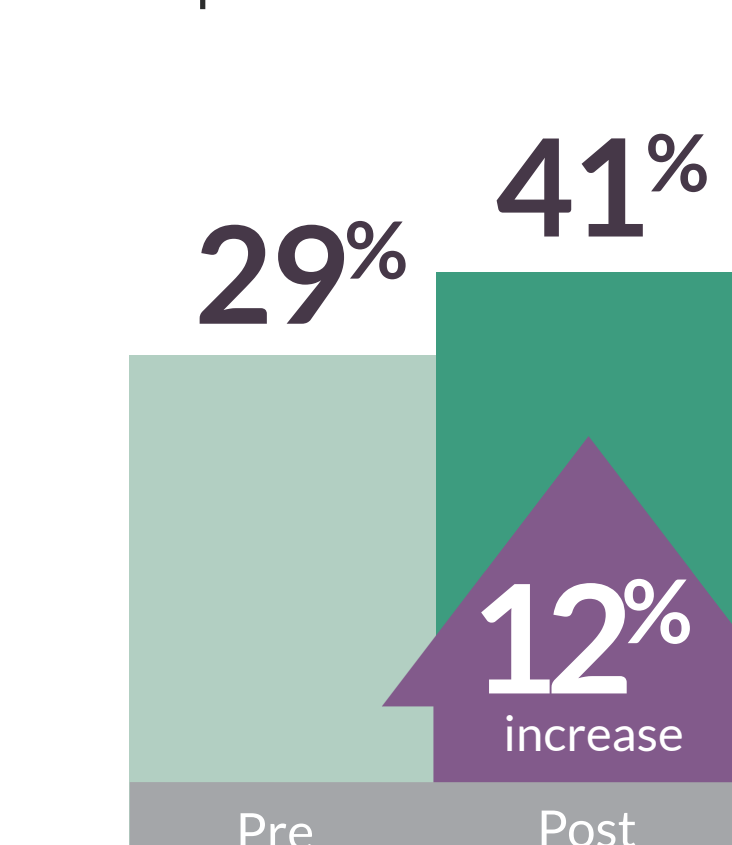
Correct answer: Inhaled glucocorticoid and one-time instruction on its use added to usual care (P<0.05).

Question 3 topic:
 Intentional factors contributing to suboptimal adherence to asthma treatment.



Correct answer: Overestimating one's control of asthma (P<0.05).

Question 4 topic:
 Evidence-based treatment approach for a 9-year-old with asthma and comorbid atopic dermatitis.



Correct answer: Dupilumab (P<0.05).

Intended Changes (143 collected)

Allergists, immunologists, and pulmonologists

- Be more cognizant of subconscious bias
- More inclined to initiate biologic therapy earlier in treatment
- Take into account the potential barriers asthmatic non-White patients may endure



PCPs and pediatricians

- More readily refer moderate-to-severe patients to specialist for biologics
- More education to patients on asthma triggers and correct usage of inhalers
- Know when to use biologics and spot racial disparities in my practice

CONCLUSION

Outcomes data provided proof of concept for the positive impact of education on social determinants of health to sensitize HCPs to barriers preventing equitable asthma care. Education also helped HCPs devise strategies to address these care gaps.