

23rd Annual  
**REGIONAL ALLIED HEALTH CONFERENCE**  
Friday, September 14, 2018



Current Perspectives in  
**Asthma, Allergy &  
Pulmonary Practice**

## Final Outcomes Report

*This activity is supported by independent educational grants from Amgen Inc., AstraZeneca Pharmaceuticals LP, Pfizer, Vertex Pharmaceuticals Inc.*



**National Jewish  
Health®**

**Breathing Science is Life.®**



## Current Perspectives in **Asthma, Allergy & Pulmonary Practice**

### **Executive Summary**

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The Office of Professional Education at National Jewish Health (NJH), the leading respiratory hospital in the nation, produced an educational program targeted to healthcare professionals who work with patients who have chronic diseases and conditions, specifically related to pulmonary and allergic diseases. The **23<sup>rd</sup> Annual Regional Allied Health Conference** consisted of a full-day symposium held at NJH's Molly Blank Conference Center in Denver, CO on Friday, September 14, 2018.

The goal of this program was to improve the knowledge and competence of nurse practitioners, physician assistants, nurses, respiratory therapists and other allied health professionals working with patients who have pulmonary and allergic diseases.

#### **Features include**

- ✓ Hands-on workshops
- ✓ Interactive didactic presentations
- ✓ Case-based learning
- ✓ Automated Response System (ARS)



## Current Perspectives in **Asthma, Allergy & Pulmonary Practice**

### **Accreditation, Audience, and Outcomes Strategies**

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**Accreditation Details:** The live symposium was accredited by the following accreditation bodies:

- California Board of Registered Nursing (CBRN): 7 contact hours
- American Association for Respiratory Care (AARC): 5.81 contact hours
- American Academy of Physician Assistants (AAPA): 5.75 contact hours
- American Academy of Nurse Practitioners (AANP): 5.81 contact hours

**Target Audience:** The target audience for this educational initiative is Nurse Practitioners, Physician Assistants, Nurses, Respiratory Therapists, and other Allied Health Professionals working with people who have chronic diseases and conditions such as pulmonary and allergic diseases throughout the Rocky Mountain Region.

**Outcomes Strategy:** Outcomes were measured via participation totals, specialty, designation, pre-test, post-test, interactive ARS polling questions, and evaluations. The metrics demonstrate participation, satisfaction, learning, engagement and change in knowledge and competency to achieve Moore's Level 4 outcomes. Outcomes will be disseminated at [njhealth.org/CME](http://njhealth.org/CME).



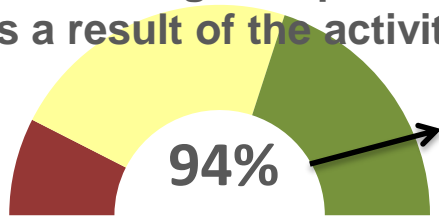


# Current Perspectives in Asthma, Allergy & Pulmonary Practice

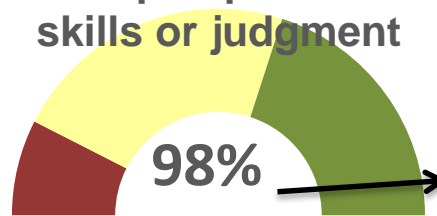
## Educational Impact Dashboard

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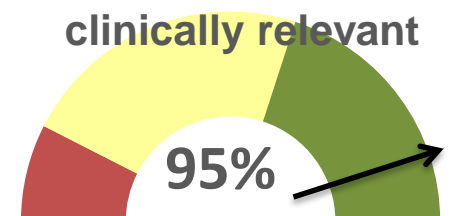
Respondents intend to  
make changes in practice  
as a result of the activity



Learners report the activity  
will help improve their  
skills or judgment



Learners report the activity  
was evidence based and  
clinically relevant



Overall relative  
knowledge gain from  
pre-to post-  
test for all activities

**27%**

**2,386**



Potential patients  
impacted per  
month

Total Learners: 82

21% of Learners are  
Prescribers  
49%  
Nursing



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## Program Evaluation

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### Key Lessons Learned

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- Reinforcement of asthma and COPD
- Proper inhaler technique
- Better understanding of lung disease
- Updated strategies for addressing eczema
- MAb indications now and in the future



### Needs for Further Education

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- Allergies
- Eosinophilic Esophagitis
- Gastroenterology Disorders
- Pediatric Asthma
- Cardiac Disorders
- Food Allergies

### What Attendees are Saying

“Very valuable.”

“Love the diversity of  
topics.”

“Great program and topics.”



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## **Learning Objectives: Asthma**

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1. Describe updates in the management of asthma.
2. Describe the management of other morbidities associated with asthma.
3. Review the use of biologics as an emerging therapy.
4. Discuss clinical presentation, diagnostic evaluation, and differential diagnoses of asthma.
5. Review therapeutic strategies and treatment guidelines for asthma.
6. Describe general epidemiology of asthma.



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## **Learning Objectives: COPD**

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1. Discuss key strategies to improve smoking cessation in COPD patients.
2. Discuss management strategies for COPD.
3. Describe strategies to prevent exacerbations in COPD patients.
4. Discuss quality of life and COPD.



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## **Learning Objectives: IPF**

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1. Describe the clinical presentation and diagnostic evaluation of idiopathic pulmonary fibrosis (IPF).
2. Discuss treatment strategies based on the stage of IPF and oxygen use.
3. Discuss quality of life in the IPF patient.





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## **Learning Objectives: Atopic Dermatitis**

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1. Describe general epidemiology of atopic dermatitis, food allergies, and asthma.
2. Discuss clinical presentation, diagnostic evaluation, and differential diagnoses of atopic dermatitis, food allergies and asthma.
3. Review therapeutic strategies and treatment guidelines for atopic dermatitis, food allergies, and asthma.



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## **Learning Objectives: Diabetes**

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1. Review current and emerging therapeutic options for management of Type 2 diabetes.
2. Describe lifestyle management of Type 2 diabetes.



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## **Learning Objectives: Rheumatoid Arthritis**

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1. Discuss the clinical presentation of Rheumatoid Arthritis
2. Describe therapeutic updates in the management of Rheumatoid Arthritis



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## **Learning Objectives: Cystic Fibrosis**

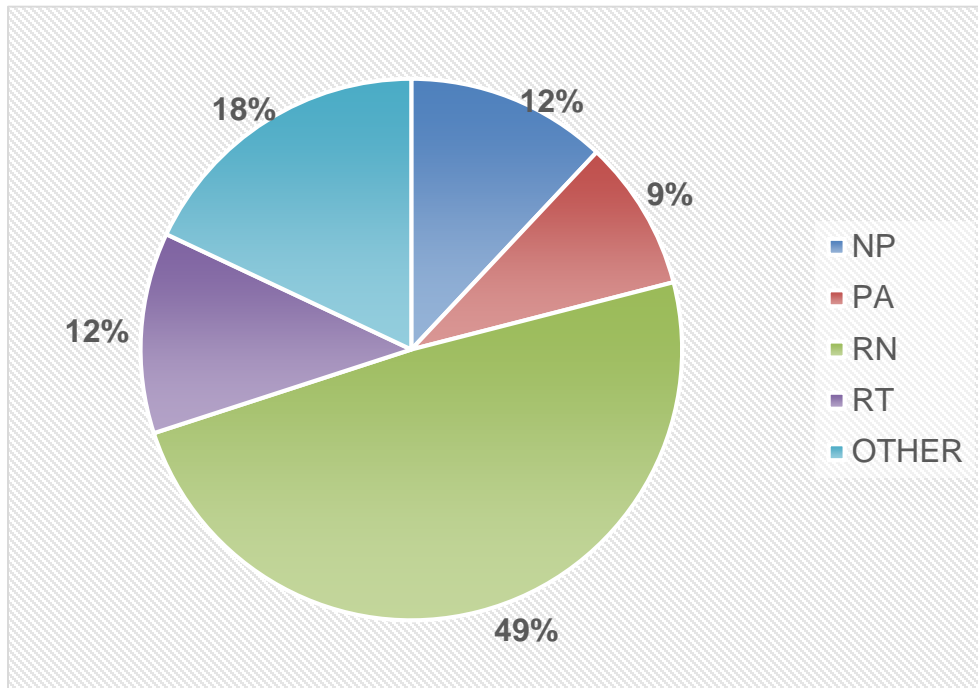
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1. Review updates in the care of CF.
2. Discuss issues related to transitioning the CF patient from pediatric to adult care.

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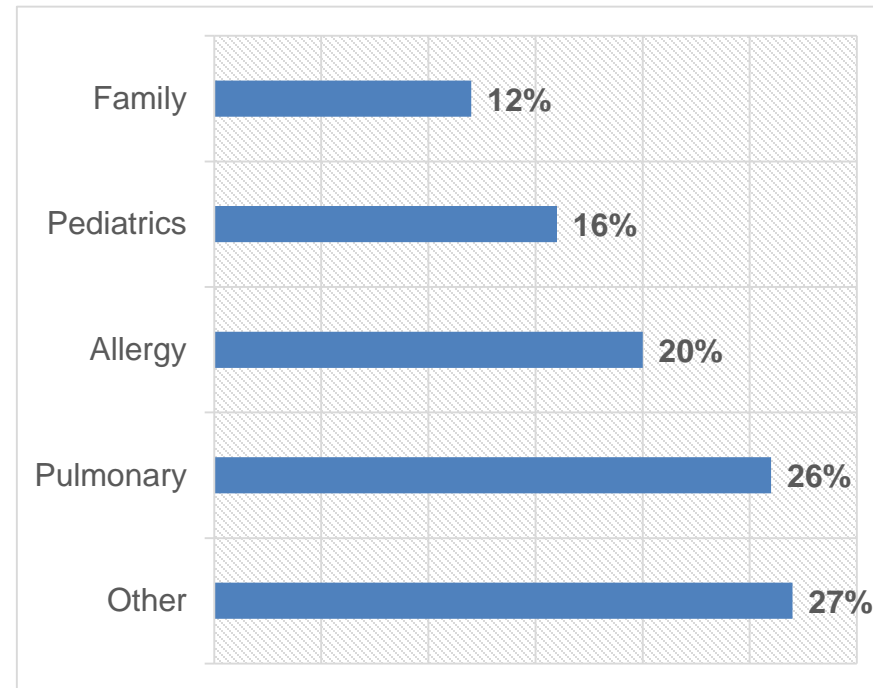
## Level 1 Outcomes: Participation

### ATTENDEE DESIGNATION



\*Other: BA, CA, CCRC, PharmD

### ATTENDEE SPECIALTY



\*Other: Sleep, Home Care, Cardiac, Emergency, Research

N=82



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## **Level 2 Outcomes: Satisfaction and Learning**

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**93%** reported that the activity met the learning objectives

**98%** reported that the information learned during this activity will help improve their skills or judgment

**100%** reported that the material was presented in an objective manner and free of commercial bias

**95%** reported the content presented was evidence-based and clinically relevant

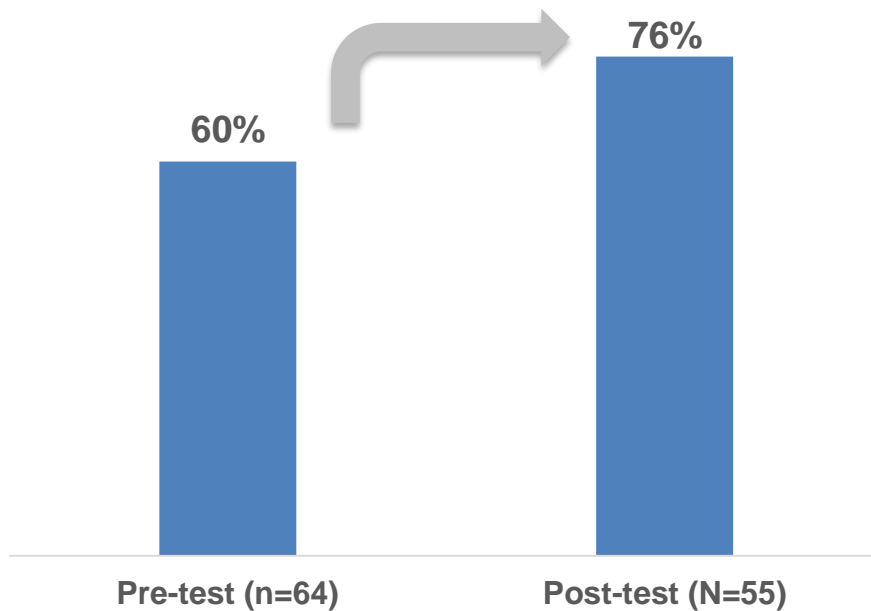
N=55



## Current Perspectives in Asthma, Allergy & Pulmonary Practice

### Level 3 & 4 Outcomes: Learning (Knowledge/Competence)

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Overall relative  
increase from pre- to  
post-activity



**27%**

Level 3 and 4 outcomes were measured by comparing participants' pre- and post-test answers. The attendees' responses to these questions demonstrated that participants gained knowledge as a result of the activity.

# Current Perspectives in Asthma, Allergy & Pulmonary Practice

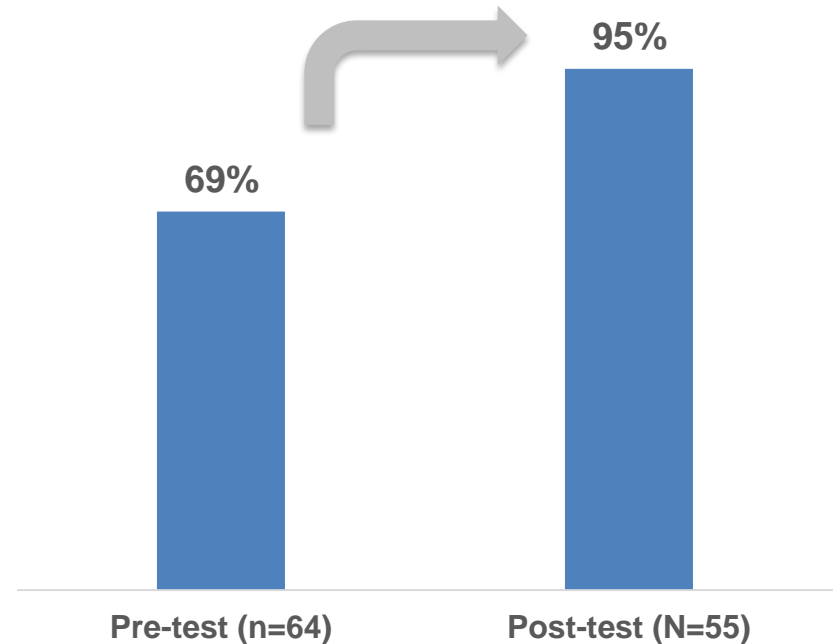
## Level 3 & 4 Outcomes: Learning (Knowledge/Competence)

If a patient has been using a MDI successfully for asthma medication for a few months, which of the following techniques should you routinely review/assess?

- A. Whether or not a spacer would be helpful
- B. Peak flow technique
- C. Inhalation technique**
- D. None of the above as long as asthma is under control

Overall relative  
increase from pre- to  
post-activity

**38%**







## Current Perspectives in Asthma, Allergy & Pulmonary Practice

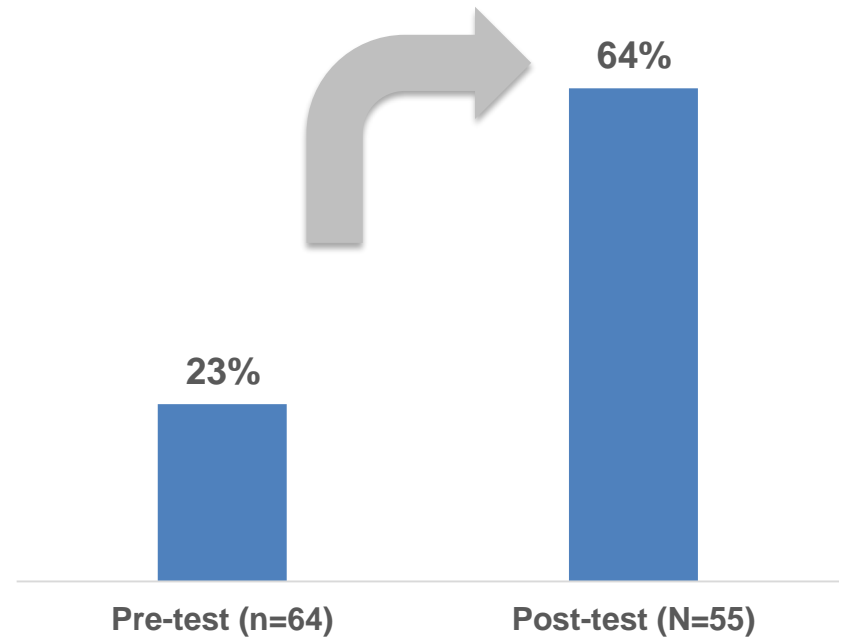
### Level 3 & 4 Outcomes: Learning (Knowledge/Competence)

How many classes of medications are there to treat diabetes?

- A. 4
- B. 7
- C. 8**
- D. 10

Overall relative  
increase from pre- to  
post-activity

**178%**



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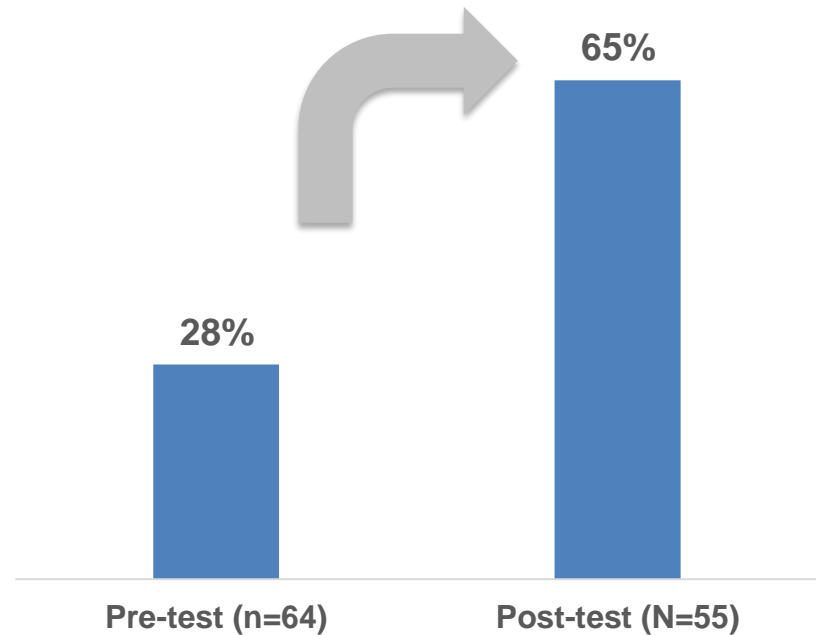
## Level 3 & 4 Outcomes: Learning (Knowledge/Competence)

Triple therapy in the treatment in RA does not include:

- A. Hydroxychloroquine
- B. Prednisone**
- C. Methotrexate
- D. Sulfasalazine

Overall relative  
increase from pre- to  
post-activity

**132%**



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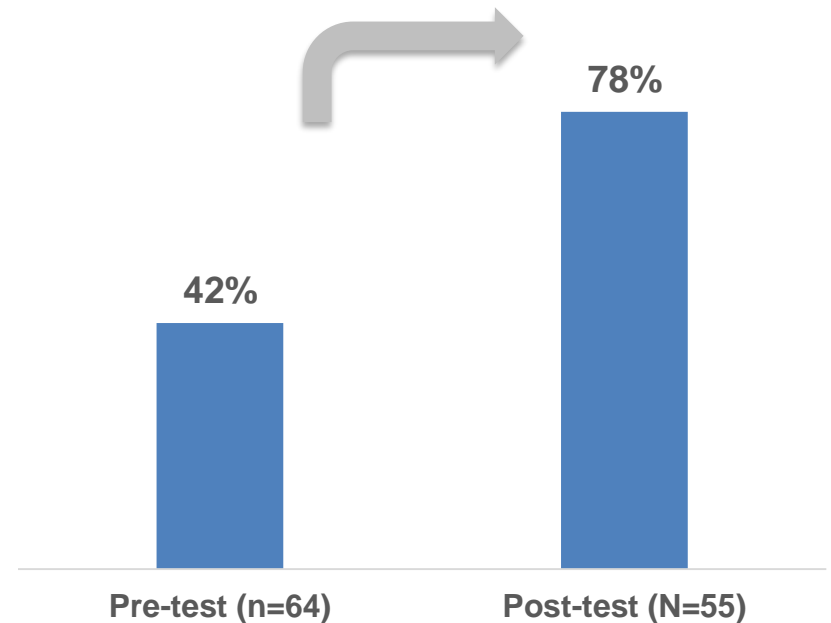
## Level 3 & 4 Outcomes: Learning (Knowledge/Competence)

IPF management does not include the following:

- A. Appropriate vaccinations
- B. Prednisone, azathioprine & N-acetylcysteine**
- C. Pulmonary rehabilitation
- D. Palliative care

Overall relative  
increase from pre- to  
post-activity

**86%**



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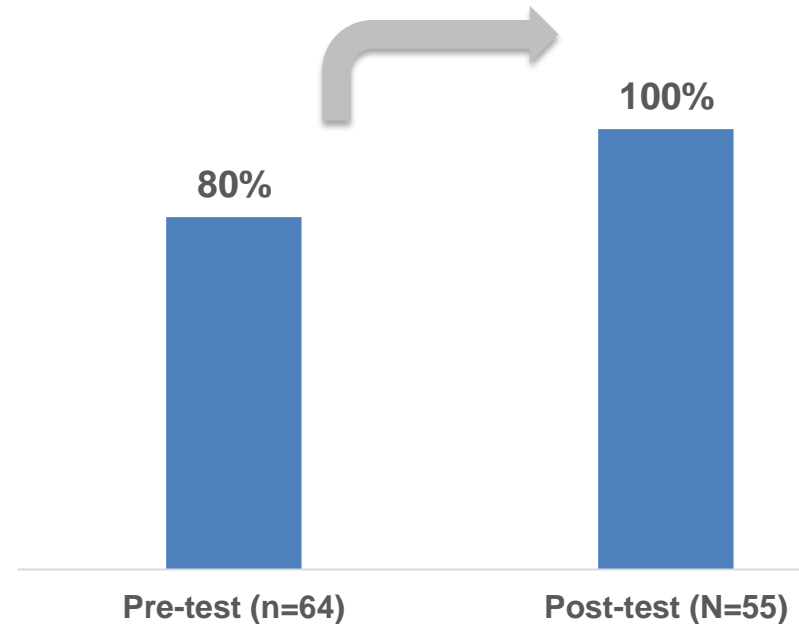
## Level 3 & 4 Outcomes: Learning (Knowledge/Competence)

Which is NOT usually the responsibility of a transition coordinator?

- A. Identifying and screening patients for transition
- B. Coordinating the transition visit
- C. Implementing transition process completely on their own**
- D. Addressing issues that come up during transition process

Overall relative  
increase from pre- to  
post-activity

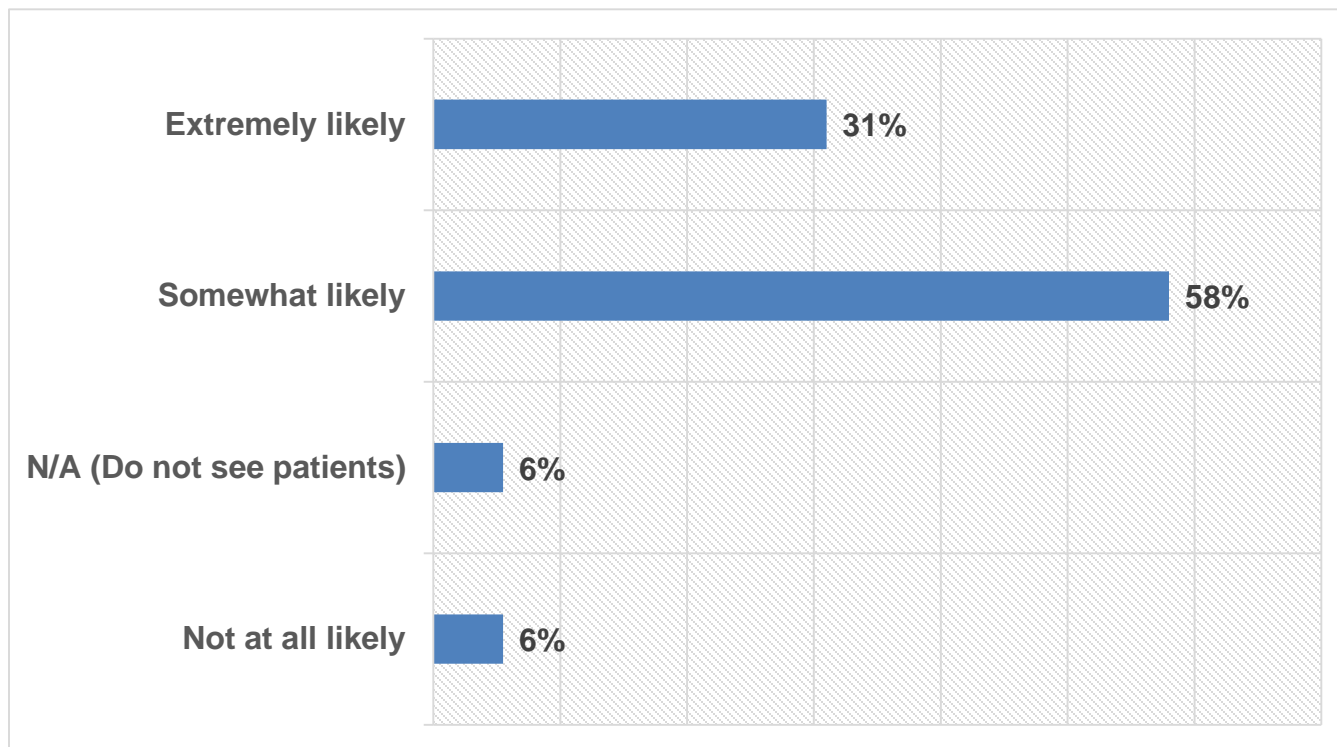
**25%**



# Current Perspectives in Asthma, Allergy & Pulmonary Practice

## Level 4 Outcomes: Competence

94% of participants who see patients reported that they are likely to make changes in their patient care based on the information presented



N=55



## Current Perspectives in **Asthma, Allergy & Pulmonary Practice**

### **About National Jewish Health**

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- ✓ Largest pulmonary division in the world and the only hospital whose principal focus is respiratory and related diseases.
- ✓ #1 or #2 ranking in Pulmonology category by U.S. News & World Report (since category was added in 1997).
- ✓ Top 7 percent of institutions funded by the National Institutes of Health, an extraordinary achievement for an institution of NJH's size.
- ✓ Designated as a Specialized Center of Research for ILD by The National Institute of Health.
- ✓ 30 doctors named to “America’s Top Doctors” in 2015.



**#1** in Respiratory Care