Overactive Bladder and Your Patients: Working Together Toward a Common Goal

A Pro360 Initiative Featuring Patient and Professional Education

Final Outcomes Assessment Reflective of Data Through: February 28, 2018

Astellas Grant ID: 002658
## Background

**GOAL**
To empower and engage both patients and professionals in a comprehensive education experience online.

**BACKGROUND**
ACHL, in partnership with ProPatient, has developed an educational campaign designed to educate clinicians and patients via the Pro360 platform. The initiative employs an advanced learning platform to engage clinicians and patients in an environment that supports best practices in clinical skills, health literacy and participatory medicine. The patient education module launched in advance of the CME program on September 15, 2016 in an effort to gather data from learners; data were incorporated into the CME component, which launched February 28, 2017.

**PARTICIPATION**
Clinician Learners: *1832 total (1092 certificates issued)*
Patient Learners: *1371*
Offerings for Patients

▪ Increase understanding of the mechanism of their disease, including the most up-to-date treatment strategies and guidelines
▪ Practical skills on better communication with their primary health care providers as well as members of the interdisciplinary team
▪ Strategies for effectively managing social, psychosocial and lifestyle considerations that may be impacting optimal treatment outcomes.
▪ Participatory medicine principles including shared decision-making skills
▪ Mobile tool to be used at the point of care to ensure more effective interactions with their healthcare providers (i.e., questions for my doc app)

Learning Objectives for Clinicians

▪ Discuss the differential diagnosis of overactive bladder and underlying medical conditions that may impact bladder function
▪ Formulate patient-specific behavioral and/or pharmacologic interventions to ensure tolerability and adherence
▪ Compare and contrast the mechanisms of actions, delivery routes, efficacy, and tolerability of pharmacologic interventions for the management of overactive bladder
▪ Educate and assist patients with OAB who are incorporating behavioral or pharmacologic interventions into their regimen
360 Degree Approach to Education:

- Sept 2016 ProPatient learning/survey module deployed. 1371 Patients participated [ProPatient Module](#)
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- **January 2017** ProPatient Interim outcomes were delivered. Survey data was then used to inform ProDoctor CME Program. [ProPatient Outcomes Report Example](#).
360 Degree Approach to Education:

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- **March 2017** ProDoctor CME Program deployed. 1832 Clinicians participated. [ProDoctor Module](#)
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- **January 2017** ProPatient Interim outcomes were delivered. Survey data was then used to inform ProDoctor CME Program. [ProPatient Outcomes Report Example]

- **February 2017** ProDoctor CME Program deployed. 1832 Clinicians participated. [ProDoctor Module]

- **July 2017** Interim joint Patient/Clinician outcomes report delivered.

- **April 2018** final report submitted. [Report Follows]
Summary of Results - Shared Decisions

▪ Perceptions of OAB aligned well between clinicians and patients. Exceptions include: clinicians felt patients were more embarrassed than they actually were; clinicians underestimated patient worries about the expense of treatment.

▪ The top 3 reasons patients reported that they would not seek treatment were the expense of treatment, embarrassment, and that they did not feel anything could be done.

▪ The majority of patients and clinicians agree that they are informed or are informing about side effects. The clinical case component of this program, however, finds that clinician learners failed to adequately identify or appropriately discuss side effects in a simulated patient encounter.

  ▪ *Future education should continue to focus on patient-clinician communication and patients’ preferred methods of communication.*

▪ At similar rates, patients and clinicians feel that patients understand their treatment options. The CME clinical cases show that clinicians are generally knowledgeable about treatment options.
Summary of Results Shown - Clinical

- The majority of learners were unfamiliar with, or failed to recognize, key attributes of the beta-3 agonist class. Further, learners failed to appropriately prescribe a beta-3 agonist when appropriate.

- *Future education should continue to focus on guidelines and evidence-based use of the beta-3 agonist to increase clinicians’ confidence.*

- Learners struggled with the treatment of the case patient's ongoing diabetes, with 71% of learners failing to appropriately treat for diabetes.

- *Additional education on comorbidities and their impact on OAB is warranted.*

- Recognition of side effects of antimuscarinics was poor on first choice but were fairly well remediated with feedback.

- 40% of learners struggled with a correct OAB diagnosis in the male patient, suggesting *future education focusing on OAB in the male patient.*

Summary of Results Shown - Teaming

- Learners failed to appropriately refer patients, but improved remarkably with guidance (this finding excluded urologists and was consistent across family practice and all other specialties). This measure may indicate a need for more training on appropriately teaming with other health professionals.

*All groups of specialists performed relatively equally across all measures.*
Summary of Results - Intent to Change & Follow up

▪ Post-event and follow-up metrics showed strong impact. At post-event, over 87% of clinicians said they would follow AUA guidelines, utilize a beta-3 agonist earlier in the course of treatment, or have more in-depth conversations with their patients about OAB & treatment AEs.

○ Among the follow-up group, 68% of respondents indicated they made changes to their practice including: following AUA guidelines, in-depth OAB discussions, and treatment patterns.
Overall, clinicians understood patient barriers to care. Patients prioritized medication cost more than physicians. The CME program coaches clinicians to include cost and access as part of their discussion with patients. Future programs should continue to include cost and access as part of program learnings.
While the majority of patients and clinicians agree that they are informed or are informing about side effects, a larger percentage of patients felt they not informed of SEs (20%). The clinical case component of this program, however, finds that 51% & 42% (metrics 9&10) of clinician learners failed to adequately identify or appropriately discuss side effects in a simulated patient encounter.
While not a directly corresponding measure, the data show that both clinicians and patients view a clinician and other HCPs as their primary source of information about OAB. However, HCP communication styles (informing v asking) vary widely. This presents an opportunity to gather more data around patient preferred means of communication in follow on programs.
At similar rates, patients and clinicians feel that patients understand their treatment options. However, the CME clinical cases show that clinicians require some remediation around their knowledge of all treatment options.
Clinicians generally recognized patients’ primary concerns and prioritized the concerns similarly to those living with OAB.
Each question within the 3 patient cases recorded answers as correct, incorrect and remediated. In total over \textbf{9500 decisions were made across 20 questions}.

All unique choices made:

\textbf{U} = unique users who made a decision

\textbf{D} = all correct and incorrect choices.

The system is designed to mentor learners to the correct decision, all learners ultimately fall into the correct choice category. The data of interest is the \textbf{incorrect choices} and the frequency with which these choices were made.
The two largest groups of learners were Family Practice (general medicine) and Internal Medicine, accounting for the low number of OAB patients being treated by the learner populations. Nearly double the number of clinicians reported a comfort level with OAB treatment than those who did not.

However, failure rates across various clinical measures showed that confidence levels do not directly translate into practice performance. Prior to remediation, most Rx related measures recorded a failure point greater than 50%.
Patient 1: Deborah

Your patient’s name is Debra, a 61-year-old gravida 3, para 2 woman with recurrent UTIs, type 2 diabetes, hypertension and depression. She had a uterine myomectomy at age 40 and hysterectomy at age 43 for uterine fibroids and menorrhagia.

Debra is coming into the office because she thinks she is having another UTI.
(1) Deborah: V1 Ask Deborah why she is using pads. This metric is designed to determine engagement (SDM) levels between learners and patient. 67% chose to make a clinical decision rather than asking a pertinent follow up question of Deborah.
(2) **Deborah: V1 Correct Diagnosis is UTI:** 19% failed and 69% were remediated, the most common incorrect answer was OAB (this metric may have been biased by the program title).
(4) Deborah: V1 Which of the following treatments are appropriate? The most common incorrect answer indicated that learners missed Deborah’s sulfa allergy.
(5) Deborah V1: What additional treatment changes should you make at this time? Results indicated that the majority (52%) of learners failed to recognize Deborah’s uncontrolled diabetes and/or treat for it.
(6) Deborah: V2 What is the most likely diagnosis? After resolution of previous UTI, 60% of learners correctly diagnosed OAB on the first attempt at diagnosis.
Deborah: V2 What test or labs should be ordered at this time? Though failure rates improved by 21% with mentoring, 30% failed to appropriately order a post-void residual.
What is the cutoff for starting treatment of OAB? Though it is appropriate to make this decision based on patient responses, requests, and desires, the majority of learners first chose a clinical option over the patient's inputs.
(9) Deborah: V2 What AEs should you discuss when prescribing an antimuscarinic? While dry mouth may be well understood by learners as a AE, constipation may be less recognized based on responses.
(10) Deborah: V2. Which option is likely to cause dry mouth? The majority of learners answered correctly on the first response and nearly all learners answered correctly after a single point of remediation.
(11) Deborah: V3  Which of the following is the most appropriate treatment? The high rate of correct responses indicated learners were appropriately listening to the patient’s concerns about treatment side effects and were recognizing an appropriate treatment after other failed therapies.
(12) Deborah: V3 Which of the following statements about beta-3 agonist treatment for OAB is correct? The majority of learners failed to recognize data on the beta-3 agonist class.
Your patient’s name is Harold, a 57-year old man with osteoarthritis and GERD. He has a history of asthma and previously received a course of an alpha-blocker for urinary urgency. Harold is being seen for an annual checkup, and on the intake paperwork he wrote “No new complaints.”

Harold is coming in to the office for an annual physical exam.
(13) Harold: V1 What should you ask Harold next? 80% of learners correctly engaged Harold in a follow up discussion about his urinary issues. This provides an indication of effective communication practice.
(14) Harold: V1 Which of the following test or studies will you review or order? With remediation, learners by a large majority chose the correct answer: Urinalysis.
(16) Harold: V2 What is the appropriate treatment? While most learners chose one or more correct answers for this point in Harold’s visit, an overwhelming number of learners leaned toward clinical rather than lifestyle choices as the priority.
(17) Harold: V2 What are the next steps? A large majority of learners (non-urologists) did not choose to refer at this point despite a history of complications and a need for a hematuria workup.
Your patient’s name is Lisa, a 55-year-old former smoker with COPD, paroxysmal atrial fibrillation, and an overactive bladder. She has failed to have relief of her OAB symptoms despite multiple attempts with various antimuscarinic agents. To date she has tried an oxybutynin transdermal 3.9 mg patch, solifenacin extended-release 5 mg, and then 10 mg. You are seeing Lisa today because she is unsatisfied with the results of these treatments.
(18) Lisa V1: Which of the following is the most appropriate response to the patient's discussion of side effects? The majority of learners appropriately addressed the primary concern of the constipation side effect.
(19) Lisa: V1 Which of the following treatments should you order? 53% of learners failed to recognize the beta-3 agonist as the appropriate choice despite the patient’s previous failures on other medications
(19) Lisa: V1 What additional treatments or consults should be made? 81% of clinicians appropriately referred Lisa for formal bladder training.
ProPatient Summary Recap

- The following slide contains a recap of patient education arm of this initiative.*

*Previously presented to Astellas
OBJECTIVE
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BACKGROUND
ACHL, in partnership with ProPatient developed an educational campaign designed to educate clinicians and patients via the Pro360 platform. The program employs an advanced learning platform to engage HCPs and patients in an environment that supports best practices in clinical skills, health literacy and participatory medicine. The ProPatient patient education module launched in advance of the CME program; data gathered from learners was used to inform the patient interviews sections of the corresponding CME program. Once launched, the CME program allowed HCP participants to “prescribe” the ProPatient platform to their patients as a learning reinforcement tool.

OAB ProPatient:

OAB ProDoctor:
https://prodoctor.us/visits/overactive-bladder-and-your-patients-working-together-toward-a-common-goal

DELIVERABLES - PROPATIENT
Online, Self Directed Simulations
- Combines over 60 short burst topics (videos)
- Offers clinical and practical advice
- Perspectives from HCPs and others living with OAB
- Integrates mobile app checklist and “questions for my doc” reminder feature

IMPACTS
Participation:
Number of Learners: 1371
Total Page Views: 12,078
Average Page Views per learner: 14.3

Most Frequently Viewed Topics:
1) What is OAB?
2) OAB Symptoms
   2a) What is stress incontinence?
3) OAB Treatment
   3a) Drug Treatment for OAB
   3b) Injections for OAB
   3c) The Goal of Drug Treatment

Program Progression:
Avg. 15 pages of a potential 60
Average total content consumption: 25%

(please note this program is designed to address issues arising at various points in treatment at various stages in the patient care journey, therefore a linear % of completion may not be a metric indicative of program success.)

SURVEY RESULTS

Corresponding topics for Future CME
- Guidelines and evidence based use of beta 3 agonists
- Comorbidities and impact on OAB
- Differential diagnosis in males with LUTS
Thank You

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Appendix & Reference Slides
This simulation program consisted of 3 patient cases, all examining learner choices along the path of each visit. Each question recorded answers as correct, incorrect and remediated. In total over 9500 decisions were made across 20 questions.

The heatmap (Figure A) shows all choices as one of these 3 categories. The blue bar represents the percentage of learners who correctly responded the first time. The yellow bar represents the % of learners who required a single instance of corrective learning. The red bar represents the percentage of learners who required two or more corrections to make a clinically appropriate decision.

The Bar chart (Figure B) shows all unique choices made. The u represents the unique users who made a decision in that question. The d represents all choice made correct and incorrect. Since the system is designed to mentor learners to the correct decision, all learners ultimately fall into the correct choice category. Therefore, the data of interest is the incorrect choices and the frequency with which these choices were made.
360 Degree Approach to Education: Patient & Clinician Programs

● Sept 2016 ProPatient learning module was deployed. Goals: to educate patients on OAB and empower patient centric shared decision making. Survey data was then incorporated into clinician focused education. ProPatient Patient Ed Module

● February 2017 Clinician CME program utilized survey data from the patient program to inform clinicians about the real life challenges, concerns and barriers to care reported by OAB patients. These insights are designed to educate clinicians on good SDM practices and to encourage stronger interaction with patients. An example of this integration can be seen here: ProDoctor Clinician CME

● Both programs survey learners about patient considerations (such as lifestyle, priorities and attitudes on treatment) from their distinct Point of View. The comparison of data provides insight into where gaps in knowledge and/or competence may exist. Comparative graphs are shown on slides 11-15
1,448 Clinicians provided geographic data. The US led with 1,271 participants, followed by 33 from UAE, 28 from Canada, 23 from Saudi Arabia, and 20 from Qatar. 42 countries participated.
Clinician Demographics: Profession

- Physician: Participated (N=574), Awarded Certificates (N=358)
- Physician Assistant: Participated (N=509), Awarded Certificates (N=322)
- Other: Participated (N=354), Awarded Certificates (N=195)
- Nurse: Participated (N=222), Awarded Certificates (N=110)
- Nurse Practitioner: Participated (N=101), Awarded Certificates (N=65)
- Unknown: Participated (N=72), Awarded Certificates (N=42)
# Learning Objectives

<table>
<thead>
<tr>
<th>Please rate the following objectives to indicate if you are better able to:</th>
<th>Analysis of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss the differential diagnosis of OAB and underlying medical conditions that may impact bladder function</td>
<td>3.51</td>
</tr>
<tr>
<td>Formulate patient-specific behavioral and/or pharmacologic interventions to ensure tolerability and adherence</td>
<td>3.53</td>
</tr>
<tr>
<td>Compare and contrast the mechanisms of actions, delivery routes, efficacy, and tolerability of pharmacologic interventions for the management of OAB</td>
<td>3.50</td>
</tr>
<tr>
<td>Educate and assist patients with OAB who are incorporating behavioral or pharmacologic interventions into their regiment</td>
<td>3.52</td>
</tr>
</tbody>
</table>
Clinician Approaches to Communication: Post-Event Survey

Please identify how you will change your practice as a result of participating in this activity: (Select all that apply)

- I will begin using the AUA guidelines
- I will offer the beta-3 agonist as a treatment option earlier in management
- I will begin using combination therapies
- I will offer more non-pharmacologic options
- I will talk more in-depth about side effects
- I will have my patient keep a urine diary
- I will talk to my patients at length about their OAB concerns
- This activity validated my current practice; no changes will be made
- Other

Post (N=1092) | Follow-up (N=42)
---|---
I will begin using the AUA guidelines | 29% | 33%
I will offer the beta-3 agonist as a treatment option earlier in management | 14% | 25%
I will begin using combination therapies | 17% | 22%
I will offer more non-pharmacologic options | 19% | 29%
I will talk more in-depth about side effects | 21% | 29%
I will have my patient keep a urine diary | 20% | 24%
I will talk to my patients at length about their OAB concerns | 24% | 28%
This activity validated my current practice; no changes will be made | 20% | 24%
Other | 7% | 21%
What approach will you now adopt when speaking with patients about OAB: (Select all that apply)

- I will tell my patients what they need to know about OAB, they view me as the expert in their care
- I will let my patients tell me what they already know about OAB, then we will discuss the knowledge gaps they have
- I won't tell my patients much about OAB, since they have already done research before they see me
- I, unfortunately don't have much time to spend discussing OAB with my patients
- I will have a nurse or mid-level HCP provide my patients OAB information
- I will give my patients printed materials about OAB
- I will refer my patients to OAB patient education programs
Clinician Observed Barriers: Post-Event Survey

Please indicate any barriers you perceive in implementing changes to your practice: *(Select all that apply)*

- Lack of administrative support: 8%
- Lack of experience: 15%
- Lack of opportunity: 16%
- Lack of resources (equipment/treatment): 10%
- Lack of consensus or professional guidelines: 5%
- Lack of time to assess/counsel patients: 17%
- Reimbursement/insurance issues: 13%
- Patient compliance issues: 21%
- No barriers: 34%
- Other: 4%

*N = 1092*
Clinician Interest in Future Activities: Post-Event Survey

What topic areas would you like to see in future activities? *(Select all that apply)*

- Refractory OAB: 36%
- Counseling patients on selection of therapy: 38%
- OAB in men: 37%
- Safety and efficacy data from clinical trials: 28%
- Other: 4%

*N = 1092*