Improving Practice to Improve Quality of Life in Patients with Psoriasis and Psoriatic Arthritis

Key Aspects

Funded by Pfizer

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Overall Project

• **Partners**
  – The France Foundation
  – National Psoriasis Foundation

• **Goal**
  – To improve quality of life (QOL) in patients with psoriasis and psoriatic arthritis (PsA) through improving physician and non-physician clinicians’ knowledge, competence, confidence, and performance in assessing psoriasis, PsA, and QOL.

• **Key Objectives**
  – increase knowledge, competence, and confidence in using assessment tools for psoriasis, PsA, and QOL
  – increase the clinical use of tools for assessing psoriasis, PsA, and QOL in patients with psoriasis
  – increase QOL and treatment satisfaction as reported by patients with psoriasis and PsA

• **Target Audience**
  – Dermatologists other interested physicians (e.g., primary care physicians and rheumatologists), and non-physician clinicians (e.g., nurse practitioners and physician assistants) from the US who provide dermatologic care to patients with psoriasis and PsA.
Educational Intervention

• **Blended Learning Experience**
  – Live Workshop offered 3 times over 2 years
  – Didactic presentations, interactive patient assessment demonstrations and implementation tools
  – 2.00 AMA PRA Category 1 credits
  – Two implementation periods requiring chart audit and patient survey
  – Online Activity (repurpose of workshop; includes chart audit and patient survey)
  – 700 allowable learners/250 anticipated to complete entire blended learning experience

• **Learning Objectives**
  – Recognize the importance of assessing patients for psoriasis and psoriatic arthritis
  – Select tools and scales for the clinical assessment of disease severity and quality of life in patients with psoriasis and psoriatic arthritis for routine clinical use
  – Use clinical assessment results to select appropriate treatment regimen with the goal of treating to target for patients with psoriasis and/or psoriatic arthritis for better patient outcomes
Methodology and Measures

- **Live Workshop**
  - Pre/Post Questionnaires analyzed
  - Overall evaluation data analyzed

- **Post Workshop – 30 Day Baseline**
  - Documented practice data collected through chart audit
  - Patient surveys used to assess QOL satisfaction

- **Post Workshop – 6 Month Follow-up**
  - Continued measurement of implementation thru chart audit
  - Patients complete a 2nd QOL survey
  - Results compared to Baseline data

- **Online Learning Experience**
  - Offered to additional learners
  - Repurpose of workshop into online format
  - Chart audit and patient survey requirements

**Measures**

- **Participants – Live Workshop**
  - Clinical knowledge and competence
  - Treatment confidence level
  - Self-reported performance of psoriasis, PsA, QOL
  - Perception of impact on knowledge
  - Perception of impact on practice

- **Participants – Post Workshop**
  - Documented performance of psoriasis, PsA, QOL assessment
  - Retention of knowledge and confidence

- **Patients**
  - Perception of QOL
  - Treatment satisfaction
Results and Key Findings

• **366 attendees satisfied with their participation in live education intervention**
  – Participants reported improved confidence in accessing the severity of psoriasis, evaluating patients for PsA and in assessing QOL in patients with psoriasis and PsA
  – Average of 94% respondents reported workshop will have a very positive/positive impact on their practice
  – Participants reported they are better able to evaluate joints and more accurately assess psoriasis and PsA

• **Post Intervention Implementation and Online Activity**
  – Difficult chart audit design; no practice pattern data collected
  – Chart audit barrier impacted patient recruitment, no QOL data collected
  – Multiple financial incentives had undetermined role in project
  – No participants completed entire learning experience (workshop and implementation periods)
  – Inconsequential number of participants completed the online activity

• **Conclusions**
  – Live educational intervention successful meeting several measures. Chart audit and patient QOL data not sufficient to conclude impact of live educational intervention on improved care and patient QOL.