Advances in SGLT Inhibition for Acute Decompensated HF: Virtual CME Improves Physicians' Knowledge and Competence

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Presented at the **Heart Failure Society of American (HFSA) Annual Scientific Meeting (ASM) 2024**, September 27-29, Atlanta, GA

BACKGROUND

The effectiveness of a continuing medical education (CME) intervention to address clinician understanding and application of advances in the use of sodium-glucose cotransporter 2 (SGLT) inhibition in acute decompensated HF (ADHF) is unknown.This study was examined whether online CME could improve the knowledge and competence of cardiologists and primary care physicians (PCPs) regarding the latest evidence-based use of SGLT inhibition in patients with ADHF and application of the latest evidence in the guideline-directed implementation of SGLT inhibition in patients with ADHF in clinical practice.

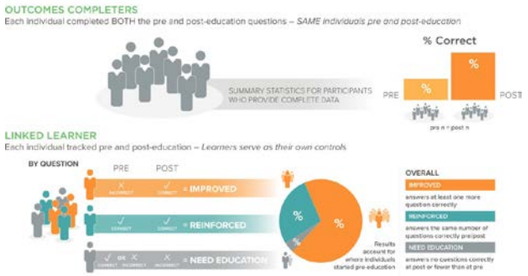
METHODS

The CME intervention comprised of a 30-minute live online discussion between 3 expert faculty. Educational effect was assessed using a repeated-pair design with pre-/post-assessment. Three multiple choice questions assessed knowledge/competence. A paired samples t-test was conducted on overall average number of correct responses, and a McNemar's test was conducted at the question level (significance level, $P < .05$). The activity posted on November 6, 2023; data were collected through January 18, 2024.

Cardiologists (n = 156)

Primary Care Physicians (PCPs) (n = 120)

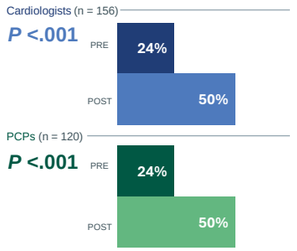
How to Read the Linked Learner Assessment



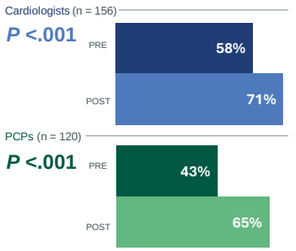
RESULTS

Analysis of pre- vs. post-intervention responses demonstrated a significant improvement in overall knowledge/competence; average correct responses increased from pre-assessment to post-assessment for cardiologists and PCPs, respectively.

Learning Objective: Increased knowledge regarding the Latest evidence of the use of SGLT inhibition in patients with ADHF



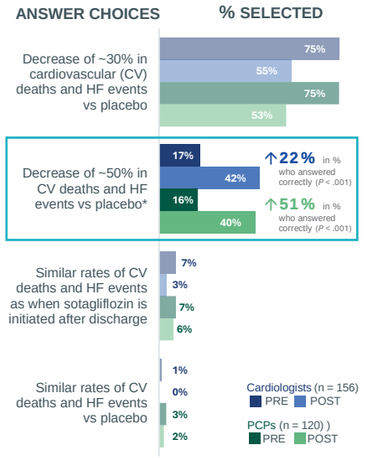
Learning Objective: Have greater competence related to The application of the latest guidelines and evidence to advance effective guideline-directed implementation of SGLT inhibition in clinical practice among patients with ADHF



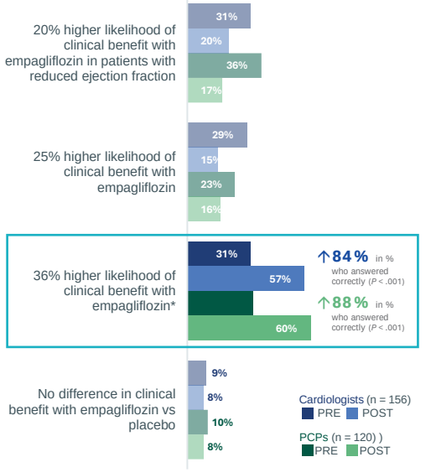
LEARNING OBJECTIVE 1 RESULTS

Improvement in knowledge of the latest evidence for the use of SGLT inhibition in patients with ADHF

QUESTION: The SOLOIST-WHF trial investigated the efficacy and safety of sotagliflozin (a sodium-glucose cotransporter 1/2 [SGLT1/2] inhibitor) vs placebo in patients hospitalized with worsening heart failure (HF) and comorbid type 2 diabetes. What were the effects at 30 and 90 days after discharge when sotagliflozin was initiated before discharge in the SOLOIST-WHF patients?



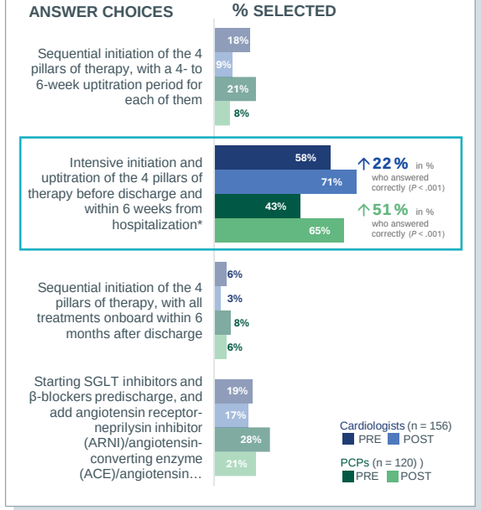
QUESTION: The EMPULSE trial investigated the efficacy and safety of the SGLT2 inhibitor empagliflozin vs placebo in patients hospitalized with acute HF. What was the primary outcome of the EMPULSE trial?



LEARNING OBJECTIVE 2 RESULTS

Improvement in competence related to the application of the latest guidelines and evidence to advance effective guideline-directed implementation of SGLT inhibition in patients with ADHF

QUESTION: Alex is a 73-year-old man with a left ventricular ejection fraction of 39% who has been hospitalized due to a worsening HF event. What is the best management strategy for Alex, according to latest guideline recommendations and available evidence?



CONCLUSIONS

This study demonstrated the success of online CME at improving the knowledge and competence of physicians related to SGLT inhibition in ADHF. Persistent educational gaps were identified for future educational targets.

ACKNOWLEDGEMENTS

Developed through an independent educational grant from Lexicon Pharmaceuticals.

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Hypertrophic Cardiomyopathy Patient Encounters: Virtual Continuing Education Improves Patient-Clinician Communication and Evidence-Based Practice

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Presented at the **Heart Failure Society of American (HFSA) Annual Scientific Meeting (ASM) 2024**, September 27-29, Atlanta, GA

BACKGROUND

This study examined whether online continuing medical education (CME) focused on evidence-based practices related to patient-clinician communication and treatment decisions for hypertrophic cardiomyopathy (HCM) would result in the adoption of new clinical practices to enhance shared decision-making and appropriate, individualized evidence-based treatment approaches to optimize disease management.

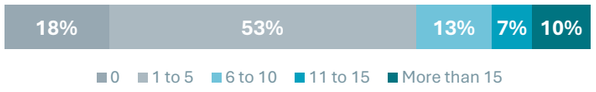
METHODS

Clinicians participated in 15-minute segmented online multi-media activity consisting of videos portraying realistic physician-patient interactions followed by expert commentaries. Performance in the real world was assessed 30 to 60 days post-education for learners in the target audience(s). Learners in the first 3 months were invited to complete a survey indicating practice changes each respondent reported for each possible practice whether they were a) implementing for the first time or had modified it due to education, b) already doing it prior to education, or c) not doing it before or after education. The activity launched on July 31, 2023. Data collection ended on January 17, 2024.

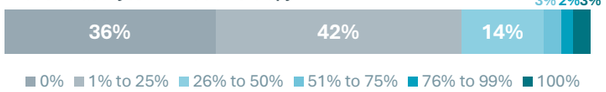
- Cardiologists (n = 4,135)
- Primary Care Physicians (PCPs) (n = 1,808)
- Surgeons (n = 218)

10,301 TOTAL LEARNERS
Total Survey Respondents (N = 118)

How many patients with HCM do you see in your practice in an average month?

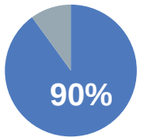


What percent of patients in your practice with HCM are currently being treated with cardiac myosin inhibition therapy?



 # Patients impacted per month potentially due to education **27,725**

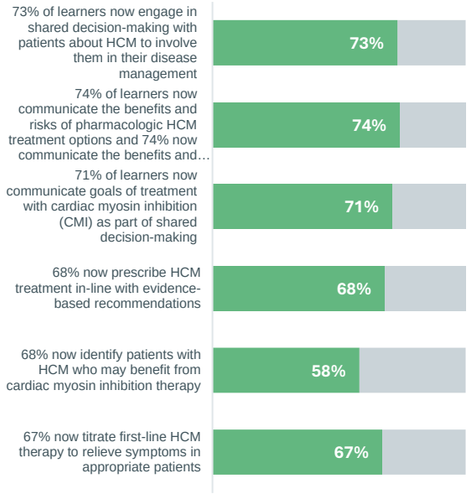
RESULTS



% Who Made a Practice Change or Had Practice Reinforced Due to Education

90% of learners made a practice change or had practices reinforced due to education

Top Practice Changes

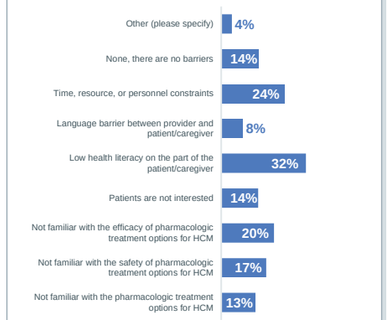


Self-Efficacy Results

63% of learners are moderately to very confident in their ability to engage in shared decision-making with patients about HCM management/treatment plans.

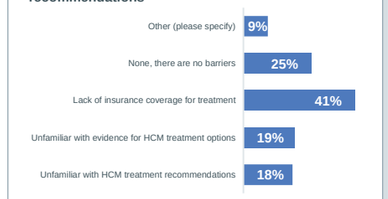
Top Reported Barriers to Practice Change

86% of learners identified barriers to communicating the benefits and risks of pharmacologic treatment options for HCM

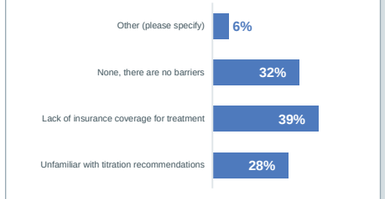


81% of learners identified barriers to communicating benefits and risks of interventional/surgical treatment options for HCM

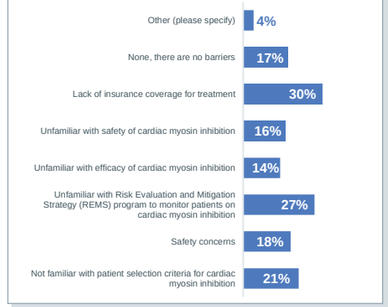
75% of learners identified barriers to prescribing HCM treatment in-line with evidence-based recommendations



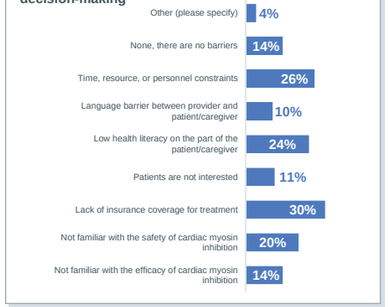
68% of learners identified barriers to titrating first-line HCM therapy for relief of symptoms



83% of learners identified barriers to identifying patients with HCM who may benefit from cardiac myosin inhibition (CMI) therapy



86% of learners identified barriers to communicating goals of treatment with CMI for symptomatic obstructive HCM with patients as part of shared decision-making



CONCLUSIONS

The clinical practice changes identified in this assessment provide compelling evidence that participation in online CME/CE prompts adoption of changes in practice related to shared decision-making and evidence-based treatment of patients with HCM. Future education is needed to address the barriers identified in this assessment.

ACKNOWLEDGEMENTS

Developed through an independent educational grant from Bristol Myers Squibb.

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Virtual Simulation-Based Continuing Medical Education Improves Management of Patients With Infiltrative Cardiomyopathy

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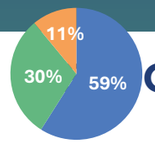
Presented at the **Heart Failure Society of American (HFSA) Annual Scientific Meeting (ASM) 2024**, September 27-29, Atlanta, GA

BACKGROUND

The ability of virtual patient simulation (VPS) case-based interventions to improve clinical decision making for patients with infiltrative cardiomyopathy is unknown.

Overall, 714 physicians participated (399 case 1, 315 case 2).

Physician specialties included cardiologists (59%), primary care physicians (PCPs) (30%), and neurologists (11%).

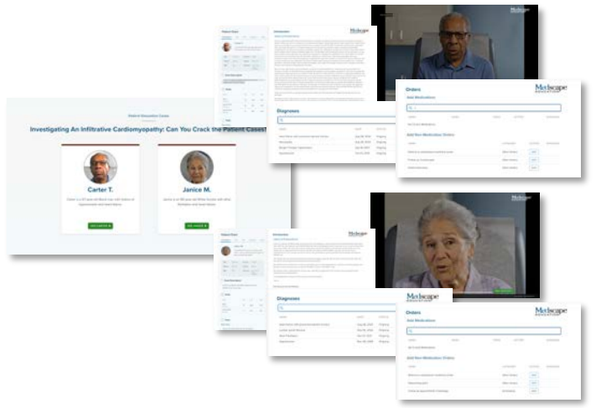


Cardiologists (n = 421)

Primary Care Physicians (PCPs) (n = 214)

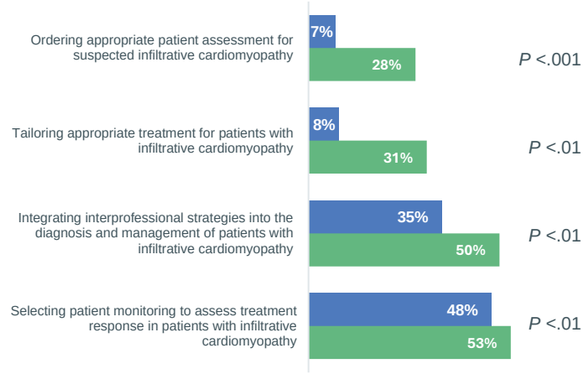
Neurologists (n = 79)

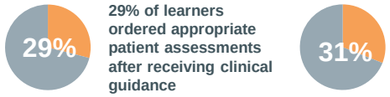
Two patient cases were presented using a VPS platform where learners could order tests, make diagnoses, and order treatments in a manner matching the scope and depth of actual practice. Clinical decisions were analyzed, and learners received clinical guidance (CG) based on current evidence and expert recommendations. Learners could modify their decisions post-CG. Pre-(baseline) vs. post-CG decisions were compared using McNemar's test. The intervention launched May of 2023 and data were collected through February, 2024.



RESULTS

Significant improvements were seen for appropriate patient assessment and diagnosis of transthyretin cardiomyopathy (ATTR-CM) and treatment selection in the overall learner population.





29% of learners ordered appropriate patient assessments after receiving clinical guidance

31% of learners tailored appropriate treatment for patients after receiving clinical guidance

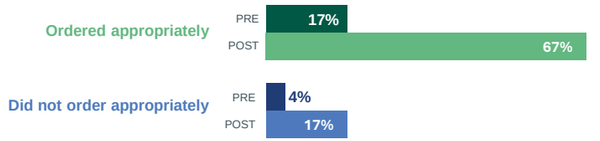
Order appropriate patient assessment after receiving clinical guidance

69% did not order appropriately

28% ordered appropriately

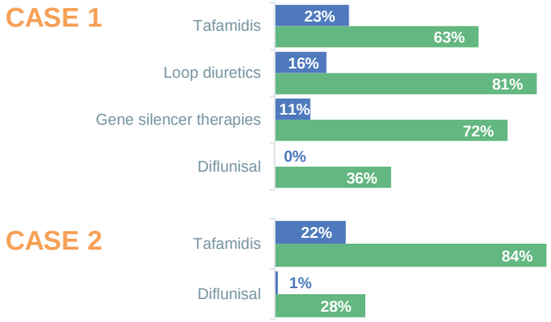
Learners who ordered the appropriate patient assessments were more likely to tailor appropriate treatments for patients (67% post-CG vs 17% post-CG).

Tailoring appropriate treatments for patients after receiving clinical guidance



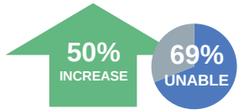
For those who ordered appropriate treatment, 63% appropriately selected transthyretin stabilization therapy and 72% selected gene silencer therapy for case 1; 84% correctly selected transthyretin stabilization therapy for case 2.

For those who ordered correctly: Decision points for Tailoring appropriate treatments for patients with infiltrative cardiomyopathy

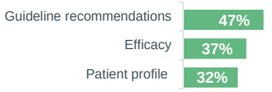


Additional Insights

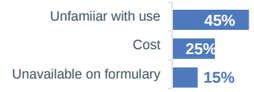
- **Tailoring appropriate treatment increased 50% across both cases. However, 69% of learners were unable to select evidence-based treatment approaches across both activities. Future education should reinforce the treatment algorithm for cardiac amyloidosis.**



- **Top three rationales for selecting appropriate evidence-based treatment include guideline recommendations, efficacy, and patient profile.**



- **The top 3 rationales for not selecting appropriate evidence-based treatment were unfamiliar with use, cost, and unavailable on formulary.**



CONCLUSIONS

Case-based infiltrative cardiomyopathy intervention employing VPS was associated with improvements in diagnosis of ATTR-CM and therapeutic decision-making among cardiologists, PCPs, and neurologists. Despite the observed improvements, gaps remain in diagnosing and selecting appropriate treatment strategies for patients with infiltrative cardiomyopathy.

ACKNOWLEDGEMENTS

This CME activity was supported by an independent educational grant from Pfizer, Inc.

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